

Regional Health and Social Care Information Sharing Agreement

Data Flow – PC200008 – Connected Care and Thames Valley and Surrey LHCR:

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 – PC200008 – Connected Care and Thames Valley and Surrey LHCR

Sharing Requirement Identifier:	PC200008
Sharing Requirement Name:	Connected Care and Thames Valley and Surrey LHCR
Sharing Requirement Start Date:	01 June 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:	{{!risksharetype_es_:font(name=calibri,size=10)}}
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:	v1

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.

The purpose of the Thames Valley and Surrey Care Record Interoperability solution (also known as the Local Health and Care Record (LHCR)) 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 across the Thames Valley and across Surrey **for direct care purposes** in order to ensure that the care provided is safe and consistent with patients' existing risks, diagnoses, conditions, problems, medication and other treatment.

Based on 2018 figures, approximately 500,000 episodes of care would benefit from the TVS Care Record each year.

With respect to all data relating to individuals who are normally resident within Berkshire West and the Frimley ICS areas the legitimate purposes of the joint processing and sharing through TVS Care Record are:

1. **Emergency care** for an individual outside the individual's usual area of residence;
2. **Specialist care services** provided for an individual outside the individual's usual area of residence; and
3. **Cross border patient flows** where referral pathways and services are provided by cross-border organisations.

With respect to all data processed within Connected Care but **relating to individuals who are NOT normally resident** within Berkshire West and the Frimley ICS areas the legitimate purposes of the joint processing and sharing through TVS Care Record also include:

4. **Social care services** for an individual within the individual's usual area of residence;; and
5. **Patient admission dashboards** provided within the individual's usual area of residence where primary, community and local authority organisations need to be aware of unplanned admissions and attendances for their patients and clients outside of the individual's usual area of residence.

Summary of the Legal Basis for the Sharing

Unless an individual has objected to the joint processing and sharing and the sharing organisation has accepted the individual'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.

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Unless an individual has objected to the joint processing and sharing and the sharing organisation has accepted the individual's objection to the processing 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 an individual's record is implied where the individual concerned has been provided with a service-specific privacy notice, where the individual concerned agrees to be referred to a service or where the individual concerned refers themselves or presents to a service.

A local shared care record privacy notice incorporating the TVS Care Record has been prepared for data controllers.

Summary of the Sharing Requirement Process

The technical platform for Connected Care and for the TVS Care Record is the CareCentric product from Graphnet Limited. CareCentric is a 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. Data for the TVS Care Record solution will have been extracted from the clinical or social care operational systems of `{{!org_es_}}` into the Connected Care Graphnet CareCentric data repository by means of a tried and proven data extraction and transfer process as described in the Connected Care joint processing and sharing specification `{{!SharingID_es_}} - {{!SharingName_es_}}` a copy of which can be found at `http://www.regisa.uk/documents/{{!PDFfileName_es_}}`
2. From the Connected Care Graphnet CareCentric data repository, an encrypted copy of the data is transferred to the fully accredited and secure Microsoft Azure-based TVS Care Record Graphnet data repository based on CareCentric;
3. Within Connected Care, where data has been modified or deleted based on updates from the source systems these changes and deletions are also reflected within the TVS Care Record data repository;
4. Within Connected Care, where a patient's opt-in/opt-out status has changed these changes are also reflected within the TVS Care Record data repository;
5. The TVS Care Record data is made available to and accessed by health and social care practitioners with a legitimate relationship with the individual within the constraints set by the Connected Care opt-in/opt-out and processing objection model; and
6. 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 and Local Access Applications 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 the TVS Care Record. These are summarised in the section User Access Model below;
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 accepted and recorded this objection within the patient's record;
3. 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 objection;

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4. Explicit consent to view the shared data relating to an individual who has not objected is not required for the purpose of provision of care to the individual;
5. Sensitive diagnoses are excluded from General Practice data;
6. The TVS Care Record includes an audit trail showing which user accessed a data subject's records;
7. Key security aspects include:
 - a. the physical security of the system servers
 - b. the use of secure communications protocols 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 end user organisations are all required to confirm that they meet the minimum qualifying standard for the TVS Care Record
 - f. the qualifying standard for the TVS Care Record meets the minimum qualifying standard for the Regional Health and Social Care Information Sharing Agreement; and
8. A thorough review of data security measures, safeguards and certifications has been carried out for the TVS Care Record solution and confirmation has been received that the TVS Care Record platform complies with the same standards as the Connected Care solution.

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 TVS Care Record programme director and programme board have confirmed that, for each TVS Care Record area, only those TVS Care Record end user organisations that have confirmed that they meet the minimum qualifying standard for TVS Care Record will be granted access to the TVS Care Record platform.

The following classes of Regional Health and Social Care Information Sharing Agreement member organisations are to be given access to TVS Care Record through their local access application for the purposes defined in this document:

1. General practice organisations;
2. Independent sector health care providers (including primary care and GP alliances and networks);
3. Independent sector social care providers (adults and children);
4. Local authorities;
5. NHS Trusts, including:
 - a. Acute service providers
 - b. Community service providers
 - c. Emergency services
 - d. Mental health providers
 - e. Specialist service providers; and
6. 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 four user service profiles in the TVS Care Record role based access control (RBAC) model. These are:

- Level 1: Administrative (for example, Receptionists)
- Level 2: Administrative (for example, Care Navigators)
- Level 3: Summary
- Level 4: Extended.

Details of the interaction between the TVS Care Record service profiles and the Connected Care profiles are summarised within Annex K.1 Sharing Profile Mapping.

The Local Access Applications

The TVS Care Record solution is not accessed directly by end users.

In each area covered by the TVS Care Record the local end users access the data held in the TVS Care Record by means of their local shared care record solution. For the TVS Care Record, these are:

1. Buckinghamshire – My Care Record, which is also based on the Graphnet CareCentric solution;
2. Milton Keynes – The Milton Keynes University Hospital EPR which is based on the Cerner clinical system;
3. Oxfordshire – The Oxfordshire Care Summary, which is based on the Cerner clinical system; and
4. Surrey – The Surrey Care Record, which is also based on the Graphnet CareCentric solution.

The Shared Categories of Data

The following categories of data are shared from the Connected Care solution into the TVS Care Record solution.

Full details of the data extracted to the TVS Care Record solution from the clinical or social care operational systems of `{{!org_es_}}` via the Connected Care Graphnet CareCentric data repository are described in the Connected Care joint processing and sharing specification `{{!SharingID_es_}}` - `{{!SharingName_es_}}` a copy of which can be found at http://www.regisa.uk/documents/{{!PDFfileName_es_}}

The categories of personal identifiable data shared through the TVS Care Record are presented below.

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	

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Dataset	Data category
	Risk Summary
	Safeguarding
	Service Planning
General Practice	Person Details and Demographics
	Allergies
	Clinical Documentation
	Events
	Health Promotion
	Medications
	Preventative Procedures
	Problems
	Procedures
	Results
	Social / Family History
Social Care	Person Details and Demographics
	Alerting
	Assessment
	Associated People
	Carer Details
	DOLs
	Safeguarding
	Service Planning

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

By design, the shared data excludes particularly sensitive records.

Summary of the Data Protection Impact Assessment

The project has been carefully designed to place the interests of individuals 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 lead partner organisations.

Based on a thorough review of the TVS Care Record Data Protection Impact Assessment, 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, that the risks and mitigations are appropriate and that the defined purposes for data processing through the TVS Care Record are legitimate.

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

The TVS Care Record Data Protection Impact Assessment is available [here](#).

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.

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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)}} **}}**.

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Annex K.1 – Sharing Profile Mapping

Each of the TVS Care Record role profiles is presented in the context of the existing Connected Care role profiles in the table below:

TVS CARE RECORD ROLE	CONNECTED CARE ROLE
Level 1: Administrative (for example, Receptionists)	Clerical
Level 2: Administrative (for example, Care Navigators)	Admin/Clinical Support
Level 3: Summary (restricted record)	Clinical Practitioner
Level 4: Extended (full record)	Health Professional
	Social Worker

End of Schedule K

Schedule L – PC200008/DPIA0030 – Connected Care and Thames Valley and Surrey LHCR

It is the view of the Regional IG Steering Group that a new Data Protection Impact Assessment is not required.

The TVS Care Record solution's Data Protection Impact Assessment is available [here](#).

Technology Risk

1. Does the proposed change apply new, innovative or additional information technologies that have substantial potential for privacy intrusion? ... **Generally, no. The core Connected Care and TVS Care Record 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? ... **Yes. The proposed change includes the processing of special category data to plan and manage the health and social care services for the data subjects concerned. This is a core purpose of the Connected Care and TVS Care Record solutions and processes and the legal basis is supported by various health and social care acts and by the General Data Protection Regulation.**
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.**
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. Specific measures have been taken in the approach to the processing and sharing arrangements to ensure that the privacy and confidentiality are maintained at all times. Privacy notices have been prepared to support the specific circumstances of the Connected Care and TVS Care Record solutions.

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 previous sharing arrangements and the core Connected Care and TVS Care Record technologies are tried and proven.**

Data Risk

20. Does the proposed change include processing of special category data on a large scale? ... **Yes.**
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.**
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.**
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.**

End of Schedule L