

# Regional Health and Social Care Information Sharing Agreement

Data Flow – PC180001 – Child Health (CHIS) extract via Connected Care  
(practices):

**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](http://www.regisa.uk) for the narrative and the latest version of Schedules C-H

## Schedule K – PC180001 – Child Health (CHIS) extract via Connected Care (practices) Regional Health and Social Care Information Sharing Agreement

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### Schedule K – PC180001 – Child Health (CHIS) extract via Connected Care (practices)

Sharing Requirement Identifier:	PC180001
Sharing Requirement Name:	Child Health (CHIS) extract via Connected Care (practices)
Sharing Requirement Start Date:	25 May 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:	Out of scope
Sharing Data Controllership:	Joint NHSE and {{!org_es_:font(name=calibri,size=10)}}
Data Processor(s):	NHS SCWCSU - SoftCat - Graphnet - System C - Microsoft
Status:	Active
Version:	v2

### Summary of the Sharing Requirement Purpose

NHS England has responsibility within the NHS by section 7A of the National Health Act 2006 and agreements made under it for the commissioning of Child Health Information System (CHIS) services and systems.

South Central and West Commissioning Support Unit is commissioned by NHS England to maintain the CHIS system, as data processor on behalf of NHS England.

The sharing of data using CHIS is necessary:

1. To enable the mandatory and statutory recording and reporting of Child Health data;
2. To provide Maternity, Primary Care, Health Visitors & School Nurses with details of babies/children (aged 0-19) born/moved into their areas;
3. To ensure the sharing of the relevant Child Health information continues between identified HCP's within the User Organisations;
4. To assist with checking that children of statutory school age living in Local Authority are known to the Local Authority, Berkshire Healthcare NHS Foundation Trust, Royal Borough of Windsor and Maidenhead and SCW CHIS;
5. To ensure legally registered names are recorded on the IT Systems; and
6. To assist the Named Nurse for Looked After Children in ensuring all Looked After Children have a complete immunisation status.

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".

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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 CHIS is CarePlus from System C and the data transfer process between practices and CarePlus is facilitated by Connected Care. Connected Care uses the CareCentric product from Graphnet Limited. CarePlus and CareCentric N3 based secure systems that allow secure cross boundary access to patient information held in the CHIS records.

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

1. The Connected Care data is extracted from Berkshire 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. Where data has been modified or deleted within the practice clinical system these changes and deletions are reflected within the Connected Care data repository;
5. Where a patient's opt-in/opt-out status has changed these changes are also reflected in the update process;
6. The Connected Care data is stored in the CareCentric data repository housed in the fully accredited and secure Graphnet data centre;
7. The CHIS data is extracted electronically by the CareCentric System on a weekly basis and sent to CHIS CarePlus IT System; and
8. On receiving this data from CareCentric, the CarePlus system automatically uploads all data received in CHIS.

### Summary of the Sharing Requirement Privacy Arrangements

The privacy arrangements are considered satisfactory as:

1. No data is made available for sharing where a patient (or the patient's guardian on behalf of the 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;
2. 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;
3. Only the coded data as summarised in Shared Categories of Data below is extracted from the Healthcare Organisation's clinical systems;
4. Key security aspects for the System C CarePlus CHIS System hosted by NHS South Central and West CSU include:
  - a. The physical security of the system servers is compliant with NHS standards for systems holding sensitive and confidential data
  - b. The use of N3/HSCN for all data transactions and transfers
  - c. Password protection for all user access to the system
  - d. role based access profiles to control user permissions;
5. There is no requirement for CHIS staff to view and manipulate data as all extracted data is sent directly to the CHIS CarePlus IT System from Connected Care; and
6. The NHS South Central and West CSU CHIS team have completed a thorough review of data security measures and safeguards. SCW CHIS is satisfied that all appropriate technical and physical measures against unauthorised or unlawful access, accidental loss or destruction of care data are in place.

### 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.

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## 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 Profiles

The following roles are defined within the NHS South Central and West CSU CHIS solution:

1. Privacy Officer Role – Which has access to the system to allow the audit of data and systems usage;
2. Configuration Role – Which has overall system access to all records to manage and support the system;
3. Supervisor Role – Advanced functionality in addition to the general user role; and
4. General User – Access to the patient record for the purposes set out above.

All roles are subject to a duty of confidence in respect of the CHIS data.

## The Shared Categories of Data

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

ID	Data Category	Abbreviation	Primary Data Controller	Source Application	Persistent or Temporary
1	Patient demographic and identifying details including: <ul style="list-style-type: none"><li>• NHS number</li><li>• Patient name</li><li>• Patient address</li><li>• Date of Birth</li><li>• Gender</li></ul>	Demographics	The data subject's General Practice	GP clinical system via CareCentric	Persistent
2	Procedures and Immunisations Data <ul style="list-style-type: none"><li>• Venue</li><li>• Date Given</li><li>• Name of Vaccine</li><li>• Read/SNOMED Code</li><li>• Batch number</li></ul>	Procedures and Immunisations	The data subject's General Practice	GP clinical system via CareCentric	Persistent

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ID	Data Category	Abbreviation	Primary Data Controller	Source Application	Persistent or Temporary
	6-8 week check data <ul style="list-style-type: none"> <li>• GP Practice Code</li> <li>• Date Examined</li> <li>• Weight</li> <li>• Length</li> <li>• Head Circumference</li> <li>• Breast Feeding Status</li> <li>• Hips</li> <li>• Genitalia</li> <li>• Heart</li> <li>• Eyes</li> <li>• Other Physical Features</li> <li>• Hearing</li> <li>• Locomotion</li> <li>• Manipulation</li> <li>• Speech/Language</li> <li>• Behaviour</li> </ul>	6-8 week check	The data subject's General Practice	GP clinical system via CareCentric	Persistent

**Summary of the Initial Data Protection Impact Assessment**

The sharing arrangement has been subjected to a full Data Protection Impact Assessment which is available on request.

The full Data Protection Impact Assessment, which has been reviewed and agreed by the NHS South Central and West Commissioning Support Unit's Information Governance Team and by the Berkshire Information Governance Steering Group indicates that there are no major and unmanaged privacy and data protection risks inherent in the design and implementation of this sharing arrangement.

**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)}}** **}}**.

**End of Schedule K**

## Schedule L – PC180001/DPIA0013– Child Health (CHIS) extract via Connected Care (practices)

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.**

### 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.**
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? ... **No. All of the partner organisations have a history of working together and sharing.**
5. Does the proposed change involve data processor organisations that do not have a prior history of working with similar shared information? ... **No. All of the partner organisations have a history of working 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.**

### 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.**
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.**
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.**
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.**

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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.**

### 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.**

### Summary of the Initial Data Protection Impact Assessment

The answers to the above risk questions indicate that a DPIA: *is required / is not required* (delete as appropriate).

A previous Initial Data Protection Impact Assessment, which was answered objectively, identified a number of risks requiring mitigation and consequently a full DPIA was conducted.

**A new DPIA has not been conducted as the existing assessment (DPIA0013) is considered appropriate and up to date.**

**End of Schedule L**