

Regional Health and Social Care Information Sharing Agreement

Data Flow PC200011 – MHICS for Frimley ICS (East Berkshire)

Schedule K – Processing and Sharing Specification (signature required)

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Schedule K – PC200011 – MHICS for Frimley ICS (East Berkshire)

Sharing Requirement Identifier:	PC200011
Sharing Requirement Name:	MHICS for Frimley ICS (East Berkshire)
Sharing Requirement Start Date:	28th September 2020
Sharing Requirement End Date:	30th September 2021
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 Berkshire Healthcare NHS Foundation Trust (BHFT) as the lead controller
Information Assets:	GP clinical systems, RiO Electronic Records System, Connected Care – Local shared care record platform, BHFT shared mailboxes, DOCMAN – Electronic Document management system.
Data Processor(s):	East Berkshire Primary Care Out of Hours (EBPCOOH), Berkshire Primary Care Limited (BPCL), GP clinical system suppliers, NHS Digital, Voluntary Sector and Social Enterprise providers
Status:	Active
Version:	v1

Summary of the Processing and Sharing Requirement Purpose

The Community Mental Health Transformation Programme (CMHTP) and the Frimley Mental Health Integrated Community Service (MHICS) are designed to deliver support closer to communities by providing services focussed on Primary Care Network (PCN) populations, building on community assets and involving voluntary sector, housing & social care partners.

The model will improve access to NICE-recommended interventions where required with increased and easy access in and out of highly specialised psychological therapies for people with Serious Mental Illness (SMI) and those with complex mental health difficulties associated with traits of or a diagnosis of personality disorder.

The patient groups within the scope of the joint processing and sharing arrangements are:

1. Service users in primary care with unmet needs:
 - a. Not meeting secondary care Community and Mental Health Teams (CMHT) and Improving Access to Psychological Therapies (IAPT) criteria, or where patients are not appropriate for IAPT
 - b. Difficulty accessing the right services
 - c. Utilise services in potentially chaotic patterns; physical health concerns, medication dependence, substance misuse, co-morbid physical long-term conditions contributing to poor mental health
 - d. 'Held' by GPs as frequent attenders, absorbing excessive non-medical short-term prop-up interventions;
2. People in secondary care mental health services that can alternatively receive recovery focused services in primary care:
 - a. Seamless step-up and step-down as required
 - b. With potential shared care arrangements for medication. These typically comprise stable psychotic and mood disorders, and emotionally unstable personality disorder; and
3. Physical health of SMI patients in primary care:
 - a. Supporting primary care to improve their delivery of physical health checks and facilitating bridging to evidence based interventions for people on the SMI registers

The approach will remove unhelpful thresholds and barriers through the deployment of a trusted assessor model.

Care can be stepped up and stepped down flexibly without the need for time-consuming referrals and multiple assessments processes.

Practices working together as Primary Care Networks (PCNs) have employed administrative staff (the "MHICS Administrators") through their respective GP Federations or Lead Practices to work within the practices as part of the CMHTP MHICS. MHICS operates under Berkshire Healthcare NHS Foundation Trust's (BHFT) CQC registration.

Summary of the Legal Basis for Processing and Sharing

Unless a patient has objected to processing or joint processing and sharing and the sharing organisation has accepted the patient's objection(s) 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, including relevant VCSEs, 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, including relevant VCSEs
 - (b) in the individual's best interests.

Unless a patient has objected to processing or joint processing and sharing and the sharing organisation has accepted the patient's objection 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, on the basis of Union or Member state laws.".
3. The 'official authority' and the 'member state laws' establish the legal bases that organisations rely upon for the need to share and jointly process data to deliver care.

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.

In general patients are made aware of data sharing either via 'fair processing notices', specific discussion with care staff or in most cases by both methods.

For MHICS, the individual patients and clients concerned are provided with a MHICS-specific information leaflet which includes key processing and privacy notice content.

Summary of the Processing and Sharing Requirement Process

The processing and sharing requirement is described in terms of:

1. The roles involved;
2. The processing and sharing process;
3. The processing and sharing privacy arrangements;
4. The scope of the organisations involved in the processing and sharing arrangements; and
5. The scope of the data processed and shared.

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The Roles Involved

The roles involved in the joint processing and sharing arrangements and their employing organisations are as follows:

1. Practices (as data controllers) – practice staff as appropriate in each case processing information within their respective clinical systems;
2. MHICS Administrators, employed by EBPCOOH, BPCL or direct with Practices¹;
3. BHFT (as lead data controller for all information recorded in RiO)²:
 - a. Clinical Lead
 - b. Mental Health Practitioner (MHP)
 - c. Consultant Psychiatrist
 - d. Mental Health Pharmacist;
4. Community Connectors – provided by Voluntary Care and Social Enterprise providers³.

The Information Processing and Sharing Process

The joint processing and sharing arrangements for MHICS are as follows: (see accompanying flowchart, Appendix A)

1. Raising the referral [Practices].
2. The GP or other Practice staff member completes the referral template on DXS within the GP clinical system and attaches this to an electronic referral and communicates this via Electronic Referral Service (ERS).
3. The referral form is received into The Gateway, BHFT's Single Point of Access (SPA), via ERS.
4. Referral is received electronically into the RiO system. The Gateway triage and review the referrals, if the direct attention of MHICS is identified this is a simple transfer to the MHICS service, if not and MHICS is indicated following the Decision Review Meeting (DRM) the referral will be transferred via internal RiO mechanisms to the MHICS service.
5. Referral allocation, review & assessment.
6. Intervention planning and activity.
7. Community Connector communication and activity.
8. Consultation outcome.
9. The systems used to process, and store, records related to the MHICS are:
 - a. Registered practices' GP clinical systems
 - b. Electronic Referral System
 - c. RiO - Electronic Records System
 - d. Connected Care - Local shared care record system
 - e. DOCMAN – Electronic document communication system

Processing and Sharing Privacy Arrangements

The joint processing and sharing privacy arrangements for MHICS are as follows:

1. All emails are sent using secure, encrypted email services.
2. Access to the GP clinical systems information will be via access to Connected Care
3. No personal data is processed on or copied from the GP clinical system by the MHICS Administrator unless instructed to do so by a medical practitioner within the practice.
4. MHICS Administrator access to the GP clinical system is auditable by the practice.

¹ MHICS administration, may be performed as a data processing task where appropriate (where it will be supported by a compliant and binding data processing contract between BHFT and the data processor concerned) but it is also the case that the organisations providing the administration roles may be acting as joint data controllers. Where this is the case, the organisation providing the MHICS administrator will need to be a member of the Regional Health and Social Care Information Sharing Agreement and will also need to be a signatory to this joint processing and sharing specification.

² BHFT roles will process information in the BHFT clinical electronic record system, RiO, and via digital communications systems defined within; Table 1. Data and system accesses

³ Community Connectors may be performed as a data processing task where appropriate (where it will be supported by a compliant and binding data processing contract between BHFT and the data processor concerned) but it is also the case that the organisations providing the Community Connector roles may be acting as joint data controllers. Where this is the case, the organisation providing the Community Connector roles will need to be a member of the Regional Health and Social Care Information Sharing Agreement and will also need to be a signatory to this joint processing and sharing specification.

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5. No personal data will be stored on GP federations own systems.
6. All individuals have been subject to appropriate vetting.
7. All data controller organisations comply with the Regional ISA qualifying standard and are signed-up members of that agreement
8. All data processor organisations are engaged using agreements that satisfy GDPR article 28(3).
9. Each organisation ensures that the staff nominated to access systems have a duty of confidence and have received appropriate training around the systems and the data protection considerations.
10. All Records are managed in accordance with BHFT’s record keeping and retention policies.
11. BHFT will provide discharge summary reporting, via DOCMAN to GPs, this will be superseded through the enablement of additional data into Connected Care for practices to access patient level MHICS activity and clinical outcomes.
12. BHFT staff do not write directly into the GP clinical system record.

In general patients are made aware of data sharing either via ‘fair processing notices’, specific discussion with care staff or in most cases by both methods. For MHICS, the individual patients and clients concerned are provided with a MHICS-specific privacy notice.

The Scope of the Data Controller Organisations Involved in the Processing

The data controller organisations include all organisations that have signed a copy of the joint processing and sharing specification (PC200011 – MHICS for Frimley ICS (East Berkshire)).

The data controller organisations include all practice organisations that:

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

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

1. NHS Trusts:
 - a. Community service providers
 - b. Mental health providers;
2. Independent sector health care providers⁴;
3. Independent sector social care providers⁵;
4. Social care providers; and,
5. Voluntary sector providers⁶.

The Scope of the Data Processed and Shared

The scope of the shared and jointly processed data includes:

1. Referrals to MHICS
2. Assessment Forms
3. The service diary/calendar
4. GP patient records.

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.

⁴ See note 1 on page 4 of this document.

⁵ See note 3 on page 4 of this document.

⁶ See note 3 on page 4 of this document.

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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.

From the Data Protection Impact Assessment for the processing ([DPIA0035](#)) 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.

The Data Protection Impact Assessment has been reviewed and approved by the Regional IG Steering Group.

Summary of Consultations

Extensive consultations have been carried out in respect of the CMHTP initiative. These are summarised in the Data Protection Impact Assessment for the processing ([DPIA0035](#)).

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 / SIRO, for and
on behalf of **{{!org_es_:font(name=calibri,size=10)}}**
{{!addr_es_:font(name=calibri,size=10)}} **}}**.

End of Schedule K