

NVR Data Requests Using Patient Level Linkage

The following studies are linking to the NVR data at an individual patient level. The linkage is being performed by a trusted third party (mainly NHS England), which means that the study teams don't need to hold the patient identifiable data from the NVR. Individuals are identified only by the NVR pseudo-identifier in their study datasets and not personally identifiable information such as patient names, NHS numbers, local IDs, etc.

| Study Name | HQIP Reference | Organisation and Primary Contact | Data Requested | External agency reference numbers | Website (if provided) |
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| Effectiveness of intensive care for patients undergoing vascular surgery in the United Kingdom | HQIP481 | Bristol Medical School, University of Bristol Prof Robert Hinchliffe | The study will look at how intensive care beds are being used currently for people having major surgery on the blood vessels across the UK, and find out who may benefit from intensive care versus normal ward-based care. This will help them to understand the benefits and risks in each situation. Carotid endarterectomy, lower limb surgical revascularisation and major lower limb amputation procedures. NVR data linked to HES (Hospital Episode Statistics) and ICNARC (Intensive Care National Audit & Research Centre) datasets at an individual patient level. | CAG Application: Ref 25/CAG/0055 IRAS ID: 350393 HES Linkage: DARS-NIC- 765457-R1Z0N | https://www.bristol.ac.uk/people/person/Kitty-Wong-e234c74e-5837-43c2-bb64-f70c9749a851/ |
| Emergency Surgery Or noT for common Vascular conditions in the periods before and during COVID-19 (the ESORT-V study) | HQIP420 | London School of Hygiene and Tropical Medicine Prof Richard Grieve | Patients require surgery on their blood vessels to help prevent the likes of stroke, limb removal and death. Some patients require urgent surgery, but others may benefit from receiving treatment or attending exercise classes first, before undergoing surgery. There is little evidence currently available on the benefits of having surgery sooner or later. Covid-19 has reduced the ability of the NHS to meet recommended waiting times for patients receiving surgery. Waiting lists for planned surgery are approaching 10 million patients and advice is urgently required on how to sort patients into those who will benefit from receiving surgery soon versus those who would benefit from surgery at a later date. All NVR procedures. NVR data linked to HES (Hospital Episode Statistics) and ONS (Office for National Statistics) Death Register. | CAG Application: Ref 23/CAG/0107 HES Linkage: DARS-NIC- 683852-F5X4W | https://www.lshtm.ac.uk/research/centres-projects-groups/esort#esort-studies |
| Evaluation of Local Anaesthesia in the endovascular | HQIP518 | London School of Hygiene and Tropical Medicine Dr Patrick Bidulka | We are carrying out a research study to learn more about treating the burst blood vessel in the abdomen. The ELATE study will look at two repair techniques surgeons now use. One technique means the patient is put to sleep during surgery | CAG Application: Ref 25/CAG/0153 IRAS ID: 356753 | https://www.lshtm.ac.uk/research/centres-projects-groups/elate-project#welcome |

| Study Name | HQIP Reference | Organisation and Primary Contact | Data Requested | External agency reference numbers | Website (if provided) |
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| repair of ruptured abdominal aortic aneurysms: a Target trial and Economic evaluation (ELATE) | | | (general anaesthetic) and the other has the patient stay awake (local anaesthetic). We will compare the two techniques by closely examining what has happened to people managed with either type of surgery between 1 January 2014 to 31 December 2024. NVR data for ruptured AAA repair linked to HES (Hospital Episode Statistics) and ONS (Office for National Statistics) Death Register. | REC reference: 25/EM/0263 HES Linkage: DARS-NIC-801590-G7D7B | |
| Sex-specific differences in AAA repair | HQIP367 | Imperial College London Ms Anna Pouncey & Prof Colin Bicknell | It may be the case that women have more medical problems before their operation or do not receive the same pre-operative investigations, which negatively affects their operative outcome. This project will use national data sets collected in the UK on patients who have undergone elective AAA repair to compare the differences in health status, investigations and outcomes following repair between men and women. This should help us to identify whether there are key differences, which we need to look at in more detail and consider changing in our care pathways for AAA repair. NVR data for unruptured AAA repair linked to HES (Hospital Episode Statistics) and ONS (Office for National Statistics) Death Register and Medicines Dispensed in Primary Care (NHSBSA data). | CAG Application: Ref 22/CAG/0158 IRAS ID: 293055 REC reference: 23/LO/0031 HES Linkage: DARS-NIC-482394-D4Q4R | https://www.fundingawards.nihr.ac.uk/award/NIHR301767 |
| Value in Health National Programme – NHS Wales | HQIP446 HQIP447 | Digital Health and Care Wales Alison Jenkins | Data Controllers have asked Digital Health and Care Wales to gain access to all Welsh providers and residents data submitted to the National Vascular Registry to support direct care provision and service improvement of NHS Wales' Vascular services. We also expect this data flow to improve data quality. NVR data linked to PEDW (Patient Episode Database for Wales). | | |