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Regional Health and Social Care Information Sharing Agreement

Data Flow – PC200001 – SCAS 111 Direct Booking with GP Connect:

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 – PC200001 – SCAS 111 Direct Booking with GP Connect

Sharing Requirement Identifier:	PC200001
Sharing Requirement Name:	SCAS 111 Direct Booking with GP Connect
Sharing Requirement Start Date:	15 February 2020
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 control with South Central Ambulance Service NHS Foundation Trust as lead controller
Data Processor(s):	NHS Digital - EMIS - INPS - TPP
Status:	Active
Version:	v1

Summary of the Sharing Requirement Purpose

The purpose for this joint processing and sharing arrangement is to assist SCAS to make informed clinical assessments of patients using the 111 service and to enable SCAS to provide a summary of the clinical triage back to the Patients GP Practice when making a direct booking appointment.

The South Central Ambulance Service Foundation Trust (SCAS) 111 Direct Booking with GP Connect solution enables the NHS 111 service operated by SCAS to book appointments for registered patients directly into the GP Clinical System of the patient's registered practice.

This addresses the NHS Long Term Plan requirement for General Practices to make available a proportion of their appointments for Direct Booking via NHS111. (Practices must make available a minimum of one appointment per whole 3,000 patients per day for Direct Booking from NHS111.)

In addition to supporting the direct booking of appointments, for SCAS clinician users, the GP Connect solution also provides access to the patient's GP record. This access is controlled by practices.

Unless a patient has objected to the joint processing and sharing and the sharing organisation has accepted the patient's objection to the processing, 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 joint processing and sharing process for the SCAS 111 Direct Booking with GP Connect solution is as follows:

1. Any patient contacting NHS 111 will initially go through a NHS Pathways assessment:
    a. NHS Pathways triage works on a basis of ruling out, rather than diagnosing
    b. Once NHS Pathways triage gets to a point where it can no longer safely rule something out it will result in an outcome, which is termed the 'disposition'
    c. This assessment may show that a patient needs a face to face primary care booking
    d. At this point the case can be referred to a clinician with access to a the patients GP Clinical Record for further assessment.
2. Direct booking from the NHS 111 service into the GP clinical system at the patient's registered practice occurs where a clinician or a 111 call handler has assessed the patient and deemed them in need of an appointment within a locally agreed list of specific timeframes:
    a. e.g. within 2, 6, 12 or 24 hours.
3. SCAS provides a summary of the clinical triage back to the Patients registered practice when making a direct booking appointment.

The categories of data to be shared are summarised below in this document.

Summary of the Sharing Requirement Privacy Arrangements

The privacy arrangements are considered satisfactory as:

1. Access to view data is managed in accordance with RBAC (Role Based Access Control) arrangements where:
    a. Only personal demographic data can be viewed by non-clinical roles
    b. Sensitive and confidential data may only be reviewed by clinical roles
    c. A legitimate relationship exists between the patient and the person accessing the data;
2. Data is only made available for sharing where the registered practice has:
    a. Enabled GP Connect access to the GP clinical system
    b. Enabled "appointments" access
    c. And for access to the clinical data:
        i. Enabled HTML views
        Or
        ii. Enabled Structured record viewing;
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 jointly processed and shared and where the practice has accepted and recorded this election within the patient's record;
4. Data items are not made available for sharing where a practice has indicated that the sensitive diagnoses and data items concerned are not to be shared;
5. An audit trail is available showing which user accessed a data subject's records; and
6. Consent to view a patient's record is implied where the patient concerned presents to the NHS 111 service.
    a. As a consequence, explicit consent to access the patient's data is not requested during the consultation itself.

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 Shared Categories of Data

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

The shared data categories are:

1. Name;
2. DOB;
3. Address;
4. Gender;
5. Primary diagnosis;
6. Active diagnosis;
7. Medication;
8. Social care needs;
9. GP Primary Care Medical records;
10. Appointments; and
11. 111 Clinical assessment summary.

The above categories of data include both coded data as well as free text.

For all categories of data, the primary data controller is the registered practice and the application that is the source of the data is the GP clinical system at the patient's registered practice.

Records created in the SCAS Adastra system are outside of the scope of this joint processing and sharing specification.

A sharing agreement is only necessary for information regarded as personal confidential data. Some of the data identified above is included for the purpose of completeness not because the data is regarded as personal confidential data.

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 project and the software design. There is sharing of data through multiple stakeholders who utilise appropriately secured communication channels.

The users of this information would normally be expected to have access to this level of personal information as part of their normal working environment.

The Initial Data Protection Impact Assessment, which has been answered objectively and which is based on the prior NHS Digital DPIA for GP Connect (IAR0000767), the NHS Digital GP Connect Overview and the prior NHS SCWCSU DPIA (H8) has not identified any substantial unmanaged risks and consequently it is considered that there are no significant new privacy risks in relation to this proposed change.

A new detailed Data Protection Impact Assessment is therefore not required.

See the attached Initial Data Protection Impact Assessment.

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 – PC200001/DPIA0019– SCAS 111 Direct Booking with GP Connect

This schedule to the Regional Health and Social Care Information Sharing Agreement provides key questions covering six 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 concerned.

Questions relating to "identity risk" (questions 2 to 8) are of heightened importance in the context of data that has not been anonymised or pseudonymised.

These questions have been revised to include latest (summer 2018) guidance provided by the Information Commissioner's Office. Other aspects are based on guidance from the Information Governance Alliance.

Technology Risk

1. Does the proposed change apply new, innovative or additional information technologies that have substantial potential for privacy intrusion? **… No. The core technologies have been tried and proven over many years and access to the technology is controlled by strict role based access controls and security and audit measures. This method is more secure and safer than previous methods such as printed records, fax and letter.**

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.**
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.**
4. Does the proposed change combine, compare or match data from multiple sources in a manner that can be used to identify data subjects? **… No.**
5. Does the proposed change include the processing of biometric or genetic data that can be used to identify data subjects? **… No.**
6. Does the proposed change result in the processing of data concerning vulnerable data subjects? **… Yes. However, the purpose of the processing includes improving the quality of care and safety of vulnerable data subjects.**
7. Does the proposed change result in the processing of personal data which could result in a risk of physical harm in the event of a security breach? **… No.**
8. Does the proposed change have the effect of systematically monitoring a publicly accessible place on a large scale? **… No.**

Automation and Profiling Risk

9. Does the proposed change include profiling on a large scale? **… No.**
10. Does the proposed change include evaluation or scoring? **… No.**
11. Does the proposed change include automated decision-making with significant effects? **… No. All decision making is directly supervised by health and social care professionals.**
12. Does the proposed change include systematic and extensive profiling or automated decision-making to make significant decisions about people? **… No.**
13. Does the proposed change include processing children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them? **… No.**

14. Does the proposed change include profiling, automated decision-making or special category data to help make decisions on someone's access to a service, opportunity or benefit? … **No. While the proposed change is associated with the processing of special category data to identify the health and social care services using NHS Pathways, the scope of the GP Connect solution itself does not include NHS Pathways.**
15. Does the proposed change include processing involving preventing data subjects from exercising a right or using a service or contract? … **No.**

Organisational Risk

16. Does the proposed change involve innovative organisational solutions? … **Yes. However, the organisations concerned have considerable history of working together in the provision of care and no material new risks are created by the change.**
17. Does the proposed change involve multiple organisations that do not have a prior history of working together and sharing information? … **No. The organisations concerned have considerable history of working together in the provision of care. The organisation risk level is considered low as the job functions, roles and confidentiality requirements are the same across all organisations and the sharing arrangements are based on standard datasets with confidentiality requirements that are understood by all involved.**
18. Does the proposed change involve data processor organisations that do not have a prior history of working with similar shared information? … **No. The chosen suppliers are long-standing suppliers in the field and have extensive experience with similar data.**
19. 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 existing joint processing and sharing arrangements and the technology itself is tried and proven.**

Data Risk

20. Does the proposed change include processing of special category data on a large scale? … **No. The special category data is only available to end users on a patient by patient basis. In other words, end users can only access one patient at a time and all accesses are auditable.**
21. Does the proposed change combine, compare or match data from multiple sources? … **No.**
22. Does the proposed change include processing of personal data without providing a privacy notice directly to the individual? … **Yes in some circumstances. However, processing and privacy notices are generally available for all processing.**
23. Does the proposed change include processing of personal data in a way which involves tracking individuals' online or offline location or behaviour? … **No.**
24. Does the proposed change include systematic processing of sensitive data or data of a highly personal nature? … **Yes. However, while the proposed change is associated with the processing of special category data to identify the health and social care services using NHS Pathways, the scope of the GP Connect solution itself does not include NHS Pathways.**
25. Does the proposed change include processing on a large scale? … **No. Processing is carried out on a patient by patient basis.**

Exemption and Exclusion Risk

26. Does the proposed change include processing of criminal offence data on a large scale? … **No.**
27. Does the proposed change relate to data processing which is in anyway exempt from legislative privacy protections? … **No.**
28. Does the proposed change's justification include significant contributions to public security measures? … **No.**
29. 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 new DPIA: ***~~is required~~ / is not required*** (delete as appropriate).

If, based on the risks identified above the decision is not to carry out a DPIA, what is the rationale for this decision?

This Initial Data Protection Impact Assessment, which has been answered objectively and which is based on the prior NHS Digital DPIA for GP Connect (IAR0000767), the NHS Digital GP Connect Overview and the prior NHS SCWCSU DPIA (H8) has not identified any substantial unmanaged risks and consequently it is considered that there are no significant new privacy risks in relation to this proposed change.

A new detailed Data Protection Impact Assessment is therefore not required.

End of Schedule L