



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Data Protection Impact Assessment (DPIA)

SMBC has adopted the privacy by design approach to projects that promotes privacy and data protection compliance from the start. This approach ensures privacy and data protection is a key consideration in the early stages of any project, and then throughout its lifecycle.

Data Protection Impact Assessments (DPIAs) are a tool used to identify the most effective way to comply with General Data Protection obligations and meet individuals' expectations of privacy by identifying and fixing problems at an early stage, reducing the associated costs and damage to reputation which might otherwise occur. DPIAs are an integral part of taking a Privacy by Design approach.

To ensure that the DPIA is an effective document, it must be used throughout the development and implementation of a project, using existing project management processes.

A DPIA will allow you to systematically and thoroughly analyse how a particular project or system will affect the privacy of the individuals involved.

Version number	Summary of change	Author Name	Role	Date
1.0	Amalgamated original SMBC PIA, Practical Law DPIA template and GMIGG DPIA template		Data Protection Officer	20/08/2018
1.1	Implemented sections from ICO template to make more user friendly. Added options for different types of project.		Senior Information Governance Officer	

Reviewers:

Reviewer name	Role	Version reviewed	Date
	Senior Information Governance Officer	1.0	23/04/2019

Your Information:

Officer Completing the form	Job Title	Project Name	Telephone Number	Email Address
	Senior Officer	SHCR	0161 474 2227	
	Senior Officer	SHCR	0161 474 2388	
	Project Manager	SHCR	07899787679	

High Risk Processing Screening Questions

The questions below will help us understand whether the processing activity is likely to present a high risk to the rights and freedoms of individuals or to the council.

Please answer the below questions, if you answer 'Yes' to any of the below, you must complete the full DPIA.

If you have answered 'No' to all questions, only fill out Section 1 and send this to the Information Governance team to review.

Does the processing involve any of the following activity:	Example	Yes	No	Unsure
Profiling - Systematic evaluation of the attributes or characteristics of individuals.	Using customer-profiling software to identify customers who would benefit from low-level interventions to raise their independence and resilience.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automated decision-making - Making decisions about individuals without any human involvement	The introduction of speed enforcement cameras that automatically issue speeding fines to the registered keeper of a vehicle when an infringement is recorded.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Large scale processing (Sensitive data) - Processing a large amount of personal data related to racial or ethnic origin, political opinions, religious or philosophical beliefs, trade-union membership; sex life and sexual orientation.	An initiative to share adult social care personal data, including ethnic origin and religious beliefs, with third parties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large scale processing (Health data) – Processing large amounts of personal data related to the physical or mental health of an individual, including the provision of health care services, which reveal information about health status.	Contracting a new Occupational Health Provider that will undertake employee health assessments on behalf of the organisation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large scale processing (Criminal data) - Processing large amounts of personal data related criminal offences and convictions.	Collecting and holding DBS certificates for employees as part a suitability check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Large scale processing (Monitoring) - Monitoring a large number of individuals in a public or private space	Introducing CCTV operation in the town centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
New technologies - Deploying new and advanced technologies or using existing technologies in a novel way	Using personal data in Artificial Intelligence or machine learning applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Biometric Data - Processing any information about the physical, physiological or behavioural characteristics of individuals	Deploying facial recognition technology in a public area for the purpose of the apprehension of offenders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genetic data – Personal data related to inherited or acquired genetic characteristics, in particular, from an analysis of a biological sample.	Introducing a fingerprint scanner as a method of allowing entry to an office building.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Data Matching - Matching, combining and comparing information about individuals from multiple sources	Matching council tax, NNDR and licensing personal data to detect potential electoral fraud.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking - Processing personal data which involves tracking an individual's geolocation or behaviour, including but not limited to the online environment.	Attaching a tracking device to company owned vehicles and monitoring or recording the location data.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children and Vulnerable Individuals - processing information about children or vulnerable individuals, for the specific purpose of marketing	Sharing pupil data with a third party, who targets pupils/parent/guardians with homework support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section 1: Background Information

Is this project;

Completely new processing Change of a current process An upgrade to an IT system

Project Manager	
Information Asset Owner: <i>(Senior member of staff that has overall responsibility for the information)</i>	Deputy Chief Executive/Director of Strategy, Planning and Partnerships – Stockport NHS Foundation Trust – GP's/CCG – Pennine Care – Stockport CCG – Stockport NHS Foundation Trust – Stockport Metropolitan Borough Council St Ann's Hospice The Christie NHS Foundation Trust Viaduct Care CIC
Date project due/estimated to go live: <i>(if applicable)</i>	As and when data is viable.
What does this project involve? <i>(Explain broadly what the project aims to achieve and what type of processing it involves.)</i>	Sharing of Health Data from different sources into one system which can be viewed from different health organisations across Stockport. The aim of the Stockport Health Care Record project is to support the transformation of service delivery across the Stockport Health Economy through innovative use of digital technology, providing health and social

care professionals with access to the information they need to deliver safe and efficient 'seamless' care, whilst empowering patients to control elements of their care.

Stockport Health Care Record (CareCentric) will enable Stockport health and social care professionals to view appropriate levels of information, relevant to the individuals they are caring for in any given place and time, in a safe and confidential.



CareCentric
Landing Page.pdf



CareCentric GP
LP.pdf



CareCentric
Unscheduled LP.pdf



CareCentric SC C
MH LP.pdf



CareCentric Admin
LP.pdf



CareCentric RBAC
User Group.pdf

Practitioners will be able to see an incrementally comprehensive record for their patients' medical needs as more information becomes available from partner organisations. Progress will be reported at the Stockport Systems Group and Enabler meetings, reports will be provided which will include details of go lives.

Objectives:

- Create and deliver information exchange across health and social care, utilising and building on existing investments;
- Ensure that information is available to clinicians as and when they need it, regardless of their location and organisation making care safer and reducing duplication;
- Supporting the delivery of the NHS England approved combined Digital Roadmap for all organisations across Greater Manchester;
- Deliver defined benefits to patients, clinicians and organisations;
- Implement interfaces across in scope organisations;
- Provide Cascade Training (Train the Trainer) to key users for the new system;
- Transition the CareCentric deployment to the post Go Live service arrangements or Business as usual (BAU).

Outcomes

- Ensure the right information is available to professionals, with the right access permissions, at the right time including:
 - Population Health – with shared care records enabling planning at a micro level;
 - Population Segmentation – to enable planning for the services needed to be commissioned to effectively meet the needs of the population in Stockport and GM;
 - To meet the commitment made in 'The Five Year Forward View' that, by 2020, that there would be "fully interoperable electronic health records so that patient's records are paperless.
- In line with the GM Primary Care IT Strategic Vision, particularly regarding the delivery of integrated care records in the Stockport locality and across GM;
- Demonstrably able to support the integrated models of care desired in the local health and social care system;
- Supports delivery of patient safety and productivity benefits

relating to Urgent Care, Long Term Conditions, Mental Health, Planned Care, and joint care delivery across health and social care;

- Meets the 7th Caldicott Principle: “The duty to share information can be as important as the duty to protect patient confidentiality”;
- Organisationally acceptable for all key stakeholders – buy-in and alignment with IM&T plans;
- Flexibility for future development;

Clinical Justification:

Supporting health and social care professionals to view appropriate levels of information relevant to the individuals that they have a legitimate relationship with is critical to delivering an integrated model of care. For this model of care to be truly effective and patient centric it requires the support of an integrated care record. It is therefore clinically justifiable to allow access to community/hospital data through local integrated care record Stockport Health Care Record (SHCR). SHCR will ensure that information is available to clinicians as and when they need it, regardless of their location and organisation. It will support the delivery of patient safety relating to Urgent Care, Long Term Conditions, Mental Health, Planned Care, and joint care delivery across health and social care.

Clinical justification is also aligned with:

- Meeting the commitment made in ‘The Five Year Forward View’ that, by 2020, that there would be “fully interoperable electronic health records so that patient’s records are paperless.
- Meeting the 7th Caldicott Principle: “The duty to share information can be as important as the duty to protect patient confidentiality”

Phase 1:

- Stockport Foundation Trust Hospital Services data feed and access.
- Stockport Foundation Trust Community Services data feed and access.
- SMBC Adults and Children's Social care data feed and single sign on access.
- The Christie NHSFT Cancer Care cancer summary data feed and access.
- Pennine Care NHS Foundation Trust data feed.
- Move data to Azure platform (Cloud Hosting) to enable BI for direct patient care.
- Enable sharing to St Anns Hospice access and data input.
- Viaduct Care CIC: (Pilot Including The Medicines Optimisation Team and/or Stockport Integrated Pharmacy Service) access only.

www.viaductcare.org.uk

Phase 2:

- Community pharmacists and optometrists access and data input through capture forms.
- Beechwood Cancer Care access and data input through capture forms.
- **Continuing Healthcare CHC** access and data input through capture forms. Healthcare services for people outside hospital with ongoing health needs.
 - All CHC team members; admin and office manager (who gather information for nurses) and clinical team; Nurse reviewer, Nurse

	<p>assessors, Lead Nurses, Deputy & Head of CHC.</p> <ul style="list-style-type: none"> • GM-wide data sharing.
<p>What is the purpose for processing personal information? (What purpose does the collection/processing of personal information serve in the project?)</p>	<p>Improved communication between services for individuals receiving integrated care, access to health and social care information 24/7 in one system, consistency of information to facilitate better communication, less paper used, greater use of electronic data flows, ensuring that up to date information is available at the point of care, less distress to patients and their families, reduction in complaints, reduction in duplicate tests, a conduit for transforming the care of complex care and long term illnesses in adults, with regards to clinical effectiveness: more seamless care, reduction in unscheduled care, improved communication between providers of integrated care, rapid discharge from hospital, reduction in unnecessary data gathering, reduction in investigations, reduction in duplicate tests due to the information being available, safer and more efficient care as there would be better and more comprehensive data at the point of care.</p>
<p>Which organisations are involved in this initiative? (Eg, other local authorities, a company offering a service etc)</p>	<p>Currently;</p> <ul style="list-style-type: none"> • GPs and their Practices, • Stockport NHS FT – hospital services and community services, • Mastercall, • St Ann’s hospice, • Pennine Care NHS Foundation Trust, • SMBC – both for care purposes and management of healthcare purposes, professionals, Adults & Childrens Social Care, • Medicines Optimisation team to support Clinicians in their work with patients and to support cost effective use of medication. • The Christie NHS Foundation Trust • Viaduct Care CIC <p>Later in the project;</p> <ul style="list-style-type: none"> • Community pharmacists and optometrists, • Beechwood Cancer Care, • Bolton, Stockport and Tameside & Glossop Child Health Information Service • Stockport CCG – Continuing Healthcare (CHC) for people outside hospital with ongoing health needs.
<p>What Types of data subjects involved? (Eg, employees, residents, students/pupils etc)</p>	<p>All patients registered with a Stockport GP Practice who have not opted out of the data sharing.</p>

Section 2 - Project Description and scope

<p>Project/change outline (What is it that is being planned? A Project Initiation Document or Business Case can be referenced here)</p>	<p>The SHCR supports Stockport patients registered to Stockport GPs. There are approximately 300k records streaming data from Primary Care GP systems and enabling access via viewing portals to acute and secondary care health data and also social care information. Currently, the projected development of the SHCR is being developed further to support an integrated way of working. To provide this support the patient record has been built on to include health and social care data for those patients who have not chosen to opt out at their registered GP practice.</p>
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<p>Relevant previous Data Protection Impact Assessment/Privacy risk assessment (Please provide details of any previous Data Protection Impact Assessment/Privacy Risk Assessment)</p>	<p>This DPIA has been amended to go into the new DPIA form. Old template did not capture enough information.</p>  <p>SHCR - DPIA - V11 - Oct 2018.docx</p>
<p>Input of specific business functions (Please list stakeholders involved in this project. Include internal departments, external organisations and any person or group likely to be affected by the project (e.g. local residents or service users) and summarise any advice/input provided.)</p>	<ul style="list-style-type: none"> • – (Stockport NHS Foundation Trust) Assistant Director of Information Governance & Security / Data Protection Officer • – (Stockport CCG) Associate Director of IM&T • – (Stockport Council) Senior IG Officer • – (Stockport CCG) SHCR Product Manager • GM Shared Services – IT Support (Host)
<p>Input of data subjects and/or their representatives: (Please confirm if views were sought and by what method. For example, obtained through studies, questionnaires, discussion with data subject representatives (customers, patients, staff))</p>	<p>Individuals were contacted 2012 and 2015 in two separate mailings as part of a communication campaign where leaflets were provided to each household in Stockport. Information is also currently available on the Stockport Together website. Materials are also available within GP practices. There is a question around whether a more up to date campaign should be launched and, given that there is plan to roll this out across Greater Manchester, that is likely to be the best time to progress any further communications. In addition, individuals are currently asked for permission to view their SHCR unless it is deemed to be in the patients best interests to view the record without checking with the patient first e.g. emergency or to check a referral is appropriate by the service to which it has been sent.</p>
<p>Approximately how many records are being collected, accessed, held or shared? (Eg. 1200 council tax records, 50 adult social care records)</p>	<p>300,000 health records</p>
<p>What frequency is the personal data collected, accessed, held or shared? (Eg. Ad-hoc, daily, etc)</p>	<p>At the point that a legitimate relationship exists between the individual patient/service user or proxy and the direct care team/professional/GP. Collected automatically overnight and real-time.</p>
<p>Types of data subjects involved (Eg, employees, residents, students/pupils etc)</p>	<p>Service Users</p>

Section 3 – The data involved

PERSONAL DATA - meaning any information relating to an identifiable person who can be directly or indirectly identified, in particular by reference to an identifier.

What data items are being processed e.g. for collection, storage, use and deletion: If there is a chart or diagram to explain please attach as an appendix			
Personal Data	Specific Data Items <i>Check all that apply</i>	Why are these items needed? <i>Please provide justification below (if unsure please contact the IG team)</i>	Where is this data item held? <i>Eg. personnel file, child record in an IT system, etc</i>
<p>Personal details</p> <p><i>Information that identifies the individual and their personal characteristics</i></p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Forename(s) <input checked="" type="checkbox"/> Surname <input checked="" type="checkbox"/> Address <input checked="" type="checkbox"/> Postcode <input checked="" type="checkbox"/> Date of Birth <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Physical description <input checked="" type="checkbox"/> Home Telephone Number <input checked="" type="checkbox"/> Mobile Telephone Number <input checked="" type="checkbox"/> Other Contact Number <input type="checkbox"/> Email address <input checked="" type="checkbox"/> GP Name and Address <input checked="" type="checkbox"/> Legal Representative Name (Next of Kin) <input checked="" type="checkbox"/> NHS Number <input type="checkbox"/> National Insurance Number <input type="checkbox"/> Photographs/Pictures of persons <input type="checkbox"/> Other – if this is ticked please list 'Other' personal data items to be processed below: <p>[Click here to enter text.]</p>	<p>Please provide details for each item ticked:</p> <p>To ensure the correct personal details are held for the correct patient/service user to support their treatment and care</p>	<p>Please provide details for each item ticked:</p> <p>CareCentric System (all) Hosted by GM Shared Services</p>
<p>Offences including alleged offences</p> <p><i>Information relating to any offences committed or alleged to have been committed by the individual</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable <p>List any data items below or attach as an appendix:</p> <p>[Click here to enter text.]</p>	<p>Please provide details for each item ticked:</p>	<p>Please provide details for each item ticked:</p>

<p>Criminal proceedings, outcomes and sentences</p> <p><i>Information relating to criminal proceedings outcomes and sentences regarding the individual</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix: [Click here to enter text.]	<p>Please provide details for each item ticked:</p>	<p>Please provide details for each item ticked:</p>
<p>Financial details</p> <p><i>Information relating to the financial affairs of the individual</i></p>	<input type="checkbox"/> Income <input type="checkbox"/> Salary <input type="checkbox"/> Benefits <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Other – please specify below: [Click here to enter text.]	<p>Please provide details for each item ticked:</p>	<p>Please provide details for each item ticked:</p>

SPECIAL CATEGORY PERSONAL DATA

<p>Special Category Personal Data Item</p>	<p>Specific data item(s)</p>	<p>Why are these items needed?</p> <p><i>Please provide justification below (if unsure please contact IG)</i></p>	<p>Where is this data item held?</p> <p><i>Eg. personal file, child record in an IT system etc</i></p>
<p>Physical or mental health or condition</p> <p><i>Information relating to the individuals physical or mental health or condition.</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix:  ADT BULK MPI Data Items.docx  data items.zip  FT Community Data Matrix.xlsx  Stepping Hill Acute PAS feed data matrix.  Social Care Adults data set.xlsx <ul style="list-style-type: none"> • MPI – patient demographic data • Inpatient – Admission/Discharge date, location, specialty, consultant, event details • OutPatient – Appointment dates, location, specialty, consultant, event details • ED Attendance – Date, Consultant, event details 	<p>Please provide details for each item ticked:</p> <p>To ensure the correct personal details are held for the correct patient/service user to support their treatment and care. CareCentric Acute HL7 Feed Specification v1.9 and Graphnet Feed Spec - Demographics Bulk Load embedded</p>	<p>Please provide details for each item ticked:</p>

	  Graphnet Feed Spec CareCentric Acute - Demographics Bulk LHL7 Feed Specificatio		
Genetic data or biometric data <i>Genetic data or biometric data where processed to uniquely identify a person</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix: Click here to enter text.	Please provide details for each item ticked:	Please provide details for each item ticked:
Race or ethnic origin <i>Information relating to a person's race or ethnic origin</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix: Click here to enter text.	Please provide details for each item ticked: In relation EPACs regarding ethnicity and end of life wishes and also medication – to support the treatment and direct care of the patient.	Please provide details for each item ticked:
Religious or other beliefs of a similar nature <i>Information relating to the individuals religion or other beliefs</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix: [Click here to enter text.]	Please provide details for each item ticked: In relation EPACs regarding ethnicity and end of life wishes and also medication – to support the treatment and direct care of the patient.	Please provide details for each item ticked:
Political opinions <i>Information relating to the individuals political opinions</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix:	Please provide details for each item ticked:	Please provide details for each item ticked:

	[Click here to enter text.]		
Sexual identity and life <i>Information relating to the individuals sexual life</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix: [Click here to enter text.]	Please provide details for each item ticked:	Please provide details for each item ticked:
Trade union membership <i>Information relating to the individuals membership of a trade union</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable List any data items below or attach as an appendix: [Click here to enter text.]	Please provide details for each item ticked:	Please provide details for each item ticked:

Section 4 – The Flow of Data

4A: Data flow – It is essential that each flow of data is identified, documented and specifies the security measures in place. Please complete this section only when personal data is being shared internally or externally. An example flow is given below:					
Flow description	Going from	Going to	Method of access/transfer and control	Specify the security control(s) in place for the flow	Where will the data be stored after access/transfer?
Phase 1					
GP Data Feed	All Stockport CCG GPs	SHCR hosted by GMSS	System transfer	N3, Message Exchange for Social Care and Health (MESH)	Off-site server - UK based Off-site server - UK based
GP Access	SHCR hosted by GMSS	All Stockport CCG GPs	System access	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
Stockport NHS Foundation Trust (ADT + Community) Data Feed	Stockport NHS Foundation Trust	SHCR hosted by GMSS	System transfer	N3 - N3 is a national broadband network for the NHS, connecting all NHS locations and 1.3 million employees across England	Off-site server - UK based Off-site server - UK based
Stockport NHS Foundation Trust (ADT + Community) Access	SHCR hosted by GMSS	Stockport NHS Foundation Trust	System access	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
MasterCall Access	SHCR hosted by GMSS	Mastercall Healthcare Stockport	System transfer	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
St Ann's Hospice Access	SHCR hosted by GMSS	St Ann's Hospice	System access	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based

Pennine Care NHS Foundation Trust Data Feed	Pennine Care NHS Foundation Trust	SHCR hosted by GMSS	System transfer	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
Pennine Care NHS Foundation Trust Data Access	SHCR hosted by GMSS	Pennine Care NHS Foundation Trust	System access	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
Viaduct Care (Pharmacists) Access	SHCR Hosted by GMSS	Viaduct Care (Pharmacists)	System access	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
SMBC Data Feed	SMBC	SHCR Hosted by GMSS	System transfer	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
SMBC SHCR Access	SHCR hosted by GMSS	SMBC	System access	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
The Christie Data Feed	The Christie	SHCR hosted by GMSS	System transfer	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
The Christie SHCR Access	SHCR hosted by GMSS	The Christie	System access	N3 – role-based access + single sign on.	Off-site server - UK based Off-site server - UK based
FT Portal Access	SHCR hosted by Stockport Foundation Trust	GPs' Mastercall and SFT Community.	System Access	N3 – role-based access + single sign on.	Server - network drive - on organisations premises Server - network drive - on organisations premises

4B:

List any applicable electronic systems/software to this initiative (current and/or new):

System name	Used by e.g. organisation and dept.	Parties/system supplier
SHCR (Stockport Health and Care Record) Single Sign On from the Aداstra System	Stockport NHS FT Clinical Acute & FT Community Services Mastercall OOH Service, Stockport MBC Adult Services, St. Ann's Hospice, Stockport CCG - Continuing Health Care & Medicines Optimisation	Graphnet Health Ltd. SEE APPENDIX A FOR SIGN ON SCREENSHOTS
EMIS	GP Practices	EMIS Group plc
Acute Trust Portal	SFT clinical staff	Stockport FT
SMBC Adult Social Care	SMBC Adult Social Care	OLM (CareFirst)
Clinicom Pas	Foundation Trust	DXC

4C:

Confirmation of IT involvement – IT lead(s)/support

Name	Organisation	Involved Y/N but planned
	Stockport CCG	Y
	SMBC	Y
	GM Shared Services (GPs)	Y
	Mastercall	Y
	Stockport Foundation Trust	Y

4D: Where a data system is in use as part of the project/initiative confirm the following:		
ii)	Staff access is audited	<p>Yes <input checked="" type="checkbox"/></p> <p>Explain process or embed relevant documentation: [Click here to enter text]</p> <p>No <input type="checkbox"/> If no, explain: [Click here to enter text]</p> <p>Super users of the system have access to a management section called Sysman which has a System Audit Search. Users with access to the detailed Audit Report will have access to audit data. Filters exist for Tenancy, User Names, Event Types, Document Types, etc to aid segmentation. The full process is detailed in the Graphnet Health document "Graphnet CareCentric - System Management (SysMan) User Guide V3.pdf". Access is monitored and any cause for concern would be reported to the CCG Caldicott Guardian who can decide on the appropriate course of action needed. Issue with single sign on? Host organisations need to have something in place.</p>
iii)	Appropriate role based access controls are in place for all staff who have access:	<p>Yes <input checked="" type="checkbox"/></p> <p>Explain process or embed relevant documentation: [Click here to enter text]</p> <p>No <input checked="" type="checkbox"/> If no, explain: [Click here to enter text]</p> <p><u>Each organisation agrees the roles for single sign on (SSO) users where this is being used via source systems. Localities decide what roles are given to individual users utilising web access according to the below defined user groups in CareCentric.</u></p> <p><u>GMSS process requests for individual user accounts where SSO is not available via their self-service portal from organisations authorised to make the requests.</u></p> <p><u>Patient groups</u> are used to restrict access to sets of patients that a user has permissions to view.</p> <p><u>Role Based Access –</u></p> <p>The system has 25 different user roles, assigned to 5 permission levels of access available to:</p> <p>Patient data;</p> <p>System functionality; and</p> <p>Data capture forms</p> <p>The RBAC model includes 5 levels of permissions:</p>

		<p>Level 1: Admin/Clinical Support, Clerical Receptionist</p> <p>Level 2: Clinical Practitioner, Community Mental Health Nurse, Community Nurse, General Practitioner, Health Professional, Medical Secretary, Midwife, Nurse Paramedic, Pharmacist, Psychiatrist, Social Worker, Unscheduled Care</p> <p>Level 3: Audit Manager, Caldicott Guardian, Data Protection Officer (available to organisations Leads)</p> <p>Level 4: Systems Support (available to locality leads)</p> <p>Level 5: Super User (only available to GMSS staff/Graphnet staff)</p> <p>For individuals that access via Single Sign On (SSO) their local RBAC processes will apply.</p>
iv)	An Information Asset Owner (IAO) and Information Asset Administrator (IAA) been assigned for the system	<p>Yes (specify below) </p> <p>No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>IAO: Sean Capper</p> <p>IAA: GMSS – Phil Scott</p>

Section 5 - Assessment

Question		Response (identifying risks and including necessary further measures/actions)
Lawfulness, fairness and transparency (<i>Data is processed lawfully, fairly and in a transparent manner</i>)		
Fairness and Transparency		
1A	<p><u>Will individuals be informed as to what is happening with their data? Is new fair processing/privacy notice information required?</u></p> <p><i>The fair processing notice/privacy notice is the information that you give to a person when collecting their data to inform them how their data is to be used, who it is to be shared with, how long it will be kept for etc.</i></p>	<p>Privacy notice available on CCG Webpage.</p> <p> Stockport Health Care Record Privacy I</p> <p>How much control will the data subjects have over the data being processed?</p> <p>Patients have a right to object under Section 251B of the Health and Social Care Act 2012 to having a shared care record and this generally happens in two ways:</p> <ul style="list-style-type: none"> • they advise their GP practice who can apply a code to the GP system to prevent a shared care record being created • they can inform their treating/care organisation who will inform them to advise their GP that they can have the objection applied to their GP record <p>There is also the functionality within SysMan to opt out a patient from the whole of Carecentric.</p>

		<p>Patients can also advise their GP of certain data items they may want excluding from sharing.</p> <p>Each case should be treated and assessed individually so that if the clinician feels that the patient would be 'at risk' by the non-creation of a shared care record the application of an opt out code can be withheld. The patient must be informed.</p> <p>Bolton CCG received the following from the Information Commissioners office, 17 December 2018: <i>"If a patient indicates to their GP that they wish to 'opt out' of the sharing of their personal data in this way, they may be intending to exercise their right to object to the processing of their personal data in this way. If this is the case, they will be able to object as the GP is processing their personal data for the performance of a task carried out in the public interest or in the exercise of official authority (Article 6 (1) e).</i></p> <p><i>The right to object (Article 21) is not an absolute right in this context. The GP may be able to continue to process the personal data in this way if they can demonstrate compelling legitimate grounds for the processing, which override the interests, right and freedoms of the individual. This would have to be assessed by the GPs on a case by case basis as they must consider the specific reasons that the individual has given in objecting to the use of their personal data.</i></p> <p><i>If the GP is satisfied that they do not need to stop processing they should let the individual know. They should provide an explanation for their decision and inform them of their right to make a complaint to the ICO as well as their ability to seek to enforce their rights through a judicial remedy.</i></p> <p><i>The General Data Protection Regulation (GDPR) is clear that data controllers must inform individuals of their right to object (when their lawful basis for processing is public task) within privacy information (and within the most recent communication as appropriate)."</i></p> <p>Under the Common Law duty of Confidentiality (CLDC) consent can be implied subject to the individual whose data is being processed being provided with sufficient information to inform them of the processing. There is currently a consent screen in place within some localities who have been utilizing the Graphnet CareCentric product for some time whereby other localities with more recent implementations have decided not to have such a screen. This means we have a mixed economy across GM that could result in confusion amongst the GM population receiving care and treatment and amongst staff working across localities.</p> <p>Reason to view/patient Informed screen</p> <p>A screen is being implemented for GM wide sharing which is a single 'pop up' screen that directs the user to inform the patient of the record access prior to proceeding and click the reason for access. If the patient is absent or lacks capacity, then the user can still enter the record by clicking proceed. This screen is an interim screen until the supplier is able to</p>
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		<p>develop a revised one-click screen which is expected May/June 2020</p> <p>The screen is implemented to demonstrate the legal necessity for accessing the record along with a prompt to advise the patient of the access. The screen shots are attached at Appendix B.</p> <p>Detail regarding Graphnet's Management of Opt In/Opt Out and Objections are provided in Appendix C.</p>
<p>*Lawful basis: Part 1</p> <p><i>A lawful basis is the clause that allows you to process personal data. No basis is 'better' than another, however one will be more appropriate than another - depending on the processing. Each lawful basis has its own conditions, see the below links for guidance around each basis.</i></p> <p>The ICO have created an interactive tool to aid you in identifying a basis: https://ico.org.uk/for-organisations/gdpr-resources/lawful-basis-interactive-guidance-tool/</p>		
<p>2A</p>	<p>Which one of the following lawful basis are you using to process this personal data?</p> <p>A: Consent B: Performance of a contract C: Legal Obligation D: Vital Interests E: Public Task F: Legitimate Interests</p> <p>Public Task guidance; https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/</p>	<p>Public Task</p>
<p>Lawful Basis: Part 2</p> <p><i>(Depending on which lawful basis you are relying on, please fill in the below section.)</i></p>		
<p>Public Task</p>	<p>What is the official task carried out in the public interest? This should be laid down by law.</p> <p>Please provide details:</p> <p>GDPR 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.</p> <p>GDPR Article 9 (2) (h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management</p>	

of health and social care systems.

Schedule 1, Part 1, s(2)(1) Data Protection Act 2018 - This condition is met if the processing is necessary for health or social care purposes.

Schedule 1, Part 1, s(2)(2)(c)(d)(e) Data Protection Act 2018 - In this paragraph "health or social care purposes" means the purposes of—

- (c) medical diagnosis,
- (d) the provision of health care or treatment,
- (e) the provision of social care,

Schedule 1, Part 1, s(3) Data Protection Act 2018 reflects the below (Para 3, Article 9 GDPR)

Paragraph 3 of Article 9 states that where processing is based on Article (2)(h) then those processing must have an obligation of confidence when processing, to which all health and care professionals accessing identifiable data will have, whether through membership with their respective registration body or through contract.

If the data processed for the purposes of planning NHS Services, improving patient safety or evaluating government and NHS Policy is still considered to be personal data under GDPR the condition which lifts the prohibition on processing of the special category of data is:

GDPR Article 9 (2) (i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy;

Schedule 1, Part 1 (3) Data Protection Act 2018

This condition is met if the processing—

(a) is necessary for reasons of public interest in the area of public health, and

(b) is carried out—

(i) by or under the responsibility of a health professional, or

(ii) by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law

If the data processed for the purposes of research (for example to understand more about disease, or develop new treatments) is still considered to be personal data under GDPR the condition which lifts the prohibition on processing of the special category of data is:

9 2(j) processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

Common law Duty of Confidentiality - In order to meet the Common Law Duty of Confidence, Implied Consent shall be used when the identifiable data is being used for the purposes of Direct Care. The existence of tight and clearly worded rules around what counts as consent under the GDPR is likely to lead to further thought and / or confusion about what counts as consent when the Common Law Duty of Confidentiality is considered. The law of confidentiality is separate to DPA/ GDPR rules. Implied Consent justifies the wide range of processing that takes place for Direct Care, even though it does not sit easily with the new GDPR rules on consent.

To meet the requirements of consent under the Common Law Duty of Confidentiality, there is a requirement to ensure that patients and service users understand and expect their

	<p>information to be shared with health and care professionals for the purpose of the provision of health and social care. No health and care professional will access any information prior to health care treatment or patients accessing social care service.</p> <p>Health and Social Care (Safety and Quality) Act 2015 (England) – This sets a duty on organisations to share patient information for the purposes of care where the patient hasn't objected or would be likely to object.</p>
<p>Purpose limitation (<i>The purpose for which data is collected on any occasion must be specified, explicit and legitimate, and must not be processed in a manner that is incompatible with the purpose for which it is collected</i>)</p>	
<p>Response (identifying risks and including necessary further measures/actions)</p>	
3A	<p>Does your project plan cover all of the purposes for processing personal data? Are potential new purposes likely to be identified as the scope of the project expands?</p>
	<p>Please provide details:</p> <p>Not new purposes, just new organisations. Please refer to the purpose section.</p>
<p>Data Minimisation (<i>personal data must be adequate, relevant and not excessive in relation to the purpose for which it is processed</i>)</p>	
<p>Response (identifying risks and including necessary further measures/actions)</p>	
4A	<p>Is the information that you are using likely to be of good enough quality for the purpose?</p>
	<p>Please provide details:</p> <p>Yes, collected straight from source system. The inaccuracies would lie within the source and be corrected there.</p>
4B	<p>Have you considered ways in which the amount of data processed can be minimised?</p> <p><i>It is important to identify the minimum amount of personal data needed to satisfy the project</i></p>
	<p>Please provide details:</p> <p>Yes, the information is necessary. The data feeds provide a summary of information deemed useful for the roles that use the data.</p>
<p>Accuracy (<i>Personal data must be accurate and, where necessary, kept up to date</i>)</p>	
<p>Response (identifying risks and including necessary further measures/actions)</p>	
5A	<p>Are you able to amend information when necessary to ensure it is up to date?</p>
	<p>Please provide details:</p> <p>The external organisations cannot, the information would have to be amended from the source.</p> <p>The SHCR is intended to share the data as it is held within the source system. The correct way to update the data on SHCR is to correct the data in the source system, these updates will then flow through to SHCR along the data feeds. This is the basis of an integrated shared care record, an integrated shared care record is intended as a central place where organisations can look at each others data as held in their respective systems to understand what each other know about their common patient. An integrated shared care record is not a departmental system, it is intended to save admin time and processes, for instance rather than phoning,</p>

		faxing or emailing a partner organisation to ask for information, a clinician can simply log into SHCR and see the information they need instantly.
5B	Are you able to ensure that personal data obtained from individuals or other organisations is accurate?	<p>Please provide details:</p> <p>Yes, organisations employ resources and processes to ensure data quality. It is the responsibility of each contributing organisation to hold accurate data. Organisations should have a business process in place to ensure data accuracy.</p>
Storage Limitation (<i>Personal data must be kept for no longer than is necessary for the purpose for which it is processed</i>)		Response (identifying risks and including necessary further measures/actions)
6A	Have you identified retention periods for this processing?	<p>Please provide details:</p> <p>Follows national guidelines.</p>
6B	Are there likely to be exceptional circumstances for retaining certain data for longer than the standard retention period?	<p>Please provide details:</p> <p>Not unless required by law.</p>
6C	How will you destroy the information when it has reached it's retention period?	<p>Please provide details:</p> <p>A request would be raised by Stockport CCG to GM Shared Services for them to raise a service request to Graphnet Health for removal and deletion of the data. <u>The issue of retention of deceased patients full record is being raised at GM Clinician Reference Group JULY 2020 for consideration in conjunction with Graphnet</u></p>
6D	If you are procuring software does the system allow you to delete information in line with retention schedules?	<p>Please provide details:</p> <p>Information that is deleted from the source, it will be deleted from the new system.</p>
Integrity and confidentiality (information security) <i>Personal data must be processed in a manner that includes taking appropriate security measures as regards risks that arise from processing personal data. The risks include (but are not limited to) accidental or unauthorised access to, or destruction, loss, use, modification or disclosure of, personal data</i>		Response (identifying risks and including necessary further measures/actions)
7A	Have all staff with access to the information had appropriate information governance training?	<p>Please provide details:</p> <p>All clinicians, All individual recipients must have undertaken appropriate Data Protection and confidentiality training.</p>

7B	<p>If you are using electronic systems to process/store the information, what technical security measures are in place?</p>	<p>Please provide details:</p> <p>1. The System is hosted at the GMSS data center holds Cyber Essentials certification as part of the certification process a penetration test is performed.</p> <ul style="list-style-type: none"> • GMSS have conducted specific pen testing on the Graphnet Architecture as part of the LHCRE Security Assessment – 19.03.19. The DC on the whole will be routinely assessed annually as a part of Cyber Essentials Cert/Plus and ISO270001. • ISO 270001 status - GMSS are currently working towards ISO270001. Expect to have in place April/May 2020 • Location of the Data Centre, Leigh Infirmary, The Avenue, Leigh WN7 1HS • Graphnet currently hold The Cyber Essentials Plus certificate and also have achieved ISO 270001. • Graphnet Pen test conducted March 2020. • Graphnet pen test, see attached MoU a summary of the results of the test, note the sentence that begins; <i>“At the time of testing during February/March 2020 NTA can confirm that no vulnerabilities were found that would pose an immediate or significant threat...”</i> <p>2. Data is filtered at the source organisation system so that only Stockport CCG GPs patient data is provided in SHCR.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  CareCentric - RBAC User Groups Function </div> <div style="text-align: center;">  IS 614375 - 27001.pdf </div> <div style="text-align: center;">  Graphnet Health-Cyber Essenti </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  CareCentric - RBAC User Groups Function </div> <div style="text-align: center;">  MoU (CareCentric) 040520.pdf </div> <div style="text-align: center;">  22214-2Q1 - Cyber Essentials Plus Certifi </div> </div> <p>GMSS - https://www.dsptoolkit.nhs.uk/OrganisationSearch/YDDTR</p> <p>Graphnet - https://www.dsptoolkit.nhs.uk/OrganisationSearch/8GX89</p> <p>3. In the majority of cases end user access to a patient record uses a method called contextual access whereby only the record pertaining to the patient being cared for by the healthcare professional at the time is available, so there is no ability to "browse" random patient records.</p> <p>4. In the minority of cases a small percentage of users have "URL" access due to the mobile nature of their working, this access to does give permissions to browse all of the Stockport CCG GP's patients records, however in order to</p>

		<p><i>mitigate against inappropriate use, all NHS Staff that request this access must be IG Compliant and sign an access form confirming this, further to this a monthly audit is provided by the system administrator which details all users who have accessed patient records and which data items in particular have been consumed, the CCG use this in order to monitor and maintain appropriate.</i></p> <p>Graphnet plan to migrate and host the platform in the cloud see <i>emdedbed doc</i> Appendix D for further detail regarding Cloud Computing and the Information Security surrounding this.</p>  <p>Appendix D.docx</p>
7C	If you are storing/processing any information in physical formats (eg, paper files), what security measures are in place to keep this information secure?	<p>Please provide details:</p> <p>N/A</p>
7D	What security measures will be in place when transferring information?	<p>Please provide details:</p> <p>Data Transfer takes place using secure transfer methods including N3, HTTPS and SFTP</p>
Individuals Rights		
<i>Explain how you will manage individual rights</i>		
8A	<p>Do all systems used in this project allow for data subject rights requests to be fulfilled?</p> <ul style="list-style-type: none"> • <i>Right of access (copies of their own personal data that you hold)</i> • <i>Right to rectification (personal data to be amended)</i> • <i>Right to erasure (personal data to be permanently deleted)</i> • <i>Right to restrict processing (personal data to be restricted)</i> • <i>Right to object (data subject to object to the processing of their personal data)</i> 	<p>Please provide details:</p> <p>Yes but using the source systems.</p> <p>If an individual does not want to share their personal information to the Care Record they can opt out subject to the GP reviewing whether there are any legitimate grounds for processing, overriding the rights and freedoms of the individual.</p> <p>Each case should be treated and assessed individually.</p> <p>The individual will need to contact their GP Practice and request to opt out of their information being shared. If the GP agrees after a full analysis a specified Read code will be applied to the patients record, this will then ensure that their data is not viewable on the SHCR (Stockport Health and Care Records)</p> <p>Individuals can also ask to opt out of their information being shared at any organisation. There is also the functionality within SysMan to opt out a patient from the whole of Carecentric.</p>

Automated decision-making/Profiling		
<i>Automated decision-making is where a decision is made solely by automated means without any human involvement. Profiling is the automated processing of personal data to evaluate certain aspects about an individual. Profiling can be part of an automated decision-making process.</i>		
9A	Are individuals subject to automated decision-making or profiling?	Please provide details: No
International Transfers		
10A	Will an individual's personal information be disclosed internally/externally in identifiable form and if so to who, how and why?	Please provide details: <ul style="list-style-type: none"> • GP Practices • Stockport NHS FT Clinical Acute & FT Community Services • Mastercall OOH Service • Stockport MBC Adult Services • St. Ann's Hospice • Stockport Community Pharmacists • Stockport Community Optometrists • Stockport CCG -Continuing Health Care & Medicines Optimisation
10B	Will any personal data be transferred outside the European Economic Area (EEA)? <i>If so please list who the data will be shared with and in what countries</i>	Please provide details: No

Section 6 – Risk identification

Please fill out the following tables so we can identify the risks.

Describe the source of risk and nature of potential impact on individuals. <i>Include associated compliance and corporate risks as necessary.</i>	Likelihood of harm <i>None / possible / probable</i>	Severity of harm <i>Minimal / significant / severe</i>	Overall risk <i>Low / medium / high</i>
1. A negligent or rogue employee, with access to SHCR/Carecentric may access personal data inappropriately either through lack of training or for motivated malicious reasons. Various motives are possible, including: clumsiness, error, negligence, malicious intent, revenge, spying	Possible	Severe	Medium
2. An external party (e.g. neighbour, member of public, third party company) hacking targeting the system and devices that hold the personal data.	Possible	Severe	Medium
3. Incident or damage at one of the organisations (power cut, fire, flood, etc.)	Possible	Minimal	Low

4. A clinician updates a source system with incorrect details (human error).	Possible	Significant	Medium
5. No evidence of recent independent penetration test undertaken by Graphnet	Possible	Significant	Medium
6. Communication for patient not updated on Privacy notice available on CCG Webpage.	Possible	Significant	Medium
7. A patient's record is still available to be viewed after death	Possible	Significant	Medium

Section 7 – Risk mitigation

Please use the below table to help mitigate the risks identified above.

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in Section 6.				
Risk	Options to reduce or eliminate risk	Effect on risk <i>Eliminated / reduced / accepted</i>	Residual risk <i>Low / medium / high</i>	Measure approved <i>Yes / No</i>
1.	<p>Conduct regular audits to ensure that only the staff who have access to the system are the staff that should have access. Also carry out appropriate training to all staff to ensure chance of negligence is reduced. Written into the software is an auditing tool which records all access and actions.</p> <p>As part of the GMSS SLA, user statistics are provided by the host and these are analysed on a monthly basis and findings are reported to the Stockport Systems Group. Any anomalies are investigated by the CCG.</p>	Reduced – impossible to fully eliminate	Low	Yes
2.	<p>Implement high-level system security, in the transfer and storage process. This could be end to end encryption.</p> <p>Any record that is accessed without consent triggers a notification which results in an email being sent to the SHCR IG Leads with details about the access including the end user and the patient.</p>	Reduced	Low	Yes
3.	<p>Create regular back-ups of the data, stored in the cloud/offsite.</p> <p>An automated monthly extract from the systems audit functionality is provided by email to SHCR IG Leads.</p>	Reduced	Low	Yes
4.	<p>Organisations employ resources and processes to ensure data quality. It is the responsibility of each contributing organisation to hold accurate data. Organisations should have a business process in place to ensure data accuracy</p> <p>The system records and stores all activity carried out by all end users including administrators, system support and super users.</p>	Accepted	Medium	Yes
5.	Graphnet to provide recent independent test and all medium and high risks are mitigated. MoU	Accepted	Medium	Yes

	document provided see <i>embedded document in section 5-7B</i>			
6.	Stockport CCG to update their Privacy Notice for patient on their website Draft Privacy Notice provided awaiting publication see <i>embedded document in section 5-1A</i>	Reduced	Low	Yes
7.	Stockport CCG to agree with Graphnet to support the removal of a deceased patients record. <i>Being raised at gm clinician reference group JULY 2020 for consideration in conjunction with Graphnet</i>	Reduced	Low	Yes

Section 8 – Information Governance Project Assurance

(TO BE COMPLETED BY INFORMATION GOVERNANCE)

8.1	Is the initiative delivering direct care ¹ ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8.2	Is it delivering any other main purpose?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> : Commissioning <input type="checkbox"/> Public health <input type="checkbox"/> Monitoring health and social care <input type="checkbox"/> Research <input type="checkbox"/> Related to staff employment <input type="checkbox"/> other <input type="checkbox"/> specify: Click here to enter text.	
8.3	Are the arrangements for individual's to either object to their information being shared for direct care or to opt-out of the initiative for indirect care, once they have been provided with appropriate communication about it, appropriate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>Specify any action required and document in action plan at section 6 page 22 sect 5 8 update	

¹ The definition of direct care is: A clinical, social or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals. It includes:-

- supporting individuals' ability to function and improve their participation in life and society
- the assurance of safe and high quality care and treatment through local audit,
- the management of untoward or adverse incidents
- person satisfaction including measurement of outcomes undertaken by one or more registered and regulated health or social care professionals and their team with whom the individual has a legitimate relationship for their care

8.4	Confirm appropriate subject access handling/information rights procedures in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> state reason if no - Each organisation subject access procedures Not applicable <input type="checkbox"/>	
8.5	Who are the controllers in this initiative?	All listed in phase 1 and phase 2 at a later date listed	
8.6	Are there any data processors and have the processors had oversight and opportunity to input into this DPIA?	Not applicable – no processors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned <input type="checkbox"/> Don't know <input type="checkbox"/>	Graphnet involved in DPIA
8.7	If 8.6 is yes, are the contractual terms sufficient to satisfy IG?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Graphnet contract in place with Stockport CCG
8.8	Does each party confirm that information governance training is in place and all staff with access to personal data have had up to date training	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input checked="" type="checkbox"/>	Each organisation does have Info training but it's IG mandatory annual requirement as is monitored by the toolkit.
8.9	Confirm all parties have appropriate measures in place to report incidents and share learning?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Each organisation should have a policy in place as required by DP&T
8.10	Is each party involved in the processing of personal identifiable data a 'trusted' organisation e.g. completed a satisfactory Data Protection and Security Toolkit Assessment or other recognised standard?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> If yes, enter details: subject to review of each organisation DPST toolkit submission	
8.11	Is each party involved in the processing registered with the ICO which covers the planned processing of the data?	Yes R Registration No. and renewal date Graphnet - Z1045461 – 11/09/2020 SBC – Z5786253 – 18/10/2020 Stockport NHS FT – Z5059033 30/10/2020 Mastercall - Z9315209 - 31/01/2021 St Ann's hospice - ZA100746 – 22/02/2021 Pennine Care NHS Foundation Trust - Z6570366 – 21/03/2021 The Christie NHS Foundation Trust - Z7091213 – 15/09/2020 Viaduct Care CIC - ZA297334 – 23/11/2020 GPs and their Practices, NHS Stockport CCG - ZA047213 – 23/04/2021 No <input type="checkbox"/> Don't know <input type="checkbox"/>	
	Confirm the planned processing is covered within the ICO registration	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
8.12	Is the 3 rd Party subject to any Notifications registered with the ICO?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know <input type="checkbox"/>	Check 12 months
8.13	Does there need to be an Information Sharing agreement between the relevant parties that covers the processing arrangements?	Not required <input type="checkbox"/> sufficient information in this DPIA and associated documentation to progress without an ISA Yes <input checked="" type="checkbox"/> – specify reasons why: As	

		agreed by the locality project board	
8.14	Confirm all relevant organisations have appropriate cyber security measures and/or are working towards cyber essentials	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Attach or embed confirmation e.g. email from IT if yes:	Check on website Working towards it Partially covered in DSP toolkit and will be included and is mandated in 20/21
8.15	Map the data flows and legal basis in the embedded document or within your internal information asset register:		

Section 9 - High Risk Processing Assessment (TO BE COMPLETED BY INFORMATION GOVERNANCE)

GDPR Article 35(3) and ICO guidance 35(4)		Yes	No	Unsure	Comments <i>Document initial comments on the issue and the privacy impacts or clarification why it is not an issue</i>
i)	Is there to be systematic and extensive profiling with significant effects: “(a) any systematic and extensive evaluation of personal aspects relating to natural persons which is based on automated processing, including profiling, and on which decisions are based that produce legal effects concerning the natural person or similarly significantly affect the natural person”	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
ii)	Is there large scale use of sensitive data: <input type="checkbox"/> “(b) processing on a large scale of special categories of data referred to in Article 9(1), or of personal data relating to criminal convictions and offences referred to in Article 10”.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The nature of the project requires the large scale use of sensitive data. The scope of the data sets to be used has been appropriately minimised and is proportionate to the objective of the data sharing
iii)	Is there monitoring of the public: “(c) a systematic monitoring of a publicly accessible area on a large scale”	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Click here to enter text.]
iv)	Does the processing involve the use of new technologies , or the novel application of existing technologies (including AI).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Click here to enter text.]
v)	Is there any denial of service: Decisions about an individual’s access to a product, service, opportunity or benefit which is based to any extent on automated decision-making (including profiling) or involves the processing of special category data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

vi)	Does the initiative involve profiling of individuals on a large scale ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Click here to enter text.]
vii)	Is there any processing of biometric data?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
viii)	Is there any processing of genetic data other than that processed by an individual GP or health professional, for the provision of health care direct to the data subject?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Click here to enter text.]
ix)	Is there any data matching : combining, comparing or matching personal data obtained from multiple sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The objective of the project is to combine data sets from multiple sources with the aim of improving service delivery and cross service working. The objective could not be achieved without the matching of records
x)	Is there any invisible processing : processing of personal data that has not been obtained direct from the data subject in circumstances where the controller considers that compliance with Article 14 would prove impossible or involve disproportionate effort.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Click here to enter text.]
xi)	Is there any tracking of individuals: processing which involves tracking an individual's geolocation or behaviour, including but not limited to the online environment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Click here to enter text.]
xii)	Is there any targeting of children or other vulnerable individuals : The use of the personal data of children or other vulnerable individuals for marketing purposes, profiling or other automated decision-making, or if you intend to offer online services directly to children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Click here to enter text.]
xiii)	Is there any risk of physical harm : Where the processing is of such a nature that a personal data breach could jeopardise the [physical] health or safety of individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The data is largely health and special category data, increasing the risk of harm to the data subject. Steps will be implemented to reduce likelihood of breach, user access controls will be implemented, relevant security systems are in place.

Section 10 - DPIA Summary

Item	Name/date	Notes
Data Protection Officer (DPO) advice provided:	Karen Lane 06/07/20	<i>DPO should advise on compliance, only if the processing of personal data in this project is determined to be high risk</i>
<p>Summary of DPO advice: Whilst this project involves high risk processing, I am satisfied that the risks have been identified and mitigated as far as is possible. The lawful bases for sharing have been identified and I am clear that the rights of the data subjects have been given sufficient consideration. It is essential that each of the parties who will engage in the data sharing conduct their own DPIA's and this is to be encouraged.</p>		

DPO advice accepted or overruled by:		<i>If overruled, you must explain your reasons for this decision.</i>
Comments:		
Residual risks approved by:		<i>If accepting any residual high risk, the ICO should be consulted before going ahead with the project. Contact with the ICO should be made via the Council's IG Team</i>
<u>Does the DPIA need to be submitted to ICO prior to the project commencing as it constitutes high risk processing?</u>	<u>Date submitted to ICO</u>	<u>ICO Decisions/recommendations</u>

Section 11 - DPIA Sign-off

Please ensure that the relevant officers below have checked the details of the DPIA. Once satisfied the officers should enter their name in the appropriate field and complete the date of sign-off.

Role	Name	Date
Project Officer		
Information Asset Owner/Information Asset Administrator		
Information Governance Officer <i>If processing is 'High Risk' this should be the Data Protection Officer</i>		<u>29/06/2019</u>
Senior Information Risk Owner <i>Only complete if the processing is to be referred to the ICO</i>		

Appendix A

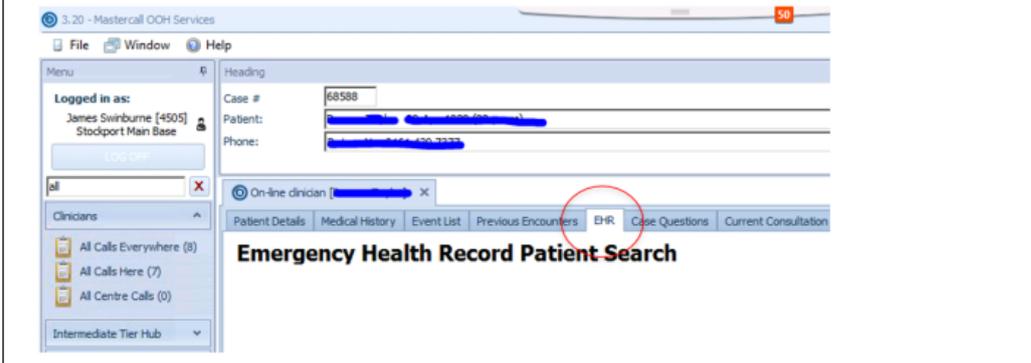
Accessing the Stockport Health and Care Record v3 (SHCR v3) – via Adastra Single Sign-on (SSO)

In Adastra

Search for your patient in the usual way and, depending on your access permissions, if you have access to view the SHCR (EHR in Adastra) you will see the “EHR” tab

Confirm that the patient details on the screen are correct, and then click on EHR

You may be able to access the person’s record straight away if they have already provided consent. Otherwise you will be asked to complete the necessary consent information.



Accessing the Stockport Health and Care Record via Advantis Single Sign-on (SSO)

In Advantis

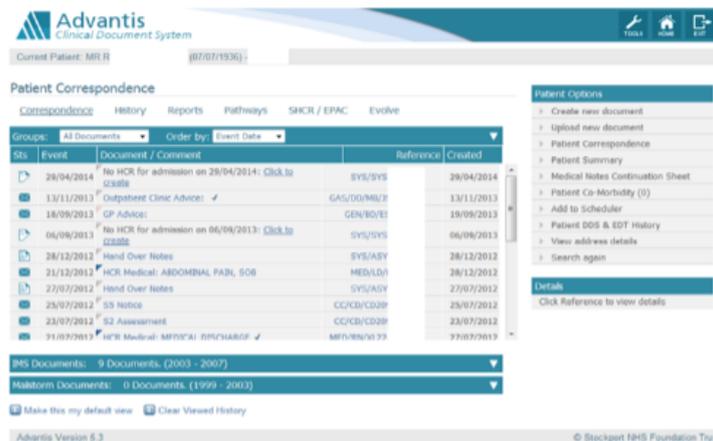
Search for your patient in the usual way, depending on your access permissions:

- If you have access to view the SHCR you will see the “SHCR” tab
- If you have access to read or write to the EPAC record you will see the “EPAC” tab
- If you have access to both records you will see the “SHCR/EPAC” tab
- If you have access to neither you will not see any of the above

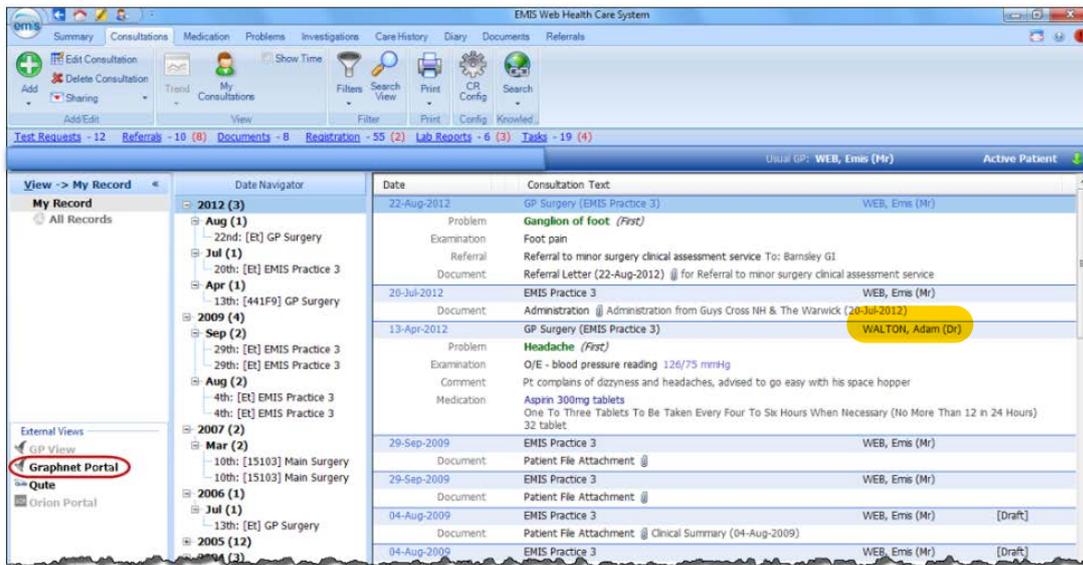
If the system is offline for any reason there will be a line through, e.g. SHCR.

Confirm that the details on the screen are correct, and then click on SHCR

You may be able to access the person’s record straight away if they have already provided consent. Otherwise you will be asked to complete the necessary consent information.



In the External Views section of EMIS Web click **Graphnet Portal**



Graphnet Portal is launched, showing information that has been uploaded about the selected patient. You will be taken directly to the consent screen for your chosen patient. Please note: this is test data.

Accessing the Stockport Health and Care Record v3– via EMIS Web SSO

In the External Views section of EMIS Web click **Graphnet Portal**

Click **Graphnet portal**, You will be taken directly to the consent screen for your chosen patient.

Select your patient on care record, **Graphnet Portal** is launched, showing information that has been uploaded about the selected patient.

Accessing the Stockport Health and Care Record v3– via CareFirst Single Sign-on (SSO)

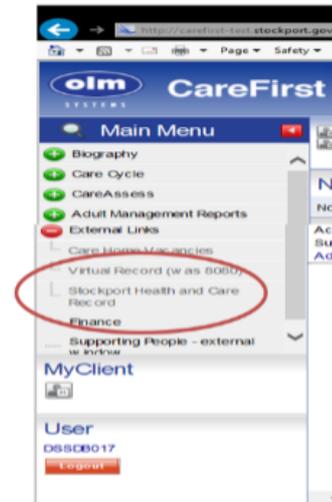
In CareFirst

Search for your client in the usual way, depending on your access permissions:

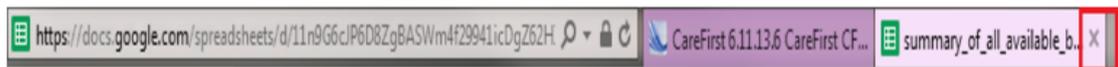
- If you have access to view the SHCR you will see the "Stockport Health and Care Record" link under "External Links"
- If you have no access you will not see the above

Confirm that the client details on the screen are correct, and then click on "Stockport Health and Care Record" link

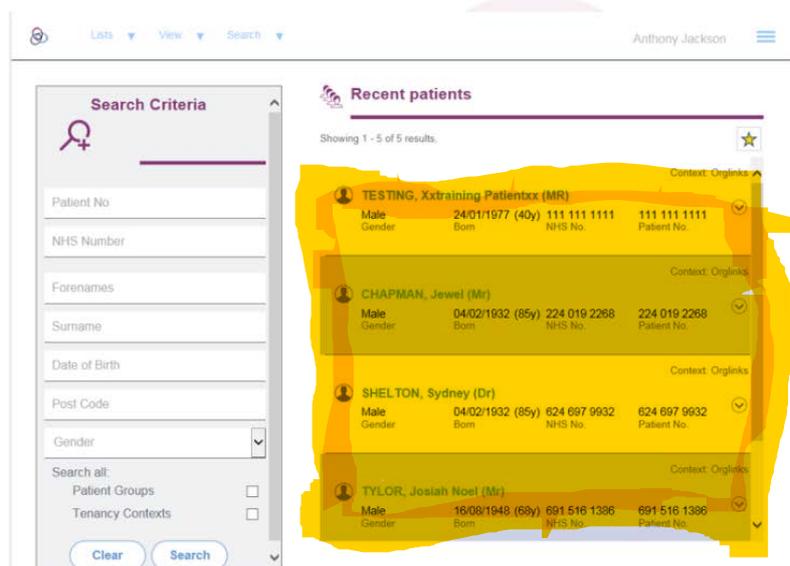
You may be able to access the person's record straight away if they have already provided consent. Otherwise you will be asked to complete the necessary consent information.



To exit or close the link when you have finished viewing the SHCR, click on the x as you would, for example, on the summary_of_all_available_beds:



- Quick search – NHS number
- Advanced search:
 - NHS number
 - Forename/Surname
 - DOB
 - Postcode
 - Gender
- Tenancy Contexts are not active at the moment until we start to get data feeds from other GM CCGs



Accessing the Stockport Health and Care Record v3 – via a web browser
The new address (URL) is <https://idcr.manchester.nhs.uk/>



Username

Password

Login

Only continue if you have the authority to proceed, otherwise please exit.

If you have a user name and password for the existing version of the SHCR, and an active account, then they will both be the same for v3

Data Confidentiality and System Security

The Data Protection Act 1998 protects data contained in this system. You must not pass the data to anyone who does not have a proper need to use it. You must follow the NHS Trust standard procedures to ensure that :-

- The data items are safe from deliberate or accidental additions, alterations or deletions by unauthorised persons.
- No unauthorised persons see or have access to the data.

Failure to comply with the Trusts standard procedures will make you personally liable to a criminal prosecution. If you have any doubts or queries about the meaning of this message, please contact your Caldicott Guardian.

Reason to view/patient informed screen shots

Male
Gender

Please select your reason to view:

Male
Gender

Please select your reason to view:

You have been given permission by your organisation to access records to enable you to carry out your role.

Please inform the patient now or during your consultation that you are about to view their records and select for what purpose.

If they lack capacity or are absent select the purpose for viewing the record.

Then click Proceed

please select ...

✕

OLDHAM, Test (MR)

Male
Gender

Please select your reason to view: ● Select

You have been given permission by your organisation to access records to enable you to carry out your role.

Please inform the patient now or during your consultation that you are about to view their records and select for what purpose.

If they lack capacity or are absent select the purpose for viewing the record.

Then click Proceed

please select ...

please select ...

COVID-19

Other health and care condition(s)

Both of the above

For system administration investigations

Proceed

✕

OLDHAM, Test (MR)

Male
Gender

Please select your reason to view: ● Select

You have been given permission by your organisation to access records to enable you to carry out your role.

Please inform the patient now or during your consultation that you are about to view their records and select for what purpose.

If they lack capacity or are absent select the purpose for viewing the record.

Then click Proceed

COVID-19

Proceed

FAQ: Graphnet's Management of Opt In/Opt Out and Objections

<p>What is the National Data Opt Out?</p>	<p>Individuals have a choice on whether their confidential patient information can be used for purposes beyond their own care and treatment. Therefore, for secondary uses such as research and planning and not direct care.</p> <p>If they do not want it used for that purpose, then they can opt out. If an individual allows for their confidential patient information to continue to be used for research and planning and they have not previously opted out, then they do not need to take any action. The option applies to publicly funded care in England only.</p> <p>An individual's choice will be respected and applied by NHS Digital and Public Health England first, before being rolled out gradually across all other national organisations. All other health and care organisations are required to comply by March 2020. Local health and care organisations are required to inform their patients once they have taken steps to comply with the national data opt-out policy.</p>
<p>What would Secondary Use Data be used for?</p>	<p>To plan and improve health and adult social care services. For example, deciding where to locate a new clinic or information used to compare the quality of care provided across the country. It also includes the use of confidential patient information for research. For example, to develop new treatments for serious illnesses.</p>
<p>What is a National Type 1 Opt Out</p>	<p>Type 1 opt-out: medical records held at your GP practice You can also tell your GP practice if you do not want your confidential patient information held in your GP medical record to be used for purposes other than your individual care. This is commonly called a type 1 opt-out. This opt-out request can only be recorded by your GP practice.</p>
<p>What is a National Type 2 Opt Out</p>	<p>Type 2 opt-out: information held by NHS Digital Previously you could tell your GP practice if you did not want, NHS Digital, to share confidential patient information that they collect from across the health and care service for purposes other than your individual care. This was called a type 2 opt-out.</p> <p>The type 2 opt-out was replaced by the national data opt-out. Type 2 opt-outs recorded on or before 11 October 2018 have been automatically converted to national data opt-outs.</p> <p>Conversion From 25 May 2018 the type 2 opt-out has been replaced by the national data opt-out and all type 2 opt-outs previously held by NHS Digital up to 25 May 2018 were converted to national data opt-outs. If you had a type 2 opt-out it will have been automatically converted.</p> <p>For the period 25 May 2018 to 11 October 2018 GP practices could continue to set type 2 opt-outs and, NHS Digital, continued to collect these every month and automatically converted them to national data opt-outs. These type 2 collections have now been stopped and GP practices should no longer be recording type 2 opt-out codes.</p> <p>The difference between your type 2 opt-out and the national data opt-out All health and care organisations in England are required to apply your national data opt-out</p>

	<p>in line with the policy by March 2020, including hospitals and GP practices. Your type 2 opt-out only applied to confidential patient information being shared by NHS Digital.</p> <p>National data opt-outs are not recorded at the GP practice and instead you can change your national data opt-out using the online service or by calling our contact centre.</p> <p>Young adults from the age of 13 can set and change their own national data opt-out.</p> <p>What's not changed As for a type 2 opt-out, the purpose of the national data opt-out is to prevent the use of your confidential patient information for research and planning purposes.</p> <p>Also, in the same way as a type 2 opt-out the national data opt-out does not apply where your confidential patient information is provided:</p> <ul style="list-style-type: none"> •in anonymised form that is compliant with the Information Commissioner's Office Code of Practice on anonymisation •to meet a mandatory legal requirement •under the public interest test (such as to support the investigation of serious crime and/or to prevent abuse or serious harm to others) •to the National Cancer Registration Service (this has its own opt-out) •to the National Congenital Anomalies & Rare Diseases Register (this has its own opt-out) <p>Your national data opt-out will continue to be applied by NHS Digital and is applied within 21 days of when we first receive and process the opt-out information. If you had set a type 2 opt-out at your GP practice after 25 May 2018 then be aware we only collected that information from your GP practice once a month and it could take up to 21 days after we received that information for your opt-out to be put in place.</p> <p>Communicating the change If you had a type 2 opt-out in place on or before 11 October 2018 and were aged 13 or over you will have been sent a letter to tell you that your opt-out has been converted to a national data opt-out.</p>
<p>What are the Opt Out Codes?</p>	<p>Read Codes (v2)</p> <ul style="list-style-type: none"> •93C0. Consent given for upload to local shared electronic record (Note: This code does not currently appear in the picking-list on EMIS Web, to prevent it being used on the assumption that it will enable sharing) •93C1. Refused consent for upload to local shared electronic record •93C2. Consent given for upload to national shared electronic record •93C3. Refused consent for upload to national shared electronic record •93C4. Patient consent given for addition to diabetic register •9Nd1. No consent for electronic record sharing •9Nd7. Consent given for electronic record sharing <p>The 9Nd1 code and its opposite 9Nd7 code are being phased out in a number of areas due to the ambiguity of its description in the context of an assumed consent environment.</p> <p>For example, does No Consent mean that the patient has refused consent and Opted-Out or does it mean that the patient has not expressed a preference with regard to consent and therefore should be assumed consenting?</p> <p>CTV3 Codes</p> <ul style="list-style-type: none"> •XaKRv Consent given for upload to local shared electronic record

	<ul style="list-style-type: none"> •XaKRw Refused consent for upload to local shared electronic record •XaKRx Consent given for upload to national shared electronic record •XaKRy Refused consent for upload to national shared electronic record <p>Manual Opt-out</p> <p>Recently it has been requested that the System Manager can initiate the same opt-out process and it has been with reluctance that Graphnet agreed to this change. Graphnet believes that the GP should be the custodian of the Opt-In/Out process rather than a System Administrator but accepts that practicalities may intervene. This process is no different to the three stages above, but the way that it is initiated is by the Sysman.</p> <p>It is very important to note that although the Graphnet repository will remove these documents and flag them as opted out, that this knowledge is not sent to the hospitals nor the GP Practices. This means that if the practice or hospitals send data to the Graphnet repository after the data is removed, then some feeds may reverse this setting. This is because the feeds are engineered to check for the presence of these preference codes and if they cannot find one, then it is believed that the patient wishes to be opted in. So if the Trust do not inform the sending systems to make the same change to the patients record, the manual Opt-Out process may raise questions by the Trust because of this process flaw.</p>
<p>What happens when a code is received by Graphnet?</p>	<p>Graphnet Process</p> <p>The following section gives details of how Graphnet responds to the presence of an opt-out code.</p> <p>At present, Graphnet is not uploading data to the SCR and therefore the choice of not sharing records nationally is academic. However there is still an issue of local only permission to share (93CO. or XaKRv) being given, where Graphnet will continue to share within the local health community. In due course when Graphnet are uploading data to the spine, the approach may be re-considered.</p> <p>Therefore, until Graphnet do upload to the spine and for the avoidance of doubt, Graphnet act on a set of opt-out and opt-in codes but as far as the system is concerned all codes are equally valid. This means that if you opt-out using a local code or a national code Graphnet takes this as an opt-out. The same is true for opt-ins.</p> <p>This results in the following behaviour:</p> <ul style="list-style-type: none"> •No Opt-out or Opt-in Codes = Opt-in •Any Opt-out Code and no Opt-in = Opt-out •Any Opt-in Code and no Opt-out = Opt-in •Any Opt-out Code and a more recent Opt-in = Opt-in •Any Opt-in Code and amore recent Opt-out = Opt-out •Since Graphnet do not distinguish between National and Local codes the following occurs: •National Opt-out and more recent Local Opt-in = Opt-in •Local Opt-out and more recent National Opt-in = Opt-in •Local Opt-in and more recent National Opt-out = Opt-out •National Opt-in and more recent Local Opt-out = Opt-out <p>If at any subsequent time a patient changes their National "opt" status the user will have to follow this with replicating the previous local "opt" action to ensure that the GP Extract continues to retrieve the local as the most recent status. Failing to do so will mean that the National code is actioned by Graphnet instead. Unfortunately some of the GP systems allow only the recording of a date and not a time against the "opt" action. To ensure the local one is respected it has to have been recorded against a later date (ie the following day or later).</p>

	<p>For EMIS sites there is an additional hurdle. EMIS themselves also opt-out patients using a set of codes defined in their system. Whenever a patient is opted out within EMIS, Graphnet receive one final extract of their record, EMIS then blacklist the patient and do not send to the Graphnet implementation any more details unless an opt-in code is subsequently applied. Given this functionality, it is likely that any patient with a National opt-out will not be sent to the Graphnet system irrespective of its local opt status. Graphnet do not, at the moment, have any details on how the EMIS software works with the SCR so it is not clear whether a local opt-out causes the SCR to be blocked, if this is the case then there may be issues with blanket opting-out from EMIS sites as it may cause all such patients to also be blacklisted from the SCR as well. This is being investigated.</p> <p>It is important to note the national opt out service please see the following link for guidance. https://digital.nhs.uk/services/national-data-opt-out/information-for-gp-practices</p>
<p>If an individual opt outs, will their data still be processed by Graphnet?</p>	<p>Yes. The data from the GP system will be purged and the only item retained is the opt out sent which has triggered the process. Any other data received will be stored but not visible to the end user.</p> <p>The record is then marked as “opted out”. This same process of opt out can be performed via the system manager function within CareCentric. The ability to use this function is restricted to super user system administration level.</p> <p>Essentially, when we receive a valid opt out read code for a patient, we would</p> <ol style="list-style-type: none"> 1) delete all GP data for that patient and 2) mark the patient as being opted out. <p>Whilst the GP data is removed, none of the other data (Acute, Mental Health, social Care etc) is removed. However the patient is no longer accessible via CareCentric.</p> <p>When new Acute, Social Care, Community etc data is played in the patient remains opted out (even if demographic data is played in) and the new updated information is applied to the patients record. But the patient remains opted out.</p> <p>The reason we allow other records to be updated is if the opt out was sent in error by the GP. In such a case then the full set of GP data would be resent when an opt in flag is submitted, therefore restoring the full GP data.</p> <p>If we were to remove all other data for the patient from other feeds and then receive an opt in none of the historic data for the patient would be available.</p>
<p>What happens if a patient doesn't want their data to form part of a shared record?</p>	<p>They express this wish to the data controller and the data flow is restricted at source. The ability to mark the record as opted out is shown above as is the process to opt a patient out within the system manager function.</p> <p>Below is an example of the view shown when a single sign on call is made from an external system.</p>

Summary Case History Graphnet Synergy

SSO Test Clinical Practitioner

Heritage Marjorie (Mrs)	Female Sex	21-May-1950 (69y) Born	234 571 4999 NHS No.	3
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Patient declined to have an electronic record.

When a user accesses CareCentric directly a search result would show the fact that the patient has opted not to have a shared record.

Recent patients

Showing 1 - 5 of 5 results.

Context: Orglinks

Male Sex

004 005 0016 Patient No.

This patient has declined to have a shared electronic record [3 Linked Records...](#)

What happens if a patient changed their mind and wants to opt back in to share a record?

The patient would request the addition of the appropriate opt in code to be applied to the GP record. This would trigger a full refresh of the GP record to the system, removal of the NHS number from the opted out list and the removal of the flag from the record that the patient has opted out.

If data has been suppressed by other organisations that contribute to the record, there would be a gap in the patient record which is directly linked to the duration the opt out was in force. To reinstate this data a bulk extract would be required from any locality that suppressed data transmission during the opt out period.

Can CareCentric Manually Opt Out records?

Yes it can via sysman function.

Shown below is the process that would be followed.

Home > Patients > Patient Search > Patient Groups and Options

Patient Groups and Options

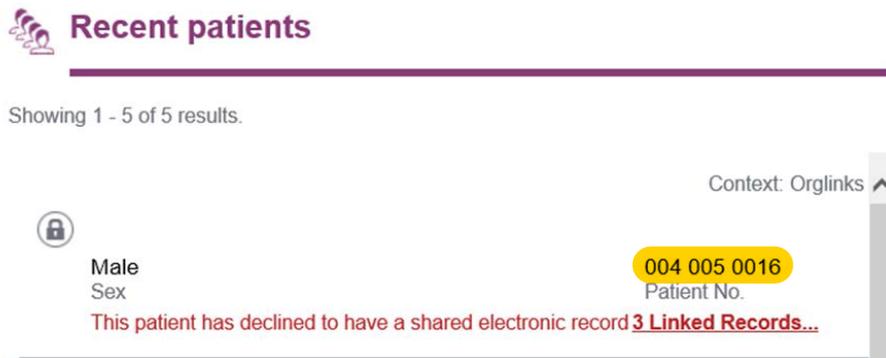
Patient No: 004 005 0016

Group Name	Option Name	Description
All Active Patients	<input type="checkbox"/> Exclude Patient	Patient will only be visible to the 'Excluded Patients' user
<input checked="" type="checkbox"/> Bolton NHS Foundation Trust	<input checked="" type="checkbox"/> Opt Out	Patient has chosen to opt out
<input checked="" type="checkbox"/> Demo Patients		
<input checked="" type="checkbox"/> Pennine Care NHSFT		
<input checked="" type="checkbox"/> Pennine Care NHSFT Community		

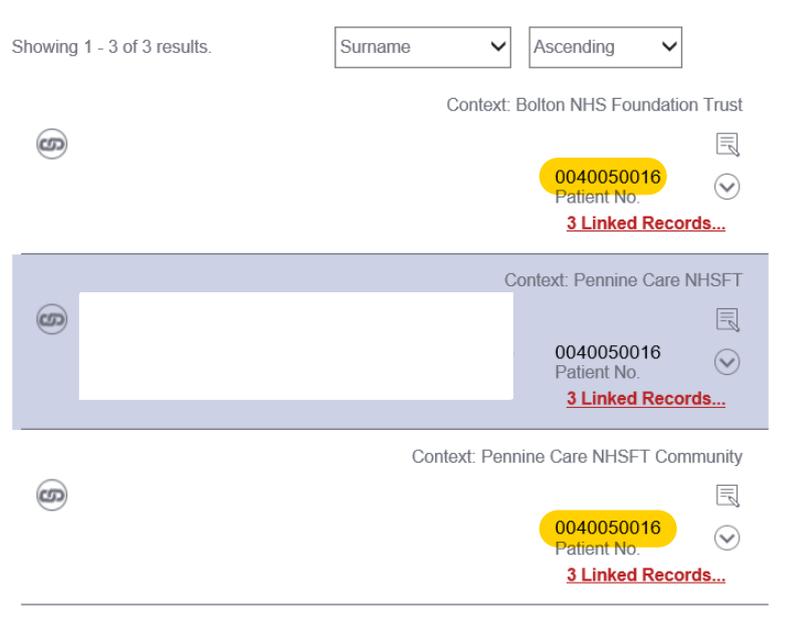
Once completed confirmation is displayed.



When the patient is then searched for the below message is displayed.



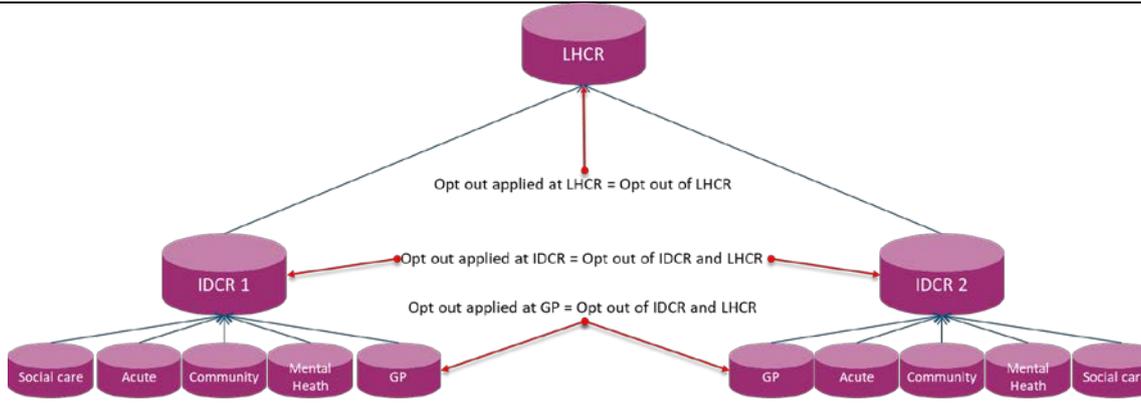
As with the ability to overturn an opt out via the GP system the same can be done via sysman.



Once the opt out is revoked the patient would then appear as above.

In relation to LHCR:
An objection to sharing data specifically via the LHCR is

The data flow would have to be restricted at source (local record) and then the patient would be manually opted out via sysman at the LHCR level instance.
The below diagram shows the action of an opt out both manual and via the GP extract service.

<p>received and upheld. The individual is happy for data to be shared in the community shared care record area. Can the platform for LHCR manage such individuals requirements?</p>	
<p>What happens if an individual wants to block something from being seen?</p>	<p>If a patient wished to remove a specific element of the record, for example suppress a single event, then this again would have to be done by the organisation holding the record. Graphnet can suppress or purge elements of the record. However, this would require written authority from the Data Protection Officer/SIRO/Caldicott Guardian at the Trust.</p>
<p>Can an individual object to their data being processed and how will CareCentric manage this request?</p>	<p>It is not recommended that an individual is able to object to their data being processed for direct care purposes. As the Data Processor, Graphnet will make no decisions on any individuals request or make amendments without the explicit instruction of the Data Controller. If so instructed to stop the processing of a record for any method, Graphnet would require written authority from the Data Protection Officer/SIRO/Caldicott Guardian at the Trust.</p> <p>The Information Governance Alliance offers the following note in their 'GDPR: Guidance on Consent' document:</p> <p><i>"Where someone objects, an organisation must not continue to process data unless it can demonstrate compelling legitimate grounds for the processing which override the interests, rights and freedoms of the individual or for the establishment, exercise or defence of legal claims."</i></p> <p>This document can be found at the following link: https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance</p>
<p>How can I access SysMan?</p>	<p>There is a SysMan guide embedded in every live instance Help Menu. Go to the Help Menu, or via the Customer Library: https://confluence.systemc.com/display/GUG/System+Management+%28SysMan%29+V3</p>