

## NELA Data Requests and collaborations

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The below table contains NELA Collaborations and accepted data requests. For each project, we list a title, contact name and email - We also provide a brief description of the project. (This will be updated on an on-going basis).

We hope that this a valuable source for you to see how NELA data is being used:

If you are interested in one of the studies in the list below, please use the contact us and we will be able help.

Project Title	Contact name	Information	Lay Summary
<b>NELA Bowel obstruction</b>	Ravi Vohra Oliver Peacock	Working with the Association of Surgeons of Great Britain & Ireland (ASGBI)  Descriptive analysis on Small and Large bowel obstruction.  Detailed analysis of Small Bowel Obstruction (SBO) secondary to adhesions modelling to determine optimal time to theatre.	To be added
<b>NELA Upper Gastrointestinal - Perforated Ulcer</b>	Jane Blazeby Ben Byrne	Working with Association of Upper Gastrointestinal Surgeons (AUGIS)  Descriptive analysis of patient characteristics, care provision and unadjusted outcomes. Examining factors associated with mortality in patients with perforated peptic ulcer disease	To be added
<b>NELA Subtotal Colectomy for Colitis</b>	Rich Guy	Working with Association of Coloproctology of Great Britain & Ireland ( ACPGBI)  Descriptive analysis of patients undergoing subtotal	Inflammatory Bowel Disease is made up of two distinct conditions; ulcerative colitis and Crohn's disease. These conditions consist of chronic relapsing inflammation of the bowel due to as yet unknown causes. Ulcerative colitis is

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		<p>colectomy to determine pathology, timing and nature of surgical procedures and patients outcomes.</p>	<p>limited to the large bowel and Crohn's disease can involve any part of the gastrointestinal tract. The first line of treatment is medication. However, emergency surgery may be required to remove the large bowel (subtotal colectomy) in some patients. The indications for subtotal colectomy, in the emergency setting, are inflammation of the large bowel (colitis) resistant to medical therapy, severe dilatation of the colon (toxic megacolon), a perforation of the bowel, or severe bleeding.</p> <p>This project aims to understand how care for patients with colitis who require a subtotal colectomy is being delivered across England. We seek to describe the process factors involved in these patients' care pathway as well as the national outcomes following surgery.</p> <p>Over the three year period, 1204 patients were recorded on the National Emergency Laparotomy Audit (NELA) as having undergone a subtotal colectomy for colitis.</p> <p>We hope that this project will help us understand what care is being delivered well and the key areas for quality improvement in this specialised group of patients</p>
<p><b>NELA Hartmann's Procedure</b></p>	<p>Hugh Paterson, Paul O'Loughlin</p>	<p>Working with Association of Coloproctology of Great Britain &amp; Ireland ( ACPGBI)</p> <p>Descriptive analysis of Hartmann's patients to determine pathology, evaluating care and resultant surgical procedures.</p>	<p>To be added</p>

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<p><b>Enhanced Peri-Operative Care for High-risk patients (EPOCH)</b></p>	<p>Rupert Pearse</p>	<p>EPOCH is a randomised stepped wedge cluster trial of a quality improvement intervention to implement an integrated care pathway in patients scheduled for emergency laparotomy surgery. It involved ninety NHS hospitals which were organised geographically into fifteen groups or 'clusters' of six. The trial will take place over an 85-week period starting in Spring 2014 and collected around 27,000 patients during this time.  <a href="http://www.epochtrial.org">www.epochtrial.org</a></p>	<p>To be added</p>
<p><b>FLuid Optimisation in Emergency LAparotomy trial (FLO-ELA)</b></p>	<p>Mark Edwards</p>	<p>FLO-ELA is the FLuid Optimisation in Emergency LAparotomy trial. It is a large pragmatic clinical trial which aims to find out whether cardiac-output guided haemodynamic therapy given to patients during and shortly after emergency bowel surgery could save lives, when compared with usual care. The trial is being run in 100 UK hospitals and will study nearly 8000 patients.  <a href="http://www.floela.org">www.floela.org</a></p>	<p>We aim to trial a treatment used to guide the dose and timing of fluid administered into the bloodstream to patients during and shortly after surgery.</p> <p>We will trial this treatment, called “goal - directed haemodynamic therapy” (GDHT), in patients undergoing emergency bowel surgery (laparotomy).</p>
<p><b>Emergency Patient Reported Outcomes EmPROMs</b></p>	<p>Esther Kwong</p>	<p>This study is under way and looking to develop a new method of measuring the impact of care received by patients during emergency surgery using PROMs in England.  This study, funded by the Economic and Social Research Council is being conducted jointly with the National Emergency Laparotomy Audit (NELA), at the London School of Hygiene and Tropical Medicine.</p>	<p>Measuring the quality and value of healthcare is vital for all health systems worldwide, including the NHS. Patient Reported Outcomes Measures (PROMs) have been seen as one of the ways the NHS can improve quality and measure effectiveness of care. However, there are areas such as in emergency admissions to hospital whereby current NHS PROMs collection does not cover and the methods for doing so pose a challenge.</p> <p>Emergency admissions account for 40% of hospital admissions and are an area of increasing need. This is also an area where</p>

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			<p>the NHS knows least about the quality, and whether we are using resources effectively. PROMs, by measuring the patients' reported health change allows the NHS to measure clinical effectiveness from the patients' perspective, and provides an additional understanding of the quality of health services provided.</p> <p>This study assesses the feasibility of collecting a retrospective PROM with emergency laparotomy in-patients and a 3-month follow-up PROM to determine change in the health of patients following emergency hospital care.</p>
<b>Emergency Laparotomy Collaborative (ELC)</b>	Nial Quiney Geeta Aggarwal	The Emergency Laparotomy Collaborative (ELC) is a two-year quality improvement project aimed at improving standards of care and outcomes for patients undergoing emergency laparotomy. <a href="https://emergencylaparotomy.org.uk">https://emergencylaparotomy.org.uk</a>	To be added
<b>Adoption of Lung Protective Ventilations Strategies in Patients Undergoing Emergency Laparotomy (ALPINE)</b>	Ximena Watson	The aim is to determine current ventilator strategies in Emergency Laparotomy patients across roughly forty London hospitals and assess whether there is a link between non-compliance of PLV and developments of postoperative pulmonary complications. <a href="http://www.uk-plan.net/ALPINE">http://www.uk-plan.net/ALPINE</a>	To be added
<b>Getting It Right First Time (GIRFT)</b>	TBC	GIRFT is a national programme designed to improve medical care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice	To be added

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		<p>between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.</p> <p><a href="http://gettingitrightfirsttime.co.uk/">http://gettingitrightfirsttime.co.uk/</a></p>	
<p><b>National Audit of Small Bowel Obstruction (NASBO)</b></p>	<p>Matt Lee</p>	<p>NASBO is the National Audit of Small Bowel Obstruction. Emergency surgery and nutrition are two areas often neglected in the surgical literature. Laparotomy for small bowel obstruction accounted for 49% of all surgical interventions in the first NELA report. There is also heterogeneity in these patients, as some have clear indications for early intervention, others may be managed successfully with a conservative approach, and some may pass from the conservative to operative group.</p> <p><a href="http://nasbo.org.uk/">http://nasbo.org.uk/</a></p>	
<p><b>Emergency Laparotomy and Frailty (ELF)</b></p>	<p>TBC</p>	<p>To evaluate whether the use of a recognised frailty score (Rock Wood 7 point scale) correlates with outcomes following emergency laparotomy in patients aged 65 and over.</p> <p><a href="https://nwresearch.org/our-projects/emergency-laparotomies-frailty-as-a-predictor-of-outcome-in-the-elderly-elf/">https://nwresearch.org/our-projects/emergency-laparotomies-frailty-as-a-predictor-of-outcome-in-the-elderly-elf/</a></p>	