

{{!orglarge

}}

Regional Health and Social Care Information Sharing Agreement

Data Flow – PC200015 – Connected Care Analytics for Direct Care:
Schedule K – Processing and Sharing Specification (signature required)

Visit www.regisa.uk for the narrative and the latest versions of Schedules

Schedule K – PC200015 – Connected Care Analytics for Direct Care

Sharing Requirement Identifier:	PC200015
Sharing Requirement Name:	Connected Care Analytics for Direct Care
Sharing Requirement Start Date:	1 November 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:	In scope
Sharing Data Controllership:	Joint control with Frimley Health NHS Foundation Trust as lead controller
Data Processor(s):	SoftCat - Graphnet - System C - Microsoft
Status:	In development
Version:	v1

Summary of the Sharing Requirement Purpose

The local health and social care economies have identified improved intelligence regarding the local health and social care system as a priority in support of the direct provision of care. This is to be delivered through revised access to the Connected Care analytics platform for health and care professionals. The benefits of this capability include:

1. Improved ability to identify “at risk” individuals and provide appropriate services based on evidence;
2. Improved insight into direct patient care;
3. Improved timeliness of the delivery of care; and
4. Based on consistent and commonly understood and proven data sources.

This joint processing and sharing specification should be read in conjunction with the separate and previously authorised schedules covering the transfer of data from the Connected Care Clinical Platform into the Connected Care Analytics Platform. These can be found at:

- SU180001 [Connected Care Analytics \(practices\)](#)
- SU180002 [Connected Care Analytics \(RBH\)](#)
- SU180003 [Connected Care Analytics \(BHFT\)](#)
- SU180004 [Connected Care Analytics \(FHFT\)](#)

The Defined Purpose

As required by section 7 of the Regional Health and Social Care Information Sharing Agreement the “defined purpose” for this sharing requirement is:

1. To provide an **identifiable** view of the data **to appropriate health and social care professionals with an explicit direct care relationship with a patient** (for example the patient’s GP, specialist nurse, consultant) in order to support referrals and the instigation and delivery of specific **direct care activity** as a result of:
 - a. Case finding and stratification
 - b. Care delivery and quality improvements.

Additional future use cases or any extension of the above defined purpose for the Connected Care analytics capability will be subject to separate sharing specifications and explicit approval by the practice.

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.

Schedule K – PC200015 – Connected Care Analytics for Direct Care Regional Health and Social Care Information Sharing Agreement

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

To bring together both personal and organisational data the analytics capability Connected Care utilises the Graphnet CareCentric solution. The analytics capability within CareCentric utilises a secure UK based instance of the Microsoft Azure platform.

Data Extraction Process

The data extraction process is as follows:

1. There is no change to the manner in which data is extracted from GP clinical systems for use within Connected Care; and
2. There is also no change to the clinical and non-clinical data extracts from Acute, Community, Mental Health and Social Care systems for use within Connected Care.

Data Analysis Process

The data analysis process is as set out below:

3. As indicated above, the Connected Care data is configured for use through the Connected Care Intelligence and analytics data views (referred to as "Data Marts"). These Data Marts are:
 - a. Data Mart 1 – Identifiable data for use by clinicians and social care professionals with a legitimate relationship and purpose
 - b. Data Mart 2 – Pseudonymised data for use by individuals involved in the management of cohorts of service users, services themselves, pathways, etc
 - c. Data Mart 3, - Fully anonymised data for use in activities such as commissioning and research;
4. Analytics users are allocated to an analytics user role as described in User Access Profiles below; and
5. Analytics users make use of the data available through the Data Mart to support **the Defined Purpose** set out above.

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 Connected Care. These are summarised in the section User Access Profiles 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 recorded this election within the patient's record;
3. Data items are not made available for sharing where a practice has indicated that the data items concerned are not to be shared;
4. Only the data summarised in Shared Categories of Data below is extracted from the practice clinical systems;
5. Sensitive diagnoses are excluded;
6. Connected Care 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. multi-factor authentication for user access to the system
 - c. role based access profiles to control user permissions
 - d. the Local Authorities are compliant with equivalent PSN security standards; and

Schedule K – PC200015 – Connected Care Analytics for Direct Care Regional Health and Social Care Information Sharing Agreement

8. Representatives from each of the participating partner organisations have completed a thorough review of data security measures and safeguards as well as a physical inspection of the Data Centre that will host the Connected Care solution. The 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 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. Local authorities;
2. Clinical Commissioning Groups, but restricted to the following:
 - a. Medicines optimisation team pharmacists
 - b. Continuing Healthcare clinicians; and
3. NHS Trusts, including:
 - a. Acute service providers
 - b. Community service providers
 - c. Emergency services
 - d. Mental health providers
 - e. Specialist service providers.

The User Access Profiles

There are four user access profiles in the Connected Care role based access control (RBAC) model for intelligence. These are:

1. Professional – which provides access to Data Mart 1 and permits analysis using identifiable data;
2. Management – which provides access to Data Mart 2 and permits analysis using pseudonymous data;
3. Commissioning – which provides access to Data Mart 3 and permits analysis using anonymous data; and
4. Administrator – which is used to control access and define analyses.

For the purposes of this sharing specification, only the Professional user profile will be made available for use.

The Shared Categories of Data

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

The categories of Connected Care patient data originally extracted from practice clinical systems are:

1. Person Details and Demographics;
2. Allergies;
3. Clinical Documentation;
4. Events;

Schedule K – PC200015 – Connected Care Analytics for Direct Care Regional Health and Social Care Information Sharing Agreement

5. Health Promotion;
6. Medications;
7. Preventative Procedures;
8. Problems;
9. Procedures;
10. Referrals Details;
11. Results; and
12. Social / Family History.

The categories of data within the Connected Care CareCentric operational database, originally extracted from the local authorities and from the provider trust systems for use alongside the abovementioned data includes:

13. Person Details and Demographics;
14. Next of Kin;
15. Risks And Warnings;
16. Alerting;
17. Allergies;
18. Admissions;
19. Appointments Details;
20. Assessment;
21. Associated People;
22. Care Plan Interventions Details;
23. Care Plan Problems Details;
24. Care Plans Details;
25. Carer Details;
26. Diagnosis Details;
27. Diagnostic Tests;
28. Discharges;
29. DOLs (Deprivation of Liberty);
30. Early Interventions;
31. Electronic Documents;
32. Progress notes;
33. Referrals Details;
34. Risk Management plans;
35. Safeguarding; and
36. Service Planning.

By design, the shared data excludes particularly sensitive records.

Additional data sets are included within the GraphNet CareCentric Azure platform that are not extracted from the Connected Care CareCentric operational database. These are:

1. BHFT:
 - a. Outpatient activity
 - b. Inpatient episodes
 - c. Inpatient spells
 - d. Referrals
 - e. Contacts
 - f. Clusters
 - g. Service and organisation hierarchy mappings;
2. RBH:
 - a. Outpatient activity
 - b. A&E activity
 - c. Inpatient episodes

Schedule K – PC200015 – Connected Care Analytics for Direct Care Regional Health and Social Care Information Sharing Agreement

- d. Inpatient spells
 - e. Service and organisation hierarchy mappings; and
3. Frimley:
- a. Outpatient activity
 - b. A&E activity
 - c. Inpatient episodes
 - d. Inpatient spells
 - e. Service and organisation hierarchy mappings.

From the data above, the Data Marts provide unified, local health and social care economy wide data sets for:

1. Master patient index;
2. A “longitudinal record” for each patient;
3. 111 & 999 activity;
4. A&E activity;
5. Inpatient episodes;
6. Inpatient spells;
7. Outpatient activity;
8. Primary care encounters;
9. Primary care events;
10. Primary care appointments; and
11. Social Care data.

Summary of the Data Protection Impact Assessment

The project has been carefully designed to place the interests of patients uppermost.

There is sharing of data through multiple stakeholders who utilise appropriately secured communication channels.

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

Following on from the Initial Data Protection Impact Assessment, which has been answered objectively, a full DPIA has been conducted. Please see the [current DPIA for the Connected Care Analytics Platform](#). This DPIA has been reviewed and updated to reflect the additional processing covered in this joint processing and sharing specification.

The Data Protection Impact Assessment for Connected Care project has identified privacy and information security related risk topic areas. Following the implementation of appropriate mitigation measures for each privacy-related risk topic area the residual risk for all of these topic areas is now assessed as low.

Representatives from each of the participating partner organisations acting together as the IG Steering Group covering Connected Care have completed a thorough review of the Data Protection Impact Assessment and 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.

It is the recommendation of the IG Steering Group that the proposed Connected Care Analytics for Direct Care capability based on GraphNet’s Azure platform is appropriate for its purpose from an information governance perspective.

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.

Schedule K – PC200015 – Connected Care Analytics for Direct Care Regional Health and Social Care Information Sharing Agreement

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