

Regional Health and Social Care Information Sharing Agreement

Data Flow – PC190003 – Berkshire practices with Thames Hospice:

Schedule K – Processing and Sharing Specification (signature required)

**Schedule L – Initial Data Protection Impact Assessment (if a DPIA was not required) or
Data Protection Impact Assessment Summary (if a DPIA was required)**

Variable information managed by the Administrator:

Schedule C – Direct Care Sharing Register (List of shared data flows)

Schedule D – Other (Secondary) Uses Sharing Register (List of shared data flows)

Schedule E – Membership Register (List of participating organisations)

Schedule F – Shared Information Asset Register

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Schedule H – Approved Generic Privacy and Processing Notices

Sharing Agreement Narrative and Guidance

Visit www.regisa.uk for the narrative and the latest version of Schedules C-H

Schedule K – PC190003 – Berkshire practices with Thames Hospice

Sharing Requirement Identifier:	PC190003
Sharing Requirement Name:	Berkshire practices with Thames Hospice
Sharing Requirement Start Date:	01 April 2019
Sharing Requirement End Date:	30 April 2023
Sharing Organisation:	{{!org_es_:font(name=calibri,size=10) }} Thames Hospice
Direct Care or Other Uses:	Direct care
Risk Sharing and Indemnity:	Out of scope
Sharing Data Controllership:	Joint control with Thames Hospice as lead controller
Data Processor(s):	EMIS
Status:	Active
Version:	v2

Summary of the Sharing Requirement Purpose

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 Berkshire practices that utilise EMISweb and Thames Hospice in order to ensure that the care provided is safe and consistent with patients' existing risks, diagnoses, conditions, problems, medication and other treatment.

This schedule builds upon the existing sharing requirement ref. PC160001 (Connected Care Phase 3 – Berkshire Practices) wherein Berkshire practices authorised Thames Hospice access to the patient data through Connected Care. The purpose of this schedule is to approve 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 Thames Hospice via Connected Care.

With respect to clinical documentation, in many consultations, assessments and care planning settings:

1. The ability for specialist and urgent care clinicians to view relevant letters is essential for timely and safe clinical decision-making;
2. This is particularly the case where staging, prognostic and treatment details from clinic letters are necessary for safe clinical management and advice; and
3. Where correspondence is not available:
 - a. This creates delays and associated risks for patients; and
 - b. In addition to the delays, 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.

Unless a patient has opted out from sharing and the sharing organisation has accepted the patient's opt-out 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 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 opted out from sharing and the sharing 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"; 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".

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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.

Summary of the Sharing Requirement Process

The technical platform for practices and for Thames Hospice 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.

For the purposes of this schedule the sharing process is as follows:

1. Where Thames Hospice staff are managing a patient's care, the patient's details and any initial referral to Thames Hospice are recorded in the Thames Hospice EMISweb solution;
2. The practice's EMISweb data is made available to and accessed by Thames Hospice practitioners with a legitimate relationship with the individual, using the EMISweb EMIS 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; and
3. Where appropriate clinical documentation associated with the individual receiving care is available (and does not have sharing restrictions applied) within the registered practice's EMISweb solution the clinical documentation is made available for viewing at the point of care. Copies are not saved in the Thames Hospice EMISweb clinical system.

Summary of the Sharing Requirement Privacy Arrangements

The privacy arrangements are considered satisfactory as:

1. Access to view data is managed in accordance with the RBAC (Role Based Access Control) arrangements for Thames Hospice. These are supported by password control, periodic internal audit and a mandatory requirement for users to have appropriate IG training;
2. The data is accessed in accordance with the opt-in/opt-out and consent model as summarised by points 3 to 5 below and presented in more detail within Annex D.1 Opt-in/opt-out and Consent Model;
3. No data is made available for sharing where a patient has indicated to the patient's practice that the patient does not want their data to be shared and where the practice has recorded this election within the patient's record;
4. Where any of the data controller organisations other than the patient's practice are notified by the patient that the patient does not wish to have the patient's data shared the data controller organisation directs the patient to the patient's practice for the purposes of making this election;
5. Explicit consent to view the shared data relating to an individual who has not opted out is not required for the purpose of provision of care to the patient. The Common Law Duty of Confidentiality is satisfied because individuals' reasonable expectations include access to their records by the professionals providing their care;
6. 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 presented in Annex D.3 below;
7. EMISweb includes an audit trail showing which user accessed a data subject's records; and
8. Key security aspects include:
 - a. the physical security of the system servers
 - b. the use of HSCN/N3 for all data transactions
 - c. multi-factor authentication for user access to the system
 - d. role based access profiles to control user permissions.

The Sharing Organisations (data providers and data controllers)

For the purposes of this sharing requirement the sharing organisations may determine the purpose and use of the personal confidential data including creating, editing, archiving and deleting the data.

The sharing organisations are all organisations of all classes that have:

1. Signed the Regional Health and Social Care Information Sharing Agreement; and
2. Signed a copy of this Schedule to the Regional Health and Social Care Information Sharing Agreement.

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The User Organisations

The following classes of Regional Health and Social Care Information Sharing Agreement member organisations have committed to use the personal confidential data identified in this document at the point of care in a manner compliant with the Regional Health and Social Care Information Sharing Agreement and solely for the purposes defined in this document.

For the purposes of this sharing requirement the use of personal confidential data is restricted to viewing of the data.

The user organisation is:

Organisation Identifier	Organisation Name	Teams Using the Confidential Data	Reason for Using Data
8CV48	Thames Hospice	<ul style="list-style-type: none">• Health and care professionals• Admin and clerical support to those professionals	<p>To ensure that the care provided is safe and consistent with individuals' existing diagnoses, conditions, problems, medication and other treatment.</p> <p>To ensure that the care provided is safe and consistent with individuals' relevant risks, problems, medication and other areas of care provision.</p>

The User Access Model

The level of detail and the categories of data that can be viewed are dependent on the Thames Hospice and East Berkshire practices' role based access control models.

These models are designed to ensure that confidential data is only accessible by those staff with a legitimate reason to access confidential data.

The Shared Categories of Data

The following categories of data are shared as part of the Regional Health and Social Care Information Sharing Agreement using the EMISweb solution.

While a sharing agreement is only necessary for information regarded as personal confidential data, some of the data identified below is included for the purpose of completeness and not because the data is regarded as personal confidential data.

The categories of patient data shared from practice clinical systems are:

1. Person Details and Demographics;
2. Allergies;
3. Clinical documentation;
4. Consultations and Events;
5. Health Promotion;
6. Medications;
7. Preventative Procedures;
8. Problems;
9. Procedures;
10. Results; and
11. Social / Family History.

Further details of each of these are provided in the attached Annex D.2 Sharing Dataset Definitions.

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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 presented in Annex D.3 below.

Summary of the Data Protection Impact Assessment

The project has been carefully designed to place the interests of patients uppermost. Concepts of informed consent and compliance with the Caldicott and Data Protection Principles have been incorporated into the software design.

There is sharing of data through multiple stakeholders who utilise appropriately secured communication channels.

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.

A data protection impact assessment has been conducted.

The data protection impact assessment for the sharing of clinical documentation through the EMISweb solution has identified 12 privacy and information security related risk topic areas. Following the implementation of appropriate mitigation measures for each privacy-related risk topic area the residual risk for all of these topic areas is now assessed as low.

The IG steering group is satisfied that all appropriate technical and physical measures against unauthorised or unlawful access, accidental loss or destruction of care data are in place.

It is the recommendation of the IG Steering Group that the proposed solution is appropriate for making clinical information and documentation available to Thames Hospice through the EMISweb sharing functionality.

Summary of Consultations

As the uses of the identifiable data covered by this sharing requirement are restricted to the provision of care, no explicit and direct consultation has been carried with the public in respect of this sharing requirement.

However, patient groups were established in east and west Berkshire for the specific purpose of commenting on the sharing planned and on the information governance put in place to protect the confidentiality of the data. These groups include CCG and Healthwatch patient representatives with other self-selecting volunteers to form groups that have current awareness with health and social care issues.

Agreement Implementation Status

On behalf of the Sharing Organisation I confirm that the information sharing arrangements described in this schedule are agreed and the information described in this schedule is to be made available to the User Organisations and individuals identified in this schedule starting on the Sharing Requirement Start Date and ending on the Sharing Requirement End Date.

Agreed by **{{!guardian_es_:font(name=calibri,size=10)}}**
as Caldicott Guardian / Designated Officer / Data Protection Officer, for and
on behalf of **{{!org_es_:font(name=calibri,size=10)}}**
{{!addr_es_:font(name=calibri,size=10)}}.

Annex D.1 – Opt-in/opt-out and Consent Model

The key opt-in/opt-out and consent model policies are:

1. No data is made available for sharing where an individual has indicated to the data controller organisation that the subject of the data does not want their data to be shared;
2. No data is made available for sharing where a patient has indicated to the patient's practice that the patient does not want their data to be shared and where the practice has recorded this election within the patient's record;
3. **Explicit consent to view the data of an individual is not required** within the EMISweb solution for the purpose of the provision of care to the patient; and
4. The Common Law Duty of Confidentiality requirement for viewing to be by consent is satisfied because individuals' reasonable expectations include access to their records by the professionals providing their care so consent to view a patient's record can be implied where the patient concerned agrees to be referred to a service and where the patient concerned refers themselves to a service.

With respect to point 3 above, the following IGA, ICO and GDPR guidance refers.

Information Governance Alliance guidance

"The most appropriate basis for lawful processing that is available to publically funded and/or statutory health and social care organisations in the delivery of their functions is: 6(1)(e) '...for the performance of a task carried out in the public interest or in the exercise of official authority...' and "Although (6)(1)(a) consent is an alternative, in many health and social care contexts obtaining GDPR-compliant consent will not be possible and there are other implications of using consent as a basis."

Information Commissioner's Office on consent as a precondition to providing services

"Consent (to share/access confidential information) should be separate from other terms and conditions. It should not generally be a precondition of signing up to a service."

Relevant GDPR recitals

(42) Where processing is based on the data subject's consent, the controller should be able to demonstrate that the data subject has given consent to the processing operation. In particular in the context of a written declaration on another matter, safeguards should ensure that the data subject is aware of the fact that and the extent to which consent is given. In accordance with Council Directive 93/13/EEC (1) a declaration of consent pre- formulated by the controller should be provided in an intelligible and easily accessible form, using clear and plain language and it should not contain unfair terms. For consent to be informed, the data subject should be aware at least of the identity of the controller and the purposes of the processing for which the personal data are intended. **Consent should not be regarded as freely given if the data subject has no genuine or free choice or is unable to refuse or withdraw consent without detriment.**

(43) **In order to ensure that consent is freely given, consent should not provide a valid legal ground for the processing of personal data in a specific case where there is a clear imbalance between the data subject and the controller, in particular where the controller is a public authority and it is therefore unlikely that consent was freely given in all the circumstances of that specific situation.** Consent is presumed not to be freely given if it does not allow separate consent to be given to different personal data processing operations despite it being appropriate in the individual case, or if the performance of a contract, including the provision of a service, is dependent on the consent despite such consent not being necessary for such performance.

Annex D.2 – Sharing Dataset Definitions

The table below provides detailed definitions for each of the categories of data that are sourced from practice clinical systems and presented for viewing by Thames Hospice staff using the EMISweb Viewer.

In this respect the data controller is the patient’s registered practice in each case and copies of the data are not retained within the Thames Hospice EMISweb clinical system.

Data category	Abbreviation
Patient demographic and identifying details including: <ul style="list-style-type: none"> • NHS number • Patient name • Patient address • Date of Birth • Gender 	Demographics
Summary information: <ul style="list-style-type: none"> • Current problems • Current medication • Allergies and adverse reactions • Recent tests 	Summary
Problems: <ul style="list-style-type: none"> • Current problems • Past problems 	Problems
Diagnosis: <ul style="list-style-type: none"> • Current diagnosis • Past diagnosis 	Diagnosis
Medication: <ul style="list-style-type: none"> • Acute medication • Repeat medication • Current medication • Past medication • Medication issues 	Medication
Risks and warnings: <ul style="list-style-type: none"> • Risks and warnings • Allergies and adverse reactions • Contraindications 	Risks and warnings
Procedures: <ul style="list-style-type: none"> • Procedures • Operations • Immunisations 	Procedures
Investigations: <ul style="list-style-type: none"> • Recent tests • Biochemistry • ECG • Haematology • Imaging • Microbiology • Cytology • Physiology • Urinalysis • Other investigations 	Investigations
Examinations: <ul style="list-style-type: none"> • Examination details 	Examinations
Events: <ul style="list-style-type: none"> • Encounters • Referrals 	Events

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Data category	Abbreviation
• Admissions	
Consultations	Consultations
Clinical documentation and attachments <ul style="list-style-type: none">• Discharge Letters• Outpatient letters• Care plan• Other	

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Annex D.3 – Excluded Read Codes

The table below summarises the Read codes that are excluded when EMISweb data is sourced from the general practice clinical systems.

Description	Category / Code
HSA1-Therap. Abort. Green Form	956%
H/O: Venereal Disease	1415%
Hysterotomy And Termination Of Pregnancy	7E066%
Dilation Of Cervix Uteri And Curettage Of Products Of Conception From Uterus	7E070%
Curettage Of Products Of Conception From Uterus NEC	7E071%
Suction Termination Of Pregnancy	7E084%
Dilation Of Cervix And Extraction Termination Of Pregnancy	7E085%
Termination Of Pregnancy NEC	7E086%
Cervical Smear	4K36%
Gonorrhoea	65Q8%
Introduction Of Abortifacient Into Uterine Tract	7E0B%
Genital Herpes	A541%
Viral Hepatitis B With Coma	A702%
Viral Hepatitis B With Serum	A703%
Other Spec Viral Hepatitis With Coma	A7040%
Viral Hepatitis C Without Mention Of Hepatitis Coma	A7050%
Chronic Viral Hepatitis	A707%
Unspecified Viral Hepatitis	A70z%
Cytomegalic Hepatitis	A7852%
HIV Resulting In Cytomegalic Disease	A7891%
Chlamydia	A78A0%
Chlamydia Anus And Rectum	A78A2%
Human Papilloma Virus Infection	A79B%
Papilloma As Cause Of Diseases Class. In Other Chapters	A7y05%
Trichomonas	AD1%
Phthirus Pubis Lice	AD22%
Sexual Deviations	E22y4%
Gender Identity Disorders	Eu64%
Cystitis In Gonorrhea	K1545%
Prostatitis In Gonorrhea	K2144%
Prostatitis In Trichomonosis	K2146%
Chlamydia Epidymitis	K2416%
Female Chlamydia In Pelvic Infumonotary	K40y1%
Chlamydia Cervilitis	K4209%
Unspecified Abortion	L07%
Failed Attempted Abortion	L08%
Complication Following Abortion/Ectopic/ Molar Pregnancies	L09%
Failed Attempted Abortion	L0A%
Other Specified Pregnancy With Abortive Outcome	L0y%
Pregnancy With Abortive Outcome NOS	L0z%
Maternal Syphilis In Pregnancy/Childbirth/Peurperium	L170%
Maternal Gonorrhea In Pregnancy/Childbirth/Peurperium	L171%
Lab Evidence Of HIV	R109%
Complications Assoc With Artificial Fertilization	SPOD%
Gonorrhea Carrier	ZV027%
Hepatitis B Carrier	ZV02B%
Hepatitis C Carrier	ZV02C%
High Risk Pregnancy With History Of Infertility	ZV230%
Contraception Mgt Admission Of Administration Of Abortifacient	ZV25B%
IVF	ZV267%
Venereal Disease Carrier NOS	65Q9%

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Description	Category / Code
AIDS Carrier	65QA%
Notification Of AIDS	65VE%
Treatment For Infertility	8C8%
Acquired Immune Deficiency Syndrome	A788%
Human Immunodef Virus Resulting In Other Disease	A789%
Chlamydial Infection	A78A%
Chlamydial Infection Of Pelviperitoneum And Other Genitourinary Organs	A78A3%
Chlamydial Infection, Unspecified	A78AW%
Chlamydial Infection Of Genitourinary Tract, Unspecified	A78AX%
Syphilis And Other Venereal Diseases	A9%
HIV Disease Resulting In Other Infectious And Parasitic Diseases	AyuC4%
Dementia In Human Immunodef Virus (HIV) Disease	Eu024%
Legally Induced Abortion	L05%
Illegally Induced Abortion	L06%
Other Maternal Venereal Diseases During Pregnancy, Childbirth And The Puerperium	L172%
Asymptomatic Human Immunodeficiency Virus Infection Status	ZV01A%
Cervical Smear	4K36-

End of Schedule K

Schedule L – PC190003/DPIA0004– Berkshire practices with Thames Hospice

Data Protection Impact Assessment

Project Information	
Project Name: Thames Hospice and GP data sharing with EMIS	Date: March 2019
Organisation: <code>{{!org_es_:font(name=calibri,size=10)}}}</code>	
<p>Background:</p> <p>Thames Hospice is implementing EMISweb as a clinical system and the implementation of EMISweb is seen to introduce opportunities to share data to improve the timeliness, quality and safety of care provision of care to service users.</p> <p>The ability for 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 staging, prognostic and treatment details from clinic letters are necessary for safe clinical management and advice.</p> <p>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.</p> <p>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.</p>	
<p>Benefits:</p> <p>The implementation of the EMIS-based sharing between Thames Hospice 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.</p>	
<p>Constraints: (Key dependencies)</p> <p>The solution is not yet technically supportable for patients registered with INPS Vision practices.</p>	
<p>Does the project involve multiple organisations?</p> <p>Yes, Thames Hospice and the East Berkshire practices where EMISweb is deployed as the clinical system.</p>	
<p>Project summary:</p> <p>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 Berkshire practices that utilise EMISweb and Thames Hospice in order to ensure that the care provided is safe and consistent with patients’ existing risks, diagnoses, conditions, problems, medication and other treatment.</p> <p>This sharing arrangement builds upon the existing sharing requirement ref. PC160001 (Connected Care Phase 3 – Berkshire Practices) wherein Berkshire practices authorised Thames Hospice 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 Thames Hospice via Connected Care.</p> <p>The data sharing arrangements established under this project will enable bidirectional sharing of patient health care records between East Berkshire practices and Thames Hospice:</p> <ol style="list-style-type: none"> 1. Allowing practices to have immediate access to patient referral status, plans, etc within the Thames Hospice system minimising the effort required for practices needing to follow-up the status of referrals and patient care plans; and 2. Allowing Thames Hospice professionals to access key patient information without needing to make requests to practices for key and sometimes urgent information about patients referred to Thames Hospice. 	

Schedule L – PC190003/DPIA0004– Berkshire practices with Thames Hospice Regional Health and Social Care Information Sharing Agreement

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 both Thames Hospice 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 hospice for Surrey Heath and North East Hampshire and Farnham residents.

Sponsor:

NHS East Berkshire Clinical Commissioning Group

Information Flows

Summary:

The technical platform for practices and for Thames Hospice 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 Thames Hospice staff are managing a patient's care the patient's details and any initial referral to Thames Hospice are recorded in the Thames Hospice EMISweb solution;
2. The practice's EMISweb data is made available to and accessed by Thames Hospice 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. 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 this Schedule and in accordance with the User Service Profiles identified in this Schedule;
4. Where appropriate clinical documentation associated with the individual receiving care is available (and does not have sharing restrictions applied) within the registered practice's EMISweb solution the clinical documentation is made available for viewing at the point of care. Copies are not saved in the Thames Hospice EMISweb clinical system; and
5. Where Thames Hospice staff are managing a patient's care, the patient's details recorded in the Thames Hospice EMISweb solution are also made available to practice staff using the EMIS Viewer capability.

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 Thames Hospice and East Berkshire GP policies for data quality apply.

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Who is responsible for the information:

Thames Hospice is data controller for data sourced from the Thames Hospice EMISweb clinical system.

Each of the East Berkshire practices where EMISweb is deployed as the clinical system is data controller for data sourced from the EMISweb clinical system of the practice concerned.

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

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 Thames Hospice and East Berkshire 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 Thames Hospice clinical system are:

1. Person Details and Demographics;
2. Allergies;
3. Clinical documentation;
4. Consultations and Events;
5. Health Promotion;
6. Medications;
7. Preventative Procedures;
8. Problems;
9. Procedures;
10. Results; and
11. Social / Family History.

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 presented in Annex D.3 of the sharing specification.

Who are you sharing with?

East Berkshire practices are sharing with Thames Hospice

Thames Hospice is sharing data with the East Berkshire practices.

How information is to be transported:

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

Which roles will have access:

Clinical and clinical administration roles in the East Berkshire practices.

Clinical and clinical administration roles in the Thames Hospice.

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Are there any **restrictions based on different roles**?

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

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

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):

4. 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;
5. 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:

3. 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
4. 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 Thames Hospice and each of the East Berkshire 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.

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

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

End of Schedule L