

Schedule L – PC200001/DPIA0019– SCAS 111 Direct Booking with GP Connect

This schedule to the Regional Health and Social Care Information Sharing Agreement provides key questions covering six 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 concerned.

Questions relating to “identity risk” (questions 2 to 8) are of heightened importance in the context of data that has not been anonymised or pseudonymised.

These questions have been revised to include latest (summer 2018) guidance provided by the Information Commissioner’s Office. Other aspects are based on guidance from the Information Governance Alliance.

Technology Risk

1. Does the proposed change apply new, innovative or additional information technologies that have substantial potential for privacy intrusion? ... **No. The core technologies have been tried and proven over many 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 and letter.**

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. While datasets will all be identifiable using NHS Number this policy is in regular use in health and social care. Furthermore, the technology and processes are tried and proven over many years.**
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 existing approach already requires identifiable data.**
4. Does the proposed change combine, compare or match data from multiple sources in a manner that can be used to identify data subjects? ... **No.**
5. Does the proposed change include the processing of biometric or genetic data that can be used to identify data subjects? ... **No.**
6. Does the proposed change result in the processing of data concerning vulnerable data subjects? ... **Yes. However, the purpose of the processing includes improving the quality of care and safety of vulnerable data subjects.**
7. Does the proposed change result in the processing of personal data which could result in a risk of physical harm in the event of a security breach? ... **No.**
8. Does the proposed change have the effect of systematically monitoring a publicly accessible place on a large scale? ... **No.**

Automation and Profiling Risk

9. Does the proposed change include profiling on a large scale? ... **No.**
10. Does the proposed change include evaluation or scoring? ... **No.**
11. Does the proposed change include automated decision-making with significant effects? ... **No. All decision making is directly supervised by health and social care professionals.**
12. Does the proposed change include systematic and extensive profiling or automated decision-making to make significant decisions about people? ... **No.**
13. Does the proposed change include processing children’s personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them? ... **No.**

14. Does the proposed change include profiling, automated decision-making or special category data to help make decisions on someone’s access to a service, opportunity or benefit? ... **No. While the proposed change is associated with the processing of special category data to identify the health and social care services using NHS Pathways, the scope of the GP Connect solution itself does not include NHS Pathways.**
15. Does the proposed change include processing involving preventing data subjects from exercising a right or using a service or contract? ... **No.**

Organisational Risk

16. Does the proposed change involve innovative organisational solutions? ... **Yes. However, the organisations concerned have considerable history of working together in the provision of care and no material new risks are created by the change.**
17. Does the proposed change involve multiple organisations that do not have a prior history of working together and sharing 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.**
18. Does the proposed change involve data processor organisations that do not have a prior history of working with similar shared information? ... **No. The chosen suppliers are long-standing suppliers in the field and have extensive experience with similar data.**
19. 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. This is an extension of existing joint processing and sharing arrangements and the technology itself is tried and proven.**

Data Risk

20. Does the proposed change include processing of special category data on a large scale? ... **No. The special category data is only available to end users on a patient by patient basis. In other words, end users can only access one patient at a time and all accesses are auditable.**
21. Does the proposed change combine, compare or match data from multiple sources? ... **No.**
22. Does the proposed change include processing of personal data without providing a privacy notice directly to the individual? ... **Yes in some circumstances. However, processing and privacy notices are generally available for all processing.**
23. Does the proposed change include processing of personal data in a way which involves tracking individuals’ online or offline location or behaviour? ... **No.**
24. Does the proposed change include systematic processing of sensitive data or data of a highly personal nature? ... **Yes. However, while the proposed change is associated with the processing of special category data to identify the health and social care services using NHS Pathways, the scope of the GP Connect solution itself does not include NHS Pathways.**
25. Does the proposed change include processing on a large scale? ... **No. Processing is carried out on a patient by patient basis.**

Exemption and Exclusion Risk

26. Does the proposed change include processing of criminal offence data on a large scale? ... **No.**
27. Does the proposed change relate to data processing which is in anyway exempt from legislative privacy protections? ... **No.**
28. Does the proposed change’s justification include significant contributions to public security measures? ... **No.**
29. 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 new DPIA: ~~is required~~ / **is not required** (delete as appropriate).

If, based on the risks identified above the decision is not to carry out a DPIA, what is the rationale for this decision?

This Initial Data Protection Impact Assessment, which has been answered objectively and which is based on the prior NHS Digital DPIA for GP Connect ([IAR0000767](#)), the NHS Digital GP Connect Overview and the prior [NHS SCWCSU DPIA \(H8\)](#) has not identified any substantial unmanaged risks and consequently it is considered that there are no significant new privacy risks in relation to this proposed change.

A new detailed Data Protection Impact Assessment is therefore not required.

End of Schedule L