Plan Overview

A Data Management Plan created using DMPonline

Title: Estimating health burden of violence and abuse using admitted patient care data from hospitals in England

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Project abstract:

Many people who experience violence approach health services due to injuries or other health sequelae. In addition to clinical information, health services record information on patients' individual characteristics and potential causes of health issues, including violence. However, the use of health records for understanding the distribution of violence and health associations is limited. The reasons include a lack of awareness about violence-related indicators in health records and data access fees. I have published on the potential utility of health data for violence research, but lack the resources for data access.

The proposed research uses health records on patients admitted to National Health Service (NHS) hospitals in England. The study will examine types of violence (e.g., physical, sexual) that patients with different individual characteristics (e.g., gender, age, ethnicity) present with, the health sequelae, and the length of stay in a hospital among patients who experienced violence. The findings will help in informing violence prevention measures by providing a better understanding of the populations admitted to hospitals due to violence and the associated health burden.

This work is closely aligned with City University's commitments to understanding violence and addressing inequalities and will draw on practice data to inform and improve future practice.

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Estimating health burden of violence and abuse using admitted patient care data from hospitals in England

Data Collection

What data will you collect or create?

Hospital Episode Statistics Admitted Patient Care (HES APC) collected between April 2019 and March 2023 (the most recent years to provide sufficient for robust analysis). HES APC data are collected on all admissions to NHS hospitals in England including admissions to independent sector providers paid for by the NHS.

How will the data be collected or created?

Secondary data will be used for the analysis. The access is provided by NHS England.

Documentation and Metadata

What documentation and metadata will accompany the data?

NHS England provides the updated Data Dictionaries with the description for the collected variables and values.
During the analysis stage, the notes will be added to coding scripts so the NHS England data science team will be able to check the analysis and outputs. Additionally, notes in the coding scripts will allow replication of the analysis if needed.

Ethics and Legal Compliance

How will you manage any ethical issues?

Health records contain a wide range of information about an individual patient including patient, geographical, administrative (e.g., admission and discharge dates), and clinical information. To minimise the risk of disclosing any confidential and sensitive information, all HES data are pseudonymised and individual patients cannot be re-identified by researchers with the access to the data. The access to the data will be only provided for one year.

How will you manage copyright and Intellectual Property Rights (IPR) issues?

The access to data is curated by NHS England. To secure the access, Data Access Request Service (DARS) approval needs to be granted.
Post publication, the intellectual property arrangement will be determined by the copyright policy of the journal where the article is accepted, but we will seek to maintain an open access licence wherever possible.

Storage and Backup

How will the data be stored and backed up during the research?

The data will be either stored and backed up in the National Secure Data Environment or in case of secure electronic file transfer the data will be held in the Trusted Research Environment set up in the Violence and Society Centre.

How will you manage access and security?

The HES data can be available either by secure electronic file transfer or through the National Secure Data Environment (NHS SDE). If the former, the data are held in secure containers at NHS England and only people who are authorised to process the data are allowed access. The NHS England SDE is a secure data and research analysis platform, which enables a safe access to the data for approved researchers.

Selection and Preservation

Which data are of long-term value and should be retained, shared, and/or preserved?

The data access will only be provided for the study period (1 year).

What is the long-term preservation plan for the dataset?

Not applicable.

Data Sharing

How will you share the data?

When the outputs from analysing the data are shared, the disclosure control rules should be followed, which means all the counts should be rounded to the nearest 5, and small numbers (lower than 10) should be suppressed, to minimise any risk of identification.

Are any restrictions on data sharing required?

The data can only be accessed by the researcher who is authorised to process the data. Before sharing, all the data outputs will be checked by the NHS England team for safety (i.e., to minimise the risk of reidentification).

Responsibilities and Resources

Who will be responsible for data management?

Principal Investigator Anastasia Fadeeva

What resources will you require to deliver your plan?

R and SQL softwares are provided by NHS England within the National Secure Data Environment (NHS SDE).
NHS England that provides an access to HES data is publicly funded and operates on a cost-recovery basis. They do not charge for the data but apply charges to cover the cost of processing and delivering their service. The total costs for the service components need to be covered : £7,130.