DPIA0045

Regional Health and Social Care Information Sharing Agreement

Data Protection Impact Assessment – GP COPD Risk Strat in the Frimley ICS

For approval by:

Primary Care and Frimley CCG Data Protection Officers (signatures required)
IG Steering Group Chairperson (signature required)

Contents

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Data Protection Impact Assessment – DPIA0045 – GP COPD Risk Strat in the Frimley ICS

DPIA Identifier:	DPIA0045
DPIA Name:	GP COPD Risk Strat in the Frimley ICS
DPIA Effective Date:	1 September 2021
DPIA Review/End Date:	31 March 2022
Direct Care or Other Uses:	Direct care and Other Uses (Population Health Management)
Risk Sharing and Indemnity:	Out of scope
Sharing Data Controllership:	Joint control with NHS Frimley Clinical Commissioning Group as lead controller in respect of the use of EMIS Enterprise Practices are the sole controllers for all other aspects of the processing
Data Processor(s):	EMIS - AccuRX
Information Asset(s):	EMISweb, EMIS Enterprise, AccuRX Floreys
Status:	Final
Version:	v1

This schedule to the Regional Health and Social Care Information Sharing Agreement provides a Data Protection Impact Assessment (DPIA) for the above processing and sharing arrangements.

Rationale for Conducting a Data Protection Impact Assessment

An initial assessment of the GP COPD Risk Stratification programme in the Frimley ICS has been carried out that indicates the requirement for a brief DPIA.

An extensive DPIA is not needed because:

1. The main systems in use in this processing are:
    a. EMISweb
    b. AccuRX Floreys
    c. EMIS Enterprise;
2. All of which are:
    a. Tried and proven
    b. Already covered by appropriate local data sharing and data processing agreements and assessments; and
3. The baseline and end of project data sent to Glaxo Smith Kline (GSK) is both anonymised and aggregated and does not contain any identifiable data.

Summary of the Sharing Requirement Purpose

Within the Frimley Health and Care Integrated Care System we have identified improved risk stratification for COPD and Asthma in local practices as a priority. This is delivered mainly through existing systems supported by a strong risk stratification competency based on a toolset provided by GSK and the University of Keele.

The initiative is the subject of a joint working agreement between GSK and Frimley CCG (on behalf of the participating local practices).

The benefits to patients of this local capability include:

1. Patients with highest need for a review are prioritised;
2. Optimisation of both non-pharmacological and pharmacological management;
3. Potentially fewer COPD- related interventions, including hospital admissions;
4. Being better informed about COPD management and treatment options; and
5. COPD managed in accordance with current best practice clinical guidance.

Benefits to the ICS:

1. Support with risk stratification;
2. Supports efficiency and effective use of available resources by identifying those patients at greatest need for review;
3. Reduced variability in practice approaches to patient identification and review;
4. Guideline implementation and consistent prescribing and non-prescribing recommendations, promoting learning for sustainability;
5. Potential cost savings; and
6. Able to plan services better for patients.

The Legal Basis for the Processing

Unless a patient has objected to the processing and the processing organisation has accepted the patient's objection the legal basis for processing includes provisions of sections 72 and 82 of the National Health Service Act 2006 and 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 sharing organisation must ensure that the information is disclosed to:
   (a) persons working for the sharing organisation
   (b) any other relevant health or adult social care commissioner or provider with whom the sharing organisation communicates about the individual; and
3. So far as the sharing 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 objected to the processing and the source data controller organisation has accepted the patient's opt-out the legal basis for viewing the shared records is also provided by 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";
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"; and
3. Article 9(2)i
   "The 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".

Where access to confidential data is legitimate, the common law duties of confidentiality are satisfied because consent to view a patient's record is implied where the patient concerned agrees to be referred to a service or where the patient concerned refers themselves or presents to a service. In this case, the service is the Asthma and COPD review.

Summary of the Sharing Requirement Process

There are four main processes within the GP COPD Risk Strat for the Frimley ICS. These are:

1. The baselining and evaluation process;
2. The patient prioritisation process;
3. The patient survey process; and
4. The patient review process.

Baselining and Evaluation Process

The baselining and evaluation process for the initial deployment of the Asthma and COPD Audit and Review is as follows:

1. At the start of the deployment, for each participating practice a baseline extract of fully anonymised, summary level data created in respect the Asthma and COPD Audit and Review scope;
2. This fully anonymised and aggregated baseline extract is created by the NHS Frimley CCG medicines optimisation team using EMIS Enterprise;
3. This baseline extract is provided to GSK; and
4. Also using EMIS Enterprise, at the end of the initial deployment of the Asthma and COPD Audit and Review for each participating practice, a second extract of the fully anonymised, summary level data created in respect the Asthma and COPD Audit and Review scope and forwarded to GSK to support the evaluation of progress achieved.

There is no change to the process used to make EMISweb practice system data available through EMIS Enterprise.

Patient Prioritisation Process

The patient prioritisation process is as follows:

5. Each participating practice uses the Asthma and COPD Audit and Review Toolkit to configure appropriate protocols, searches and concepts within the practice's EMISweb system; and
6. These toolkit components are then used by the practice to identify and prioritise appropriate patients.

Patient Survey Process

The patient survey process is as follows:

7. Each participating practice uses the prioritised list of patients produced using the Asthma and COPD Audit and Review Toolkit to initiate toolkit-specific surveys using the AccuRX Floreys system; and
8. Where patients have not opted-out of receiving SMS messages, using SMS messages, the AccuRX Floreys system sends toolkit specific surveys to the patients identified by the Asthma and COPD Audit and Review Toolkit.

Patient Review Process

The patient review process is as follows:

9. Where a patient chooses to participate in the survey, the data provided by the patient is used by the practice to review the management of the patient's COPD care;
10. The review of the patient's COPD care is carried out in conjunction with the Keele University COPD Decision Support Tool. In this respect:
    a. Frimley ICS users of the COPD Decision Support Tool are required to decline the "store patient details" option
    b. Frimley ICS users of the COPD Decision Support Tool are required to use the tool in conjunction with browsers with the "in private" option selected;
11. Where use of the COPD Decision Support Tool results in changes to the patient's COPD management (both pharmacological and non-pharmacological interventions) these changes are recorded as normal in the patient record; and
12. The details of the review itself are also recorded as normal in the patient record.

Summary of the Privacy Arrangements

The privacy arrangements associated with the processing are considered satisfactory as:

1. Access to view identifiable data by GSK is prevented because the data is de-identified to a level that meets the requirements of the ICO's Anonymisation Code of Practice;
2. Practice data is excluded from the processing where patient objections have been received and upheld by the practices concerned and an appropriate opt-out is recorded; and
3. The general nature of the processing is disclosed in all controllers' published privacy notices.

Summary of Consultations

No explicit and direct consultation has been carried with the public in respect of this sharing requirement as it is the view of local stakeholders that the general purposes of this schedule have been part of prior consultations and that the general nature of the processing is disclosed in all controllers' published privacy notices.

Summary of the Data Protection Impact Assessment

It is the recommendation of this DPIA that the processing can be performed because:

1. The users of the information covered by this schedule would normally be expected to have access to this level of information as part of their normal working environment;
2. There are only two new material risks introduced by this processing:
    a. The risk that identifiable data may be entered when using the Keele University COPD Decision Support Tool
    b. SMS messages may be sent to the wrong registered patient;
3. Both of which can be mitigated to a satisfactory level;
4. The tools in use are:
    a. EMISweb
    b. AccuRX Floreys
    c. EMIS Enterprise
    d. The Keele University COPD Decision Support Tool;
5. The first three of which are:
    a. Tried and proven
    b. Already covered by appropriate local data sharing and data processing agreements and assessments; and
6. The baseline and end of implementation data sent to Glaxo Smith Kline (GSK) is anonymised and aggregated and does not contain any identifiable data.

Risks – identified and assessed (prior to mitigation and controls)

	Risk description	Likelihood	Consequence / Impact	Risk Rating/ Score After mitigation actions implemented
1	Identifiable data may be entered when using the Keele University COPD Decision Support Tool	Possible	Moderate	Medium
2	SMS messages may be sent to the wrong registered patient	Unlikely	Moderate	Medium
3	DPIAs for existing systems are inadequate	Unlikely	Moderate	Medium
Likelihood Ratings – Rare (1), Unlikely (2), Possible (3), Likely (4), Almost Certain (5)				
Consequence/ Impact – Insignificant (1), Minor (2), Moderate (3), Major (4), Catastrophic (5)				
Risk Rating – Green = Low, Amber, Medium - Moderate, Red – High, Purple – Extremely High				

Measures to reduce risks

	Risk description	Measures to reduce, or remove risk	Effect on risk	Residual risk	Measure approved? Y/N
1	Identifiable data may be entered when using the Keele University COPD Decision Support Tool	• SOP changed to require users to decline the "store patient details" option • SOP changed to require users to use the tool in conjunction with browsers with the "in private" option selected	Reduce likelihood to Unlikely	Low	Yes
2	SMS messages may be sent to the wrong registered patient	• Mobile numbers that are recorded in more than one patients record cannot be used • Patients that have opted out of being contacted for this purpose should be excluded	Reduce likelihood to Rare	Low	Yes
3	DPIAs for existing systems are inadequate	• Frimley CCG DPO to review current DPIAs for: ○ EMISweb ○ EMIS Enterprise ○ AccuRX Floreys	Reduce likelihood to Rare	Low	Yes

Data Protection Impact Assessment Signature and Approvals Page

Primary Care Data Protection Officer

On behalf of the Lead Controller Organisation I confirm that the Data Protection Impact Assessment and the specific mitigation arrangements and residual risk status described in this schedule are satisfactory and have been agreed.

Primary Care Data Protection Officer's comments

{{*Comments1_es_:signer1:multiline(4):prefill("DPO's comments or 'none'") }}.

{{SBlk_es_:signer1:signatureblock }}

Agreed by **{{*DPOname_es_:signer1 }}(name)**
as Data Protection Officer, for and on behalf of **{{*ORGname1_es_:signer1 }}(organisation)**.

NHS Frimley CCG (as Lead Controller) Data Protection Officer

On behalf of the Lead Controller Organisation I confirm that the Data Protection Impact Assessment and the specific mitigation arrangements and residual risk status described in this schedule are satisfactory and have been agreed.

Lead Controller Data Protection Officer's comments

{{*Comments2_es_:signer2:multiline(4):prefill("DPO's comments or 'none'") }}.

{{SBlk_es_:signer2:signatureblock }}

Agreed by **{{*DPOname_es_:signer2 }}(name)**
as Data Protection Officer, for and on behalf of **{{*ORGname2_es_:signer2 }}(organisation)**.

Regional Health and Social Care Information Sharing Agreement Information Governance Steering Group Chairperson

On behalf of the Information Governance Steering Group I confirm that the Data Protection Impact Assessment and the specific mitigation arrangements and residual risk status described in this schedule are agreed.

Chairperson's comments:

{{*Comments3_es_:signer3:multiline(2) prefill("IGSG chair's comments or 'none'") }}.

{{SBlk_es_:signer3:signatureblock }}

Agreed by **{{*IGSGname_es_:signer3 }}(name)**
as Chair, for and on behalf of the Regional Health and Social Care Information Sharing Agreement Information Governance Steering Group.

End of DPIA