Schedule L – DPIA0003 – GP Extended Hours

This schedule to the Regional Health and Social Care Information Sharing Agreement provides 14 questions covering five risk categories which when answered objectively offer an initial assessment of the additional risks to privacy posed by the proposed sharing of information.

Where a question gives rise to an affirmative answer, it does not automatically follow that a full scale Data Protection Impact Assessment is required. Each affirmative answer needs to be assessed for materiality (probability and impact) and for ways in which the potential risks can be avoided or materially mitigated with a revised solution or additional measures.

Where a substantial number of questions give rise to an affirmative answer this is a good indicator that a full scale Data Protection Impact Assessment is required and project plans should include the costs and timescales of this activity and any associated consultation that may be needed.

Wherever practical the rationale for an answer should be included with the answer.

Questions relating to "identifying data" and "identification" (questions 3, 5 and 7 to 11) are of heightened importance in the context of Provision of Care for data that has not been anonymised or pseudonymised.

These questions are derived from guidance provided by the Information Commissioner's Office and from the Information Governance Alliance (*Integrated Digital Care Records: Data Controller Issues*).

Technology Risk

1. Does the proposed change apply new or additional information technologies that have substantial potential for privacy intrusion? **… No. The core new technologies have been tried and proven over several years and access to the technology is controlled by strict role based access controls and security and audit measures. This method is more secure and safer than previous methods such as printed records, fax, letter and multiple systems.**

Identity Risk

2. Does the proposed change involve new identifiers, re-use of existing identifiers, or intrusive identification, identity authentication or identity management processes? **… No.**
3. Does the proposed change have the effect of denying anonymity and pseudonymity, or converting transactions that could previously be conducted anonymously or pseudonymously into identified transactions? **… No. The use of identifiable information is necessary to provide care to patients. This is unchanged.**

Organisational Risk

4. Does the proposed change involve multiple organisations that do not have a prior history of working together and sharing information? **… No.**
5. Does the proposed change involve data processor organisations that do not have a prior history of working with similar shared information? **… No. The organisations concerned have considerable history of working together in the provision of care. The organisation risk level is considered low as the job functions, roles and confidentiality requirements are the same across all organisations and the sharing arrangements are based on standard datasets with confidentiality requirements that are understood by all involved.**
6. Are new processes and relationships required to manage issues with the technology solution and with the accuracy, consistency and completeness of the shared information? **… No.**

Data Risk

7. Does the proposed change involve new or significantly changed handling of identifying data that is of particular concern to individuals? **… No. This is a continuation of a previous sharing arrangement and the technology is tried and proven and the categories of data that are being shared would normally be shared or be available for sharing for consultations and the provision of care by other healthcare organisations.**
8. Does the proposed change involve new or significantly changed handling of a considerable amount of identifying data about each individual in the database? **… No. The data can only be shared on a person by person basis and only after the data users have logged in with secure patient access credentials.**
9. Does the proposed change involve new or significantly changed handling of personal data about a large number of individuals? **… No. The data can only be shared on a person by person basis and no bulk data access is available.**
10. Does the proposed change involve new or significantly changed consolidation, inter-linking, cross referencing or matching of identifying data from multiple sources? **… No. The only patient data accessed during a consultation is held in the EMIS Web system and in the DocMan system (for attachments).**

11. Does the proposed change involve the creation of new data outside of the boundaries of the existing source systems? **… No. This is a continuation of a previous sharing arrangement and the technology is tried and proven and the categories of data that are being shared and created would normally be created or be available for sharing for consultations and the provision of care by other healthcare organisations.**

Exemption and Exclusion Risk

12. Does the proposed change relate to data processing which is in anyway exempt from legislative privacy protections? **… No.**
13. Does the proposed change's justification include significant contributions to public security measures? **… No.**
14. Does the proposed change involve systematic disclosure of identifying data to, or access by, third parties that are not subject to comparable privacy regulation? **… No.**

Summary of the Initial Data Protection Impact Assessment

The answers to the above risk questions indicate that a DPIA: ***~~is required~~ / is not required*** (delete as appropriate).

A The users of this information would normally be expected to have access to this level of personal information as part of their normal working environment.

The Initial Data Protection Impact Assessment, which has been answered objectively, has not identified any major risks and consequently it is considered that there are no significant privacy risks in relation to this proposed change. Consequently the intended change and use of associated data is considered an acceptable risk and in the public interest of improving care planning and making patient preferences more widely known to those involved in healthcare provision.

A DPIA has not been conducted.

End of Schedule L