

Regional Health and Social Care Information Sharing Agreement

Data Flow – PC170011 – Connected Care NEHF:

Schedule K – Processing and Sharing Specification (signature required)

**Schedule L – Initial Data Protection Impact Assessment (if a DPIA was not required) or
Data Protection Impact Assessment Summary (if a DPIA was required)**

Variable information managed by the Administrator:

Schedule C – Direct Care Sharing Register (List of shared data flows)

Schedule D – Other (Secondary) Uses Sharing Register (List of shared data flows)

Schedule E – Membership Register (List of participating organisations)

Schedule F – Shared Information Asset Register

Schedule G – Approved Generic Use Cases for Shared Information

Schedule H – Approved Generic Privacy and Processing Notices

Sharing Agreement Narrative and Guidance

Visit www.regisa.uk for the narrative and the latest version of Schedules C-H

Schedule K – PC170011 – Connected Care NEHF

Sharing Requirement Identifier:	PC170011
Sharing Requirement Name:	Connected Care NEHF
Sharing Requirement Start Date:	01 October 2018
Sharing Requirement End Date:	30 April 2023
Sharing Organisation:	{{!org_es_:font(name=calibri,size=10)}}
Direct Care or Other Uses:	Direct care
Risk Sharing and Indemnity:	In scope
Sharing Data Controllership:	Joint control with Frimley Health NHS Foundation Trust as lead controller
Data Processor(s):	SoftCat - Graphnet - System C - Microsoft
Status:	Active
Version:	v2

Summary of the Sharing Requirement Purpose

The purpose of the Connected Care Interoperability solution is to enable information about an individual’s medical condition and social care packages and requirements to be shared electronically across subscribing health and social care organisations in order to ensure that the care provided is safe and consistent with patients’ existing risks, diagnoses, conditions, problems, medication and other treatment. These records are known locally as Connected Care.

Unless a patient has opted out from sharing and the sharing organisation has accepted the patient’s opt-out the legal basis for sharing and viewing the shared records includes provisions of Section 251B of the Health and Social Care Act 2012 (as amended by the Health and Social Care (Safety and Quality) Act 2015):

2. The sharing organisation must ensure that the information is disclosed to:
 - (a) persons working for the sharing organisation
 - (b) any other relevant health or adult social care commissioner or provider with whom the sharing organisation communicates about the individual; and
3. So far as the sharing organisation considers that the disclosure is:
 - (a) likely to facilitate the provision to the individual of health services or adult social care in England
 - (b) in the individual’s best interests.

Unless a patient has opted out from sharing and the sharing organisation has accepted the patient’s opt-out the legal basis for viewing the shared records is also provided by General Data Protection Regulation:

1. Article 6(1)e
“processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller”; and
2. Article 9(2)h
“processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services”.

Where access to confidential data is legitimate, the common law duties of confidentiality are satisfied because consent to view a patient’s record is implied where the patient concerned agrees to be referred to a service or where the patient concerned refers themselves or presents to a service.

Summary of the Sharing Requirement Process

The technical platform for Connected Care is the CareCentric product from Graphnet Limited. CareCentric is a HSCN/N3 web based secure system that allows secure cross boundary access to patient information held in the shared records.

For the purposes of this schedule the sharing process is as follows:

1. The Connected Care data is extracted from North East Hampshire and Farnham practices’ clinical systems;
2. The Connected Care extract process runs every 24 hours;
3. The extracted data is securely transmitted over HSCN/N3 to the Graphnet CareCentric data repository by means of a tried and proven data extraction and transfer process that is accredited by the GP clinical system suppliers.
4. Within the Graphnet CareCentric data repository, a copy of the extract is transferred:

Schedule K – PC170011 – Connected Care NEHF Regional Health and Social Care Information Sharing Agreement

- a. to the Hampshire Care and Health Information Exchange (CHIE) for use by organisations within Hampshire to support the care of Hampshire residents registered with North East Hampshire and Farnham practices
- b. to the Connected Care CareCentric data repository for use by organisations within the Frimley area;
5. All data transferred into the Graphnet CareCentric data repositories is securely transmitted over HSCN/N3/VPN;
6. Within Connected Care, where data has been modified or deleted within the practice clinical system these changes and deletions are reflected within the Connected Care data repository;
7. Within Connected Care, where a patient's opt-in/opt-out status has changed these changes are also reflected in the update process;
8. The Connected Care data is stored in the CareCentric data repository housed in the fully accredited and secure Graphnet data centre;
9. The Connected Care data is made available to and accessed by health and social care practitioners with a legitimate relationship with the individual, using the CareCentric system and within the constraints set by the Connected Care opt-in/opt-out and consent model; and
10. Subject to a legitimate relationship being established the data is made available through the CareCentric system for viewing by the users in the user organisations identified in this Schedule and in accordance with the User Service Profiles identified in this Schedule.

Summary of the Sharing Requirement Privacy Arrangements

The privacy arrangements are considered satisfactory as:

1. Access to view data is managed in accordance with the RBAC (Role Based Access Control) arrangements for Connected Care. These are summarised in the section User Access Model below and in Annex D.1 Sharing Service Profiles;
2. The data is accessed in accordance with the opt-in/opt-out and consent model as summarised by points 3 to 5 below and presented in more detail within Annex D.2 Opt-in/opt-out and Consent Model;
3. No data is made available for sharing where a patient has indicated to the patient's practice that the patient does not want their data to be shared and where the practice has recorded this election within the patient's record;
4. Where any of the data controller organisations other than the patient's practice are notified by the patient that the patient does not wish to have the patient's data shared the data controller organisation directs the patient to the patient's practice for the purposes of making this election;
5. Explicit consent to view the shared data relating to an individual who has not opted out is not required for the purpose of provision of care to the patient;
6. Data items are not made available for sharing where a practice has indicated that the data items concerned are not to be shared;
7. Only the coded data as summarised in Shared Categories of Data below is extracted from the practice clinical systems. A detailed description of the extracted data is presented in Annex D.3 Sharing Dataset Definitions;
8. Sensitive diagnoses are excluded from General Practice data. The list of excluded codes is presented in Annex D.5 Excluded Read Codes;
9. Connected Care includes an audit trail showing which user accessed a data subject's records;
10. Key security aspects include:
 - a. the physical security of the system servers
 - b. the use of HSCN/N3 for all data transactions
 - c. multi-factor authentication for user access to the system
 - d. role based access profiles to control user permissions
 - e. the Local Authorities are compliant with equivalent PSN security standards; and
11. Representatives from each of the participating partner organisations have completed a thorough review of data security measures and safeguards as well as a physical inspection of the Data Centre that will host the Connected Care solution¹. The group is satisfied that all appropriate technical and physical measures against unauthorised or unlawful access, accidental loss or destruction of care data are in place.

¹ In this respect, the Berkshire LMC has written out to all Berkshire GP practices to provide assurances that the Graphnet solution and proposed change for creating a data repository has been subjected to a rigorous Information Governance and technical security assessment.

The Sharing Organisations (data providers and data controllers)

For the purposes of this sharing requirement the sharing organisations may determine the purpose and use of the personal confidential data including creating, editing, archiving and deleting the data.

The sharing organisations are all organisations of all classes that have:

1. Signed the Regional Health and Social Care Information Sharing Agreement; and
2. Signed a copy of this Schedule to the Regional Health and Social Care Information Sharing Agreement.

The User Organisations

The following classes of Regional Health and Social Care Information Sharing Agreement member organisations have committed to use the personal confidential data identified in this document at the point of care in a manner compliant with the Regional Health and Social Care Information Sharing Agreement and solely for the purposes defined in this document.

The user organisations include all practice organisations that have:

1. Have signed the Regional Health and Social Care Information Sharing Agreement; and
2. Is the patient's registered practice or are providing care on behalf of the patient's registered practice.

The other classes of user organisation are those organisations that have signed the Regional Health and Social Care Information Sharing Agreement and that are:

1. Independent sector health care providers (including primary care and GP alliances and networks);
2. Independent sector social care providers (adults and children);
3. Local authorities;
4. NHS Trusts, including:
 - a. Acute service providers
 - b. Community service providers
 - c. Emergency services
 - d. Mental health providers
 - e. Specialist service providers; and
5. Voluntary sector providers (commissioned or coordinated by Local Authority and NHS organisations).

The User Access Model and Service Profiles

The level of detail and the categories of data that can be viewed are dependent on the sector in which the care and services are being provided and the service profile the user is allocated to. There are five user service profiles in the Connected Care role based access control (RBAC) model. These are:

1. Clinical Practitioner;
2. Health Professional;
3. Social Worker;
4. Admin/Clinical Support; and
5. Clerical.

Details of the interaction between the service profiles and the data segments are summarised within Annex D.1 Sharing Service Profiles.

The Shared Categories of Data

The following categories of data are shared as part of the Regional Health and Social Care Information Sharing Agreement using the Connected Care solution.

While a sharing agreement is only necessary for information regarded as personal confidential data, some of the data identified below is included for the purpose of completeness and not because the data is regarded as personal confidential data.

The categories of patient data shared from practice clinical systems are:

1. Person Details and Demographics;
2. Allergies;

Schedule K – PC170011 – Connected Care NEHF

Regional Health and Social Care Information Sharing Agreement

3. Events;
4. Health Promotion;
5. Medications;
6. Preventative Procedures;
7. Problems;
8. Procedures;
9. Referrals Details;
10. Results; and
11. Social / Family History.

Further details of each of these are provided in the attached Annex D.3 Sharing Dataset Definitions.

Data that is shared by the local authorities and the provider trusts for use alongside the abovementioned includes:

12. Person Details and Demographics;
13. Next of Kin;
14. Risks And Warnings;
15. Alerting;
16. Allergies;
17. Admissions;
18. Appointments Details;
19. Assessment;
20. Associated People;
21. Care Plan Interventions Details;
22. Care Plan Problems Details;
23. Care Plans Details;
24. Carer Details;
25. Children's;
26. Diagnosis Details;
27. Diagnostic Tests;
28. Discharges;
29. DOLs (Deprivation of Liberty);
30. Early Interventions;
31. Electronic Documents;
32. Referrals Details;
33. Risk Management plans;
34. Safeguarding; and
35. Service Planning.

Further details of each of these non-GP data sources are provided in the attached Annex D.4 Sharing Dataset Definitions.

Availability of these categories of data through Connected Care is to be phased in during the period of this sharing specification and not all of the data categories identified above are expected to be available through Connected Care immediately.

By design, the shared data excludes particularly sensitive records. The clinical terms and Read Codes that are used to identify these sensitive data records are presented in the attached Annex D.5 Excluded Read Codes.

Summary of the Initial Data Protection Impact Assessment

The project has been carefully designed to place the interests of patients uppermost. Concepts of informed consent and compliance with the Caldicott and Data Protection Principles have been incorporated into the software design.

The design and data protection and security risks and the associated security measures and safeguards have previously been subjected to a detailed and rigorous impact assessment by representatives from each of the participating partner organisations acting together as the IG Steering Group that oversees Connected Care .

Schedule K – PC170011 – Connected Care NEHF Regional Health and Social Care Information Sharing Agreement

The IG Steering Group is satisfied that all appropriate technical and physical measures against unauthorised or unlawful access, accidental loss or destruction of care data are in place.

As a consequence a new Data Protection Impact Assessment is not required.

Furthermore, it is the view of the Berkshire Local Medical Committee “that the Graphnet solution and proposed change for creating a Central Data Repository has been subjected to a rigorous Information Governance and technical security assessment. It is therefore the LMC’s recommendation that the Graphnet solution and proposed Central Data Repository is fit for purpose, appropriate and justifiable”.

Summary of Consultations

As the uses of the identifiable data covered by this sharing requirement are restricted to the provision of care, no explicit and direct consultation has been carried with the public in respect of this sharing requirement.

However, patient groups were established in east and west Berkshire for the specific purpose of commenting on the sharing planned and on the information governance put in place to protect the confidentiality of the data. These groups include CCG and Healthwatch patient representatives with other self-selecting volunteers to form groups that have current awareness with health and social care issues.

Summary of Consultations

As the uses of the identifiable data covered by this sharing requirement are restricted to the provision of care, no explicit and direct consultation has been carried with the public in respect of this sharing requirement by North East Hampshire and Farnham practices.

Agreement Implementation Status

On behalf of the Sharing Organisation I confirm that the information sharing arrangements described in this schedule are agreed and the information described in this schedule is to be made available to the User Organisations and individuals identified in this schedule starting on the Sharing Requirement Start Date and ending on the Sharing Requirement End Date.

Agreed by **{{!guardian_es_:font(name=calibri,size=10)}}**
as Caldicott Guardian / Designated Officer / Data Protection Officer, for and
on behalf of **{{!org_es_:font(name=calibri,size=10)}}**
{{!addr_es_:font(name=calibri,size=10)}} **}}**.

Schedule K – PC170011 – Connected Care NEHF
Regional Health and Social Care Information Sharing Agreement

Annex D.1 – Sharing Service Profiles

The data access capabilities of each of the Connected Care role profiles is presented in the table below

	User Group:	Clinical Practitioner	Health Professional	Social Worker	Admin/Clinical Support	Clerical
Demographics/ Allergies	Demographics	•	•	•	•	•
	Allergies	•	•	•	•	•
GP Medications	Repeat Medications	•	•	•	•	
	Medications Issued	•	•	•	•	
GP Problems	Active Problems	•	•	•		
	Past Problems	•	•	•		
	Additional Problems	•	•	•		
GP Results	Results	•	•			
GP Lifestyle	Alcohol	•	•	•	•	•
	Smoking	•	•	•	•	•
	Exercise/Diet	•	•	•	•	•
GP Vitals	Height/weight	•	•	•	•	•
	Blood Pressure	•	•	•	•	•
	Physiological Function	•	•	•	•	•
GP Additional Information	GP Encounters	•	•	•	•	
	Vaccs & Imms	•	•			
	Contraindications	•	•		•	
	OTC & Prophylactic Therapy	•	•	•	•	
	GP Family History	•	•	•	•	
	Child Health	•	•			
	Diabetes Diagnosis	•	•			
	Chronic Disease Monitoring	•	•			
	Medication Administration	•	•	•	•	
	Pregnancy, Birth & Post Natal	•	•			
	Contraception & HRT	•	•			
Hospital Activity Summary	Outpatient Activity	•	•	•	•	•
	Inpatient Activity	•	•	•	•	•
	Emergency Activity	•	•	•	•	•
	Dianoses and Procedures	•	•			
Social Care Summary Summary	Case Details	•	•	•	•	
	Case Worker	•	•	•	•	
	Carer Details	•	•	•	•	
	Disabilities	•	•	•	•	
	Risks	•	•	•	•	
Community & Mental Health Summary	Next of Kin/Personal Contacts	•	•	•		
	Inpatient Activity	•	•	•		
	Outpatient Activity	•	•	•		
	Referrals	•	•	•	•	
	Inpatient Activity	•	•	•		
	Outpatient Activity	•	•	•		
	Personal Contacts	•	•	•	•	•
	Diagnoses	•	•	•		
	Care Programme Approach (CPA)	•	•	•		
	Mental Health Act (MHA)	•	•			
	Risk Summary	•	•	•		
	Care Plans	•	•	•		

Annex D.2 – Opt-in/opt-out and Consent Model

The key opt-in/opt-out and consent model policies for Connect Care are:

1. No data is made available for sharing where an individual has indicated to the data controller organisation that the subject of the data does not want their data to be shared;
2. No data is made available for sharing where a patient has indicated to the patient’s practice that the patient does not want their data to be shared and where the practice has recorded this election within the patient’s record;
3. Explicit consent to view the data of an individual is not required within the Connected Care CareCentric solution for the purpose of the provision of care to the patient; and
4. Consent to view a patient’s record is implied where the patient concerned agrees to be referred to a service and where the patient concerned refers themselves to a service.

Annex D.3 – Sharing Dataset Definitions (GP data extract only)

The table below provides detailed definitions for each of the categories of data that are sourced from practice clinical systems and presented for use through Connected Care. The “tier” relates to the sensitivity of a specific data item. “Tier 1” data is the least sensitive data and “Tier 3” the most sensitive.

Data category	Data item
Person Details and Demographics	NHS Number
	Date Of Birth
	Surname
	Given Name
	Middle Name
	Address
	Gender
	GP Detail
	Phone Number
Allergies	Allergies And Adverse Reactions
Clinical Documentation	Clinical Correspondence
	Clinical Reports
	Discharge and Treatment Summaries
Events	Administration
	Admissions
	Encounters
	Referrals
Health Promotion	Alcohol, Exercise and Diet
	Blood Pressure
	Height and Weight
	Physiological Function Tests
Medications	Smoking Status
	Contraindications
	Current Medication
	Medication Administration
	Medication Issues
	OTC and Prophylactic Therapy
	Past Medication
Repeat Medication	
Preventative Procedures	Chronic Disease Monitoring
	Contraception and HRT procedures
	Pregnancy, Birth & Post Natal procedures
Problems	Current / Active Problems
	Full Problems List
	Past Problems
Procedures	All Procedures
	Obstetric Procedures
	Operations

Schedule K – PC170011 – Connected Care NEHF
Regional Health and Social Care Information Sharing Agreement

Data category	Data item
	Therapeutic Procedures
	Vaccinations and Immunisations
Results	Glucose/HbA1C
	Biochemistry
	Blood Chemistry
	Cervical Cytology
	Cytology
	ECG
	Haematology
	Imaging
	Microbiology
	Other Investigations
	Physiology
	Recent Tests
	Urinalysis
Social / Family History	Family History

Annex D.4 – Sharing Dataset Definitions (all other sources)

For information, the table below summarises the data available from other sources for viewing alongside data sourced from the general practice clinical systems.

Dataset	Data category
Acute	Person Details and Demographics
	Allergies
	Diagnostic Tests
	Electronic Documents
	Emergency Attendance
	Inpatient Activity
	Inpatient Admission Waiting List
	Outpatient Activity
	Outpatient Referral
	Community and Mental Health
Alerts	
Allergies	
Care Plans	
Care Programme Approach (CPA)	
Data category	
Diagnoses	
DOLs	
Inpatient Admissions and History	
Mental Health Act	
Outpatient Appointments and History	
Referrals	
Risk Summary	
Safeguarding	
Service Planning	
Social Care	Person Details and Demographics
	Alerting
	Assessment
	Associated People
	Carer Details
	DOLs
	Safeguarding
Service Planning	

Schedule K – PC170011 – Connected Care NEHF
Regional Health and Social Care Information Sharing Agreement

Annex D.5 – Excluded Read Codes

The table below summarises the Read codes that are excluded when Connected Care data is sourced from the general practice clinical systems.

Description	Category / Code
HSA1-Therap. Abort. Green Form	956%
H/O: Venereal Disease	1415%
Hysterotomy And Termination Of Pregnancy	7E066%
Dilation Of Cervix Uteri And Curettage Of Products Of Conception From Uterus	7E070%
Curettage Of Products Of Conception From Uterus NEC	7E071%
Suction Termination Of Pregnancy	7E084%
Dilation Of Cervix And Extraction Termination Of Pregnancy	7E085%
Termination Of Pregnancy NEC	7E086%
Cervical Smear	4K36%
Gonorrhoea	65Q8%
Introduction Of Abortifacient Into Uterine Tract	7E0B%
Genital Herpes	A541%
Viral Hepatitis B With Coma	A702%
Viral Hepatitis B With Serum	A703%
Other Spec Viral Hepatitis With Coma	A7040%
Viral Hepatitis C Without Mention Of Hepatitis Coma	A7050%
Chronic Viral Hepatitis	A707%
Unspecified Viral Hepatitis	A70z%
Cytomegalic Hepatitis	A7852%
HIV Resulting In Cytomegalic Disease	A7891%
Chlamydia	A78A0%
Chlamydia Anus And Rectum	A78A2%
Human Papilloma Virus Infection	A79B%
Papilloma As Cause Of Diseases Class. In Other Chapters	A7y05%
Trichomonas	AD1%
Phthirus Pubis Lice	AD22%
Sexual Deviations	E22y4%
Gender Identity Disorders	Eu64%
Cystitis In Gonorrhea	K1545%
Prostatitis In Gonorrhea	K2144%
Prostatitis In Trichomonosis	K2146%
Chlamydia Epidymitis	K2416%
Female Chlamydia In Pelvic Infumonotary	K40y1%
Chlamydia Cervilitis	K4209%
Unspecified Abortion	L07%
Failed Attempted Abortion	L08%
Complication Following Abortion/Ectopic/ Molar Pregnancies	L09%
Failed Attempted Abortion	L0A%
Other Specified Pregnancy With Abortive Outcome	L0y%
Pregnancy With Abortive Outcome NOS	L0z%
Maternal Syphilis In Pregnancy/Childbirth/Peurperium	L170%
Maternal Gonorrhea In Pregnancy/Childbirth/Peurperium	L171%
Lab Evidence Of HIV	R109%
Complications Assoc With Artificial Fertilization	SPOD%
Gonorrhea Carrier	ZV027%
Hepatitis B Carrier	ZV02B%
Hepatitis C Carrier	ZV02C%
High Risk Pregnancy With History Of Infertility	ZV230%
Contraception Mgt Admission Of Administration Of Abortifacient	ZV25B%
IVF	ZV267%
Venereal Disease Carrier NOS	65Q9%

Schedule K – PC170011 – Connected Care NEHF
Regional Health and Social Care Information Sharing Agreement

Description	Category / Code
AIDS Carrier	65QA%
Notification Of AIDS	65VE%
Treatment For Infertility	8C8%
Acquired Immune Deficiency Syndrome	A788%
Human Immunodef Virus Resulting In Other Disease	A789%
Chlamydial Infection	A78A%
Chlamydial Infection Of Pelviperitoneum And Other Genitourinary Organs	A78A3%
Chlamydial Infection, Unspecified	A78AW%
Chlamydial Infection Of Genitourinary Tract, Unspecified	A78AX%
Syphilis And Other Venereal Diseases	A9%
Hiv Disease Resulting In Other Infectious And Parasitic Diseases	AyuC4%
Dementia In Human Immunodef Virus (HIV) Disease	Eu024%
Legally Induced Abortion	L05%
Illegally Induced Abortion	L06%
Other Maternal Venereal Diseases During Pregnancy, Childbirth And The Puerperium	L172%
Asymptomatic Human Immunodeficiency Virus Infection Status	ZV01A%
Cervical Smear	4K36-

End of Schedule K

Schedule L – PC170011/PC170011/DPIA0001– Connected Care NEHF

This schedule to the Regional Health and Social Care Information Sharing Agreement provides 14 questions covering five risk categories which when answered objectively offer an initial assessment of the additional risks to privacy posed by the proposed sharing of information.

Where a question gives rise to an affirmative answer, it does not automatically follow that a full scale Data Protection Impact Assessment is required. Each affirmative answer needs to be assessed for materiality (probability and impact) and for ways in which the potential risks can be avoided or materially mitigated with a revised solution or additional measures.

Where a substantial number of questions give rise to an affirmative answer this is a good indicator that a full scale Data Protection Impact Assessment is required and project plans should include the costs and timescales of this activity and any associated consultation that may be needed.

Wherever practical the rationale for an answer should be included with the answer.

Questions relating to “identifying data” and “identification” (questions 3, 5 and 7 to 11) are of heightened importance in the context of Provision of Care for data that has not been anonymised or pseudonymised.

These questions are derived from guidance provided by the Information Commissioner’s Office and from the Information Governance Alliance (*Integrated Digital Care Records: Data Controller Issues*).

Technology Risk

1. Does the proposed change apply new or additional information technologies that have substantial potential for privacy intrusion? ... **No. The technology and processes are tried and proven over many years and have been in use in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE (formerly known as the Hampshire Health Record).**

Identity Risk

2. Does the proposed change involve new identifiers, re-use of existing identifiers, or intrusive identification, identity authentication or identity management processes? ... **No. While datasets will all be identifiable using NHS Number this policy is in regular use in health and social care. Furthermore, the technology and processes are tried and proven over many years and in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE.**
3. Does the proposed change have the effect of denying anonymity and pseudonymity, or converting transactions that could previously be conducted anonymously or pseudonymously into identified transactions? ... **No – The existing approach already requires identifiable data.**

Organisational Risk

4. Does the proposed change involve multiple organisations that do not have a prior history of working together and sharing information? ... **Yes – plans involve more partner organisations and more sharing.**
5. Does the proposed change involve data processor organisations that do not have a prior history of working with similar shared information? ... **No. The chosen supplier is a pioneer in the field and has extensive experience with similar data.**
6. Are new processes and relationships required to manage issues with the technology solution and with the accuracy, consistency and completeness of the shared information? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE.**

Data Risk

7. Does the proposed change involve new or significantly changed handling of identifying data that is of particular concern to individuals? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE.**
8. Does the proposed change involve new or significantly changed handling of a considerable amount of identifying data about each individual in the database? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE.**

Schedule L – PC170011/PC170011/DPIA0001– Connected Care NEHF Regional Health and Social Care Information Sharing Agreement

9. Does the proposed change involve new or significantly changed handling of personal data about a large number of individuals? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE.**
10. Does the proposed change involve new or significantly changed consolidation, inter-linking, cross referencing or matching of identifying data from multiple sources? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE.**
11. Does the proposed change involve the creation of new data outside of the boundaries of the existing source systems? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016 and for over a decade with the Hampshire CHIE.**

Exemption and Exclusion Risk

12. Does the proposed change relate to data processing which is in anyway exempt from legislative privacy protections? ... **No.**
13. Does the proposed change's justification include significant contributions to public security measures? ... **No.**
14. Does the proposed change involve systematic disclosure of identifying data to, or access by, third parties that are not subject to comparable privacy regulation? ... **No.**

End of Schedule L