

Schedule L – PC200002/DPIA0021 – Frimley ICS Community Services EMIS

Data Protection Impact Assessment

| Project Information | |
|---|---------------------|
| Project Name: Frimley ICS and GP data sharing with EMIS | Date: February 2020 |
| Organisation: [org] | |
| Background: Frimley ICS is implementing EMISweb as a clinical system to support Community Services and the implementation of EMISweb is seen to introduce opportunities to share data between primary care and community services providers to improve the timeliness, quality and safety of care provision of care to service users. The ability for primary care, specialist and urgent care clinicians to view relevant notes and letters is essential for timely and safe clinical decision-making and this is particularly the case where details from clinic letters are necessary for safe clinical management and advice. Where correspondence is not available, not only do the delays create additional risks for patients but the time taken to contact others and to obtain clinical correspondence also increases the effort required in practices, secondary care, tertiary care and hospices tracking down and obtaining copies of clinical correspondence. The current manual approach to obtaining copies of clinical correspondence also introduces avoidable additional privacy risks resulting from the faxing and emailing of sensitive data between organisations. | |
| Benefits: The implementation of the EMIS-based sharing between the Frimley ICS community services providers and the practices makes the information flows more-timely, more complete and safer in terms of information governance. Together, these improvements also contribute to a material improvement in patient safety. | |
| Constraints: (Key dependencies) Deployment of EMISweb within Frimley ICS community services providers. | |
| Does the project involve multiple organisations? Yes, Frimley ICS community services providers and practices. | |

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Project summary:

The purpose of the sharing requirement is to enable information about an individual's medical condition and social care packages and requirements to be shared electronically between practices and Frimley ICS community services providers in order to ensure that the care provided is safe and consistent with patients' existing risks, diagnoses, conditions, problems, medication and other treatment.

This sharing arrangement builds upon the existing joint processing and sharing specifications (PC160001, PC170007, PC170011) wherein practices authorised Frimley ICS community services providers access to the patient data through Connected Care. The purpose of this DPIA is to support approval of the sharing of the same patient data via EMISweb and to approve the sharing of clinical documentation alongside the coded clinical information that is already flowing to Frimley ICS community services providers via Connected Care.

The data sharing arrangements established under this project will enable joint processing and bidirectional sharing of patient health care records between practices and Frimley ICS community services providers:

1. Allowing practices to have immediate access to patient referral status, plans, etc within the Frimley ICS community services providers clinical systems minimising the effort required for practices needing to follow-up the status of referrals and patient care plans; and
2. Allowing Frimley ICS community services provider professionals to access key patient information without needing to make requests to practices and other providers for key and sometimes urgent information about patients referred to Frimley ICS community services providers.

Has anything similar been undertaken before?

The organisations concerned have considerable history of working together in the provision of care to end of life patients and their families.

The risk level is considered low as the job functions and roles involved in the Frimley ICS community services providers and in the practices and the confidentiality requirements of the data are understood by all involved.

A similar arrangement is in place between practices in support of extended hours and federated working. A similar and highly regarded arrangement is also in place between practices and the local hospices for Surrey Heath, North East Hampshire and Farnham and East Berkshire residents.

Sponsor:

The Frimley ICS board.

Information Flows

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Summary:

The technical platform for practices and for Frimley ICS community services providers is EMISweb. EMISweb is a HSCN/N3 cloud-based system that allows secure recording and processing of patient data together with controlled access to patient information held in other organisations' records.

The sharing process is as follows:

1. Where Frimley ICS community services provider staff are managing a patient's care the patient's details and any referral to Frimley ICS community services providers and subsequent care, treatment and outcomes are recorded in the Frimley ICS community services provider's respective EMISweb solutions;
2. Practices' EMISweb data is made available to and accessed by Frimley ICS community services providers' practitioners with a legitimate relationship with the individual, using the EMISweb Viewer solution within the constraints set by the practice's opt-in/opt-out model and the patient's preferences as communicated to the practice;
3. Frimley ICS community services providers' EMISweb data is made available to and accessed by practices with a legitimate relationship with the individual, using the EMISweb Viewer solution; and
4. Subject to a legitimate relationship being established the data is made available through the EMISweb Viewer for viewing by the users in the user organisations identified in the Schedule K documents reliant on this document and in accordance with the User Service Profiles identified in the Schedule K documents reliant on this document.

What information will be collected:

No new information is collected as part of this sharing arrangement.

Why is information being collected:

No new information is collected as part of this sharing arrangement.

Where information will be stored (including back-ups and copies):

No new information is collected as part of this sharing arrangement.

How information is to be edited or deleted:

No information is to be edited or deleted as part of this sharing arrangement.

How data is to be quality checked:

The normal Frimley ICS and East Berkshire GP policies for data quality apply.

Who is responsible for the information:

Each signatory to a Schedule K document reliant on this document is data controller for data processed in and sourced from the signatory's EMISweb clinical system.

The signatories are joint controllers in the context of GDPR art.26 and Frimley Health NHS Foundation Trust is the lead controller in respect of s.25 and Annex 2 of the Regional Health and Social Care Information Sharing Agreement master agreement.

What are the benefits to the individual and professional:

For **patients**, the benefits are:

1. Improved timeliness, quality and safety of care provision
2. Reduced privacy risks relating to the faxing and emailing of sensitive data between organisations

For **professionals**, the benefits are:

1. Reductions in the effort required to obtain supporting patient information
2. Improvements in the timeliness of decision making
3. Reductions in the risk exposure for professionals

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

The EMISweb clinical systems used by Frimley ICS community services providers and practices is approved by NHS Digital and complies with all of the requires NHS cybersecurity requirements.

Information Sharing Arrangements

What information is shared?

The categories of patient data shared from practice clinical systems and from the Frimley ICS community services providers' clinical systems are:

1. Person Details and Demographics;
2. Allergies;
3. Events;
4. Health Promotion;
5. Medications;
6. Preventative Procedures;
7. Problems;
8. Procedures;
9. Results; and
10. Social / Family History.
11. Next of Kin;
12. Risks And Warnings;
13. Alerting;
14. Admissions;
15. Appointments Details;
16. Assessment;
17. Associated People;
18. Care Plan Interventions Details;
19. Care Plan Problems Details;
20. Care Plans Details;
21. Carer Details;
22. Diagnosis Details;
23. Diagnostic Tests;
24. Discharges;
25. DOLs (Deprivation of Liberty);
26. Early Interventions;
27. Electronic Documents;
28. Referrals Details;
29. Risk Management plans;
30. Safeguarding; and
31. Service Planning.

Clinical documentation is not made available for sharing where a practice has indicated that the clinical documentation concerned is not to be shared and where the clinical documentation relates to the excluded codes.

Who are you sharing with?

Practices are sharing with Frimley ICS community services providers.

Frimley ICS community services providers are sharing data with the practices.

How information is to be transported:

All of the information concerned is held within EMISweb. Data is not transported between repositories.

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Which roles will have access:

Clinical and clinical administration roles in the practices.

Clinical and clinical administration roles in the Frimley ICS community services providers.

Are there any restrictions based on different roles?

Role-based access controls limit the access of clinical and clinical administration roles in the practices.

Role-based access controls limit the access of clinical and clinical administration roles in the Frimley ICS community services providers.

How is it accessed?

Where sharing arrangements have been agreed and implemented, the EMISweb clinical solution allows access between individual data controllers' systems.

A context launch capability means that a user in one EMISweb environment is able to access the details held within a second EMISweb environment for the currently active patient.

This helps to ensure a legitimate relationship exists for all shared accesses.

How access is to be monitored (audit, logs)?

Audit policies and facilities are available for all controllers to help ensure a legitimate relationship exists for all shared accesses.

What security measures will be in place?

All data controllers and user organisations are subject to the information governance and security requirements and provisions specified within Schedule C (the Qualifying Standard) of the Regional Health and Social Care Information Sharing Agreement.

What information sharing protocols and operational agreements will be in place?

The sharing arrangement is subject to the requirements and provisions of the Regional Health and Social Care Information Sharing Agreement.

What training is planned to support this piece of work?

All users will be given training in the use of EMISweb Viewer.

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

Consent does not apply to this sharing purpose.

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

Unless a patient has opted out from sharing the legal basis for sharing and viewing the shared records includes provisions of Section 251B of the Health and Social Care Act 2012 (as amended by the Health and Social Care (Safety and Quality) Act 2015):

2. The (data controller) organisation must ensure that the information is disclosed to:
 - (a) persons working for the (data controller) organisation
 - (b) any other relevant health or adult social care commissioner or provider with whom the (data controller) organisation communicates about the individual;
3. So far as the (data controller) organisation considers that the disclosure is:
 - (a) likely to facilitate the provision to the individual of health services or adult social care in England
 - (b) in the individual’s best interests.

Unless a patient has opted out from sharing the legal basis for sharing and viewing the shared records also includes provisions of the General Data Protection Regulation:

1. Article 6(1)e
 “processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller”; and
2. Article 9(2)h
 “processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services”.

Patients are given information leaflets and are made aware of their right to confidentiality.

Privacy Notices are published on websites and staff are able to discuss any confidentiality issues with patients.

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

No reports will be generated as part of this sharing arrangement.

How can the individual access the information:

No new information is collected as part of this sharing arrangement.

Retention

How long data is to be retained?

No new information is collected as part of this sharing arrangement.

What is the **process for start-up and closing down** this piece of work?

Starting the sharing requires Frimley ICS community services providers and each of the practices to enable the required sharing within their EMISweb systems.

Each controller can choose to end the sharing arrangement by disabling the sharing within the controller’s EMISweb system.

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

No new information is collected as part of this sharing arrangement.

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Any known risks or issues:

1. Technology Risk
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.
2. Identity Risk
 - a. The proposed change does not involve new identifiers or intrusive identification, identity authentication or identity management processes.
 - b. The use of identifiable information is necessary to provide care to patients. This is unchanged from the current manual processes.
3. Organisational Risk
 - a. The proposed change involves data controller and processor organisations that have a prior history of working with similar shared information.
 - b. 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 understood by all involved.
4. Data Risk
 - a. This is a sharing arrangement that relies on technology that is tried and proven and the categories of data that are being shared would normally be shared or be available for sharing on a manual basis for consultations and the provision of care by the organisations concerned.
 - b. 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.
 - c. The data can only be shared on a person by person basis and no bulk data access is available.
 - d. The only patient data accessed during a consultation or case review is held in the EMISweb system and in the DocMan system (for shared attachments).
 - e. No new data is created.
 - f. None of the shared data is stored outside of EMISweb.
 - g. Clinical documentation is not made available for sharing where a practice has indicated that the clinical documentation concerned is not to be shared and where the clinical documentation relates to excluded codes.

Any known **activities that will have a direct impact** on this piece of work:

None

The sharing arrangements assessed in this DPIA have been agreed by the IG Steering Group.

End of Schedule L