

# Regional Health and Social Care Information Sharing Agreement

Data Flow – PC200014 – SCAS 111 First ED Direct Booking:

**Schedule K – Processing and Sharing Specification (signature required)**

**Schedule L – Data Protection Impact Assessment Summary (if a DPIA was required)**

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## Schedule K – PC200014 – SCAS 111 First ED Direct Booking

Sharing Requirement Identifier:	PC200014
Sharing Requirement Name:	SCAS 111 First ED Direct Booking
Sharing Requirement Start Date:	1 October 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):	Advanced Computer Software Group
Status:	In Development
Version:	v1

### Summary of the Sharing Requirement Purpose

The purpose for this joint processing and sharing arrangement is to allow South Central Ambulance Service NHS Foundation Trust (SCAS) as the 111 service provider to make direct appointment bookings for patients into acute hospital emergency departments (ED).

This is part of a [National project to book directly into ED](#) and to reduce unnecessary ED attendances by patients.

The purpose is to provide patients with appropriate direction to health care services via NHS 111 and where required facilitate the direct booking into the ED of an acute hospital.

This will enable secure and smooth transmission of patient information throughout the patient journey through the clinical assessment service (CAS) consisting of NHS 111, the out of hours services and specialist clinicians.

All appointments will be booked by utilising the SCAS Adastra system.

The sending and receiving of information is to enable the treatment and onward appropriate care for patients. This will include administration, audit, reporting and clinical best practice/learning.

### Summary of the Legal Basis for the Processing

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.

## Schedule K – PC200014 – SCAS 111 First ED Direct Booking Regional Health and Social Care Information Sharing Agreement

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SCAS employ an implied consent model, this is in the form of a pre-recorded message that is played to the caller/patient before the 111 call is answered.

*“Your call has reached the 111 service, all calls are recorded for quality, training and safety purposes. Please be aware you will be asked for information to allow us to access your health care record, details of your call will be shared with other health care providers, unless you have stated otherwise”.*

### Summary of the Sharing Requirement Process

The joint processing and sharing process for the SCAS 111 First ED Direct Booking 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 the patient’s Connected Care or GP Clinical Record for further assessment.
2. Direct booking from the NHS 111 service into the acute hospital ED occurs where a clinician or a 111 call handler has assessed the patient and deemed them in need of an ED appointment. The ED appointment for the patient is created in the Adastra appointment booking module for the acute Trust concerned.
3. In assessing the need for the patient to attend an ED appointment, the clinician or 111 call handler may access the patient’s shared care record ([Connected Care](#) (GP example)) or GP data ([GP Connect](#)). These assessment processes are supported by existing, current approvals.
4. 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. An audit trail is available showing which user accessed a data subject’s records; and
3. 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 other classes of user organisation are those organisations that have signed the Regional Health and Social Care Information Sharing Agreement and that are:

1. NHS Trusts, including:
  - a. Acute service providers
  - b. Emergency services.

## 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. NHS number;
2. Name;
3. DOB;
4. Address and contact details;
5. Gender;
6. Reason for the ED appointment;
7. Presenting symptoms; and
8. 111 Clinical assessment summary.

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

## Summary of the Data Protection Impact Assessment

A new detailed Data Protection Impact Assessment (DPIA) has been prepared by SCAS as the lead data controller and information asset owner. The DPIA indicates that the joint processing and sharing arrangement does not introduce any new risks.

See the attached DPIA.

## 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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**End of Schedule K**

## Schedule L – PC200014/DPIA0019– SCAS 111 First ED Direct Booking Regional Health and Social Care Information Sharing Agreement

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**End of Schedule L**