

South, Central and West Commissioning Support Unit

Data Protection Act, Caldicott & Confidentiality Policy Privacy Impact Assessment Procedure

Does this project require a Privacy Impact Assessment?

Does the project include the use of personal confidential or commercially sensitive information?

If the answer to this question is <u>Yes</u> then this document must be completed.

For Use With:

- New projects
- Changes to existing projects/procedures/systems
- Information Sharing Protocols
- Relocation of staff or equipment
- Stakeholder Engagement e.g. surveys

Please complete this document in conjunction with the Privacy Impact Assessment Guidance Document

Data Protection Act, Caldicott & Confidentiality Policy Privacy Impact Assessment Procedure

Information Governance Privacy Impact Assessment Template

Projects that involve processing or sharing personal information or commercially sensitive data give rise to privacy issues and concerns. To enable an organisation to address the privacy concerns a privacy impact assessment (PIA) can be used to assess privacy risks to individuals in the collection, use, disclosure and disposal of information. The PIA can help identify privacy risks, foresee problems and bring forward solutions.

Project Information	
Project Name:	Date: /04/18
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Joining Up Your Information (JUYI)	
· , ,	
Organisation: Gloucestershire CCG	
Sponsor (e.g. Project Board): JUYI Project Board	
Background:	

Why is the new system/change in system/sharing of information required?

- As defined in the JUYC 2014-2019 plan, Gloucestershire's shared vision across the Health and Care Community is: "To improve health and wellbeing, we believe that by all working better together in a more joined up way and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people".
- Gloucestershire CCG's vision of joined-up, person-centred care requires partnership working across integrated care pathways:
 - People are provided with support to enable them to take more control of their own health and wellbeing. Those that are particularly vulnerable will benefit from additional support;
 - People are provided with more support in their homes and local communities where safe and appropriate to do so, thus moving away from the traditional focus on hospital-based care; and
 - When people need care that can only be provided in a hospital setting, it is delivered in a timely and effective way.
- The Gloucestershire Joining Up Your Information project is a key enabler in developing commissioning and transforming services. By making data available to Health and Social Care professionals that is currently stored in separate systems and unavailable to those outside each organisation it supports a number of GCCG strategic themes:
 - o Enhanced primary care both in and out of hours
 - Prevention and self-care
 - Joined up person centred care
 - Streamlined urgent care pathways, fewer emergency admissions
 - Acute hospital admission avoidance, care closer to home

Enabling this vision implies the appropriate sharing of care records and information amongst relevant information sharing partners in a lawful and ethical way. Yet,

currently, most health and social care records sit in "information silos". Accordingly, Gloucestershire CCG's emerging IM&T Strategy has identified e-records sharing as one of the top priorities.

Benefits:

Clinical

- Improved access to patient health and social care information across multiple providers leading to:
 - better and faster clinical decisions based on richer and more timely information
 - safety improvements
 - reduced length of stay
 - o productivity improvements accessing information/reduced pressure
 - o improved communication across care providers
 - Great transparency of clinical information with the potential to reduce errors
 - improved healthcare outcomes for patients including patient experience
 - Improved communication between referrers and service providers
 - Improved continuity of care across provider organisations
 - Patient wishes and preferences available to all care providers

Cost

A community wide shared care record will also deliver cost savings, for example:

- substantial improvements in efficiency across the board, e.g. fewer repeat tests, less time spent completing forms and chasing results, a massive reduction in paper/stationery costs and printing
- a reduction in unnecessary A&E attendances and inpatient stays resulting from better and faster clinical decisions
- time saved by clinical and support staff requesting and responding to requests for patient records
- savings in call costs between organisations involved

Constraints:

The internal care record systems for all of the partner organisations are themselves changing. Gloucestershire Care Services NHS Trust, Gloucestershire Hospital Foundation Trust, Gloucestershire Social Care and 2gether NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust are at various stages of IT replacement programmes. Complete understanding of the sharing capabilities of these systems will be developed throughout their implementation. Roll-out of JUYI in partner organisations will be constrained by the timescales for those internal system implementations.

Does the project involve multiple organisations? If yes – name them, and their project lead details:

The below representatives from partner organisations relates to the implementation of Phase 1:

Gloucestershire Hospitals NHS Foundation Trust (GHFT)

& Countywide IT Services (CITS)

Thelma Turner

2gether NHS Foundation Trust (2G)

John McIlveen

Gloucestershire County Council (GCC) Kirsty Benzie

Gloucestershire Care Services Paul Griffith-Williams

GP representative Paul Atkinson

Practice Manager representative Suzi Colley

Gloucestershire Clinical Commissioning

Group (GCCG) Marion Andrews-Evans

SCWCSU Judith McCarthy

South Western Ambulance Service Deborah Bridge

Tetbury Independent Hospital Jane Jones

Care UK Siobhan McDonald

Please complete the relevant sections below:

Work package details								
Project	Joining Up Your Information			s work e, role,		Una Rice		
Specific area c	oncerned	ned Digital Tran			nsformation - Interoperability			
Project summary			JUYI is an integrated online system giving local doctors, health workers and social care professionals' secure and immediate access to key parts of patients' personal health and social care information when there is a clear clinical need					
Brief description of overall activity			JUYI is shared record draws on information held by various providers. This provides a joint solution which is owned by the whole health and social care community and is available to all health and social care organisations and care recipients					
	ing similar Indertaken before	Interoperability projects in other regions include Connecting Care, Bristol; Connected Care, Berkshire, CHIE; Hampshire; OCS Oxfordshire. The solution for information sharing is different in each case.						
Is there a re an Impact As is not requit pie	ssessment	No						
	holder(s) / nisation(s) involved	Gloucestershire CCG (GCCG) Gloucestershire Health Foundation Trust (GHFT) Gloucestershire Care Services (GCS) 2Gether Trust (2G) Gloucestershire County Council (GCC) GPs within Gloucestershire Care UK Tetbury Independent Hospital South Western Ambulance Service NHS Foundation Trust Patients registered with a GP practice within Gloucestershire. Carers/responsible adults for patients registered with a GP practice within Gloucestershire.						
Sponsor (e	.g. Project Board)	JUYI Project Board, Activity Period 2017-2019						

Information What information will be Personal information and sensitive personal information. collected – be specific (Person Identifiable Data (PID), Corporate, Sensitive etc) Why is information being Direct care of the individual patient. collected How information is being Electronic Drawn from each data collected controller's host patient records system. Other □→ How information is to be Paper | Electronic stored \boxtimes Other I Where information will be Patient data and audit log will be stored on Amazon Web stored (including back Services (AWS) database in London. Please refer to the details ups and copies) of AWS Cloud Services in Appendix I: How information is to be Any edits or deletions are to be made in each data controller's edited or deleted source system. Patient Greenlist - A list of all current patients from all Gloucestershire CCG GP practices; excludes deceased patients and opted-out patients. Each patient on the list comprises three fields: NHS number. Date of Birth, GP code. - Each time JUYI receives a new green-list, it updates the list of patients in its Master Patient Index (MPI). a) The record of a patient ON the MPI but NOT on the green-list is purged seven days later UNLESS the patient re-appears on the green-list within that time-frame. During those seven days, her patient record is 'inactive' and not viewable. b) A new patient record is created for a patient ON the green-list but NOT on the MPI. How data is to be quality Data Quality is managed within each data controller's own checked system and rendered as Read Only in the JUYI application. As part of product assurance, testing is undertaken prior to release / upgrade to ensure accurate representation of content.

A quality process will be adopted by JUYI, where a User(s)

deems that clinically significant data quality issues are evident, for these to be redirected to the appropriate host systems' partner for review. This will be done via Incident Reporting within the Service Management process.

Who is responsible for the information

Parties submitting data to the Project are 'Joint Data Controllers' given that the Parties are jointly working via the GIGG to agree the security features within the portal, including the access control, user management and usage limitations of the data contained in the portal.

Each submitting controller is responsible for determining the data that they are prepared to share on the portal and retains the right not to share any data item where they are not prepared to share.

Parties that are Consumers of Data only are Data Controllers In their own right, but not party to the Joint agreement. This is because they are processing the common data set, but for their individual purposes. However they will not be permitted to access the system unless they agree with purposes and security requirements stipulated by the joint data controller group (as authorised through the Gloucestershire Information Governance Group).

Each Data Controller retains individual responsibility for their data set up to the point where their data is combined with the other datasets.

What are the benefits to the individual and professional

Provision of health record at point of delivery of care improves level of care and reduces clinical risk.

As part of this work is the use of Cloud technology being considered either by your own organisation or a 3rd party supplier?

Yes, the JUYI system will be hosted on Amazon Web Services database in London – see questionnaire response below.

If so please complete the questionnaire

Please see complete questionnaires in <u>Appendix I: JUYI PIA</u> Questionnaires to Supplier on Cloud Services

Sharing and access

What information is shared

Patient records from each data controller will be made available to clinicians from other organisations at point of delivery of care.

Please see further details in <u>Appendix I: JUYI Data Flow and Mapping</u>

Who are you sharing with

Clinicians from listed sharing organisations.

How information is to be transported

Please see further details in Appendix I: JUYI Data Transfer

Which roles will have access. Is there any restrictions based on different roles

This will managed under JUYI Overarching Information Security Statement of Requirements.

Please see further details in <u>Appendix I: JUYI Overarching</u> Information Security Statement of Requirements

How is it accessed

Please see further details in Appendix I: JUYI Data Transfer

How access is to be monitored (audit, logs)

Accessing the auditing information will be part of the service management provision for the product available via a user perspective.

What security measures will be in place

Please see further details about security in <u>Appendix I: JUYI Data</u> <u>Transfer</u>

What information sharing protocols and operational agreements will be in place

Tier 1 Overarching Information Sharing Agreement – (Gloucestershire Information Sharing Partnership Agreement 'the GISPA) is in place

Tier 2 Specific Information Sharing Protocol (SISA) is being developed with details of JUYI specific information sharing.

What training is planned to support this piece of work

The portal has been designed intuitively and therefore training is not required. Clinical Safety orientation will be made available to all new users and also available online.

What is the process for obtaining and recording consent/dissent (how, where, when, by whom)

JUYI website gives information about the project and the information sharing. Supporting materials are provided to practices e.g leaflets, posters etc.

Mailshot to all patients registered with Gloucestershire GPs has been sent, with option to object to processing. GP systems will be set by default to share, with objections implemented and set to 'not share'.

Preferences are recorded on the practice system and individuals have the right to object "at the point of first communication". The fair processing notice provides information of how information will be used in JUYI. Preferences for new patients will be part of the new patient registration process at the GP practice.

Patients can change their sharing preference at anytime by contacting their GP Practice.

If consent has not been obtained, is there a legitimate reason to share?

The purpose for sharing information is Direct Care.

Key to the sharing of data via JUYI is that, in principle, the majority of information being shared by the system is already shared via other methods, such as phone calls, emails and faxes. Information will only be shared with health and social care professionals, who have a direct involvement in the provision of care to the individual. Restricted access will be given to system administrators, for the purposes of maintaining the system, who are also bound by a strict code of confidentiality.

1. Lawful basis

Details of the relevant legislation:

- NHS Act 2006 as amended (Statutory duties and functions)
- S 251 b Health and Social Care (Safety and Quality) Act 2015
- Children's Act 1989 and Children's Act 2014
- Children and Families Act 2014

Data Protection Schedules (You must identify the specific condition(s) that are being met, not insert a full list of all of the conditions).

Specific Article 6 GDPR Condition(s) satisfied:

- Art. 6 (1) (e) For the performance of a task carried out in the public interest or in the exercise of official authority (for health or social care purposes)
- Article 6(1)(c) The processing is necessary for compliance with a legal obligation to which the controller is subject (for example the Children's Act 1989 requires information to be shared in Safeguarding cases
- Article 6(1)(d) Protection of vital interests, for example to protect someone's physical integrity of life (either the individual or somebody else's)

This condition only applies in cases of life or death, such as where an individual's medical history is disclosed to a hospital's A&E department treating them after a serious road accident.

Specific Article 9 GDPR Condition(s) satisfied:

9 (2) (h) Necessary for the reasons of preventative or occupational medicine, for assessing the working capacity of the

employee, medical diagnosis, the provision of health or social care or treatment or management of health or social care systems and services on the basis of Union or Member State law or a contract with a health professional

(c) processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent;

<u>Specific Schedule 1 Data Protection Act 2018 Condition(s)</u> satisfied:

- Health or Social Care Purposes
- Safeguarding of children and of individuals at risk
- Vital Interests

Common Law Duty of Confidentiality

Common law duty of confidentiality may be set aside in the following circumstances:

- a. The patient consents, whether implicitly for the sake of their own care or for local clinical audit
- b. The disclosure is of overall benefit to a patient who lacks the capacity to consent
- c. The disclosure is required by law or the disclosure is permitted or has been approved under a statutory process that sets aside the common law duty of confidentiality
- d. The disclosure can be justified in the public interest

Sharing of confidential information for the purposes of JUYI is based on implied consent of the patient – that is the sharing is in the patient's reasonable expectation and they are given the opportunity to object to the processing. Patients are informed about the processing through the JUYI website, providers websites and communications, and on registration with a GP practice. All patients have the opportunity to register objection to sharing for JUYI.

Will reports be generated from this information. If yes, will the information be identifiable or anonymous (will the reports be used for research)

Audit reports will be run on use of the JUYI system to monitor compliance and will only include PID to monitor the appropriateness of record access.

Subject Access Request will also include PID.

The solution is for direct care only and not for research or any other secondary use purposes.

How can the individual access the information

Submit a Subject Access Request to the JUYI team for access to audit trail information.

or

Submit a Subject Access Request to any of the joint data controllers for copy of their own patient records.

Retention

How long data is to be retained

In accordance with NHS Records Management Code of Practice.

What is the process for start-up and closing down this piece of work JUYI project board.

If the organisation/service ceases what will happen to the information

JUYI audit trail information can be archived and held securely on behalf of the CCG.

Risks, issues and activities

Any known risks or issues

See separate Risk Register in Appendix I: JUYI IG Risk Register

Any known activities that will have a direct effect on this piece of work

Other projects enabling sharing of care records may link to, supplement or otherwise affect the JUYI project, including New Models of Care and other STP developments.

Outcome of Information Governance Team PIA Panel					
Recommendations:					
Signed on behalf of the Privacy Impact Assessment Panel , NHS South, Central and West Commissioning Support Unit subject to any recommendations as detailed above					
Name: Regional Information Governance Lead					
Signature: Date:06 th July 2019					

It is the responsibility of the Project Lead to notify the appropriate Information Asset Owner for inclusion on the Information Asset Register and Data Flow Mapping in alignment with review of contracts.

Signature: Date:

Signed and approved on behalf of Gloucestershire Clinical Commissioning Group

..... Executive Nurse and Quality

Where further evidence is required to support this Privacy Impact Assessment this must be received by the Privacy Impact Assessment Panel within a maximum timeframe of three months from the date of submission of the Privacy Impact Assessment. If the required evidence is not received in this timeframe the Privacy Impact Assessment will be closed and assumed to be non-compliant.

(GCCG)

Lead

Name:

APPENDIX I

JUYI PIA Questionnaires to Supplier on Cloud Services



JUYi questionnaire re cloud based services

JUYI Data Flow and Mapping



JUYI Data Flow and mapping 1.7.docx

JUYI Data Transfer



JUYI Data Transfer v0.1.docx

JUYI Overarching Information Security Statement of Requirements (available on request)

Risk Register



JUYI IG Risk register.xlsx