

## **Data Protection Impact Assessment (DPIA) Summaries for North Cumbria Clinical Commissioning Group (NCCCG)**

### What is a data protection impact assessment?

The Data Protection Impact Assessment (previously known as privacy impact assessment or PIA) is a tool which can help organisations identify the most effective way to comply with their data management obligations and meet individuals' expectations of privacy. An effective DPIA will allow organisations to identify and fix problems at an early stage, reducing the associated costs and damage to reputation, which might otherwise occur.

## DPIA Summaries of Assets for North Cumbria Clinical Commissioning Group (NCCCG)

A.....	4
Attention Deficit Hyperactivity Disorder (ADHD) .....	4
AnalyseRx .....	4
Apex Insight .....	5
B.....	5
C.....	5
D.....	5
E.....	5
EMIS.....	6
F.....	6
G.....	6
Great North Care Record.....	6
H.....	6
I.....	7
INR Star .....	7
Integrated Care Communities .....	7
J.....	10
K.....	10
L.....	10
M.....	11
Medical Interoperability Gateway (MIG) .....	11
N.....	11
O.....	11
P.....	11
Q.....	11
R.....	12
Relational Coordination Survey.....	12
S.....	12
Safeguarding.....	12
Special Educational Needs & Disability (SEND) .....	13
Strata.....	13

T..... 15  
U..... 15  
V..... 15  
W..... 15  
X..... 15  
Y..... 15  
Z..... 15

## A

### Attention Deficit Hyperactivity Disorder (ADHD)

<b>Project/Process – July 2018</b>
<b>Online ADHD Assessments</b>
<b>Description</b>
Due to termination of the CPFT pilot service there is a need for an innovative way to complete the ADHD assessments for people on the waiting list. Online ADHD assessments will now be provided by an external provider, Psychiatry-UK LLP, which enables patient to determine time/date of assessment and for this to occur in their home environment.
<b>IG Recommendation/Conclusion</b>
The DPIA author has reviewed the attached policies from Psychiatry-UK LLP and is satisfied with the assurances in regard to their handling of data and compliance with GDPR and the Data Protection Act 2018. However, the supplier is not registered with the Data Security & Protection Toolkit (formerly IG Toolkit). IG advise that the supplier should be compliant within 6 months.

### AnalyseRx

<b>Project/Process – May 2019</b>
<b>AnalyseRx</b>
<b>Description</b>
AnalyseRx is a patient specific medicines optimisation solution used by GP practices that will enable prescribers to identify, manage and measure appropriate prescribing interventions for individual patients or cohorts of patients. The extraction of the data will be on a large scale from EMIS GP but within phase 1 the data will be pseudonymised and the following will be excluded, Patients who are deceased, deregistered from the practice and who are specifically excluded from the Data Extraction for some other reason e.g. GP practice no longer a customer of First Databank (FDB). FDB are analysing the data to provide medicines solution to allow GPs to identify, manage and measure appropriate prescribing.
<b>IG Recommendation/Conclusion</b>
Privacy notice to be updated to advise the data subjects of the processing. Further communications may also need to out to patients. NHS Terms and Conditions contract in place with a requirement for all GPs to put a data processing agreement and sharing agreements in place. No high risks identified.

## Apex Insight

<b>Project/Process – March 2019</b>
<b>Apex Insight NHSE North Workload &amp; Workforce Planning Tool</b>
<b>Description</b>
To support the deployment of the Apex Insight Tool. PA Consulting Group (PA) and Edenbridge Healthcare Ltd (Edenbridge) have developed a single, joint offer to help Primary Care address the workload and workforce challenges it faces. Their single, combined offer is Apex Insight. The combined Apex Insight solution provides GP Practices and primary care providers with a detailed and factual understanding of the nature of their workload, the types of patient activity they have experienced and how their workforce has managed that activity. Practices then use this improved understanding to consider how they can better respond to their patients' needs, improve quality and access to services and explore how more efficient use of clinical resources, in particular, may improve their workforce capacity and the Primary Care experience of both patients and their workforce.
<b>IG Recommendation/Conclusion</b>
IG are satisfied with the purposes for collecting and processing this data. Mitigation is in place for all identified risks.

**B**

**C**

**D**

**E**

## EMIS

## F

## G

### Great North Care Record

<b>Project/Process – March 2019</b>
<b>Great North Care Record MIG Viewer (DCR2)</b>
<b>Description</b>
<p>The MIG is currently available widely across Cumbria; the GP held Patient record can be viewed by approved clinical staff (Role Based Access) who provide direct patient care.</p> <p>The change involves the enablement of organisations across North East England to have access to the GP held patient record at the point of care. This is widely available for patients who live in the North East of England but currently excludes any patient who receives treatment in the North East who currently has a GP within the North Cumbria CCG footprint.</p>
<b>IG Recommendation/Conclusion</b>
<p>Sharing agreement in place. SLSP completed. Advised by Information Security that there are no concerns following their IT assessment. There are no high risks</p>

## H

I

## INR Star

<b>Project/Process – March 2019</b>
<b>INR Star</b>
<b>Description</b>
INR Star provides complete anticoagulation support for the induction, dosing, review and connected self-care of patients on both traditional and direct oral anticoagulant drugs (DOACs/NOACs). Copy of data is transferred back to the practice clinical system once calculated. DPIA undertaken in response to operating system update.
<b>IG Recommendation/Conclusion</b>
No high risks identified. SOP and BCP will differ each practice. IAO and IAA to be appointed for each practice.

## Integrated Care Communities

<b>Project/Process – June 2018</b>
<b>Integrated Care Communities – Generic Email Address</b>
<b>Description</b>
Each ICC to have a generic secure email inbox that can be accessed by hub coordination staff who may be employed by general practice or by CPFT. The inbox will be an electronic point of contact for receipt of intelligence reports and any email notification of referrals (e.g. STRATA or acute hospital referrals)
<b>IG Recommendation/Conclusion</b>
The following IG points are to be taken into consideration before commencement of the email inbox: <ul style="list-style-type: none"><li>• The ICC privacy notice to be written/updated to reflect this sharing of data</li><li>• Each ICC will need to develop a business continuity plan to ensure they receive referrals/intelligence reports if no email inbox.</li><li>• A SOP to be developed for the inbox which outlines an audit process, a tracking mechanism and encryption/password protection of emails into the inbox.</li><li>• Moving forward the ICC managers should ensure the mailbox is managed appropriately to ensure there is no future breach.</li></ul>

**Project/Process – June 2018****Integrated Care Communities – Intelligence Reports****Description**

To establish a process whereby individual ICCs can receive reports from various sources on patient movement throughout the health system. There will be 3 inpatient reports per day at 8am, midday and 4pm.

Receiving the reports will enable the community teams to track people in and out of hospital and to proactively target patients to provide a package of support designed to reduce their use of emergency care either via CHOC, A & E attendance or hospital admission.

**IG Recommendation/Conclusion**

The following IG points are to be taken into consideration before commencement of the intelligence reports:

- Sharing agreements to be set up across all the ICCs
- The ICC privacy notice to be written/updated to reflect this sharing of data
- Each ICC will need to develop a business continuity plan to ensure they receive referrals/intelligence reports.
- A SOP to be developed for the management of the Intel reports which outlines an audit process and a tracking mechanism.
- Each 3 months the intel reports need to be examined to ensure they are only receiving the data needed for the process (GDPR data minimisation principle to be followed to ensure data is adequate, limited and relevant to requirements)
- Each organisation to sign off on the Intel reports.
- Each ICC will need to develop a business continuity plan to ensure they receive the intelligence reports. This will be covered within the SOP.
- ICC managers to ensure the intelligence reports are managed within the agreed processes – deleted when no longer required.
- Agreed data set. Reports to be examined to ensure all data requested is required and full justification should be given - IAOs to agree dataset to meet Caldicott and Data Protection requirements that are the minimum amount of information for the purpose for each organisation.
- Each organisation IAO to sign off on the content of the reports and manage the ongoing process.
- Encryption and password protection should be used. The password strength should meet each organisations policy requirements and the Cumbria COIN should be used to transfer the reports.
- Each organisation IAO to allocate an IAA to the ICC process.

**Project/Process – June 2018****Integrated Care Communities - Multi-Disciplinary Team Meetings****Description**

To establish the MDT process within EMIS; from referral, to scheduling of appointment, recording the outcome and case discussion. This process will be in both the GP EMIS and community (CPFT) EMIS depending on which organisation host the MDT. The process will need to be accessed by hub coordination staff employed by either primary care or CPFT as well as clinical staff who will make referrals using an EMIS template.

*NB: an IG assessment has been completed for the process of recording the referrals on GP EMIS and CPFT staff accessing the information.*

#### **IG Recommendation/Conclusion**

Risks relating to the management of the MDTs appear to be adequately mitigated in that there is a SOP in place, sharing agreements have been set up and the overarching reason for developing the MDTs and associated processing and sharing of patient information is to benefit service users. Explicit consent will be sought and managed. There is a recommendation that IAAs be identified as soon as possible.

#### **Project/Process – June 2018**

##### **Integrated Care Communities - Memory Advisor Pilot**

#### **Description**

Introduction of primary care based memory advisor provided by CPFT into the Carlisle ICC Hub to undertake initial memory screening and annual dementia reviews. This will include mild cognitive impairment and vascular dementia. Direct booking into memory advisor clinic and onwards into memory clinic if dementia suspected at screening. Direct input into dementia care co-ordination plan on EMIS Web (GP), and enhanced carer involvement at screening and review.

#### **IG Recommendation/Conclusion**

IG have assessed this process and are satisfied with the lawful basis for processing. Approval for this access would be at the discretion of the Information Asset Owner for EMIS Web (GP).

#### **Project/Process – June 2018**

##### **Integrated Care Communities - Coordination Hub & Rapid Response**

#### **Description**

Coordination Hubs will process all referrals for community services, this includes rapid response Rapid Response referrals are for:

- Stay at home – deployed to ensure that a person can remain at home with appropriate rapid response input
- Home First – People in a hospital setting who can be “pulled” out of the hospital on reaching medical fitness back to their own home
- Home Soon – People who have completed their acute intervention but are not quite ready to return home needing a short period of rehabilitation prior to return home

All referrals will be received into the Hub, via various methods including electronic (STRATA, EMIS), telephone, email or fax. They will be recorded into **community EMIS** coded to the team/service who will be responded to the referral. All referrals will be tracked by Hub

administrators to ensure the referral is actioned and coordinated to avoid multiple visits for multiple tasks when one patient appointment could be used.  
The hub will provide activity and performance reports pulled from EMIS and can be used to audit activity and processes.

**IG Recommendation/Conclusion**

Risks relating to the management of the Rapid Response appear to be adequately mitigated in that there is a SOP in place, sharing agreements have been set up and the overarching reason for developing the rapid response service and associated processing and sharing of patient information is to benefit service users. There is a recommendation that IAAs be identified as soon as possible.

J

K

L

**M**

**Medical Interoperability Gateway (MIG)**

**N**

**O**

**P**

**Q**

## R

### Relational Coordination Survey

<b>Project/Process – November 2018</b>
<b>Relational Coordination Survey</b>
<b>Description</b>
Survey used by CLIC to evaluate team and inter team dynamic across pathways of work. The purpose being to use the information to inform improvement work within the pathway. Although the system does not contain any personal identifiable information, it will hold the email addresses of survey users.
<b>IG Recommendation/Conclusion</b>
Having reviewed the privacy policies, IG is not able to give any assurances as to what data may be shared with other parties or what processes are in place to prevent data breaches. The IAO needs to satisfy himself with the use of Relational Coordination Analytics and should request that the provider joins the US Privacy Shield Framework. This was accepted by the IAO.

## S

### Safeguarding

<b>Project/Process – March 2019</b>
<b>Safeguarding Case Tracker</b>
<b>Description</b>
Following a Safeguarding Adults Review regarding an individual with a Learning Disability, a number of recommendations for the health system were made. To audit / provide assurance regarding safeguarding arrangements for adult individuals with a learning disability, patient records for 6 adults will undergo case tracking audit. The benefit of case tracking is that it enables health system analysis (the records from all health agencies for the 6 individuals will be reviewed i.e. – CPFT, NCUHT, GP, CHOC, NWS).
<b>IG Recommendation/Conclusion</b>
Only low-level risks identified for IAO/IAA. IG Compliance team recommend approval.

## Special Educational Needs & Disability (SEND)

<b>Project/Process – April 2019</b>
<b>SEND Dashboard</b>
<b>Description</b>
The objective is to provide a singular dashboard across the Cumbria County Council footprint to identify issues and improve services for the SEND population and to ensure compliance with CQC recommendations.
<b>IG Recommendation/Conclusion</b>
The assessment has highlighted several issues that need to be resolved. They mainly focus around sharing agreements as there are multiple organisations involved in the process. A detailed SOP needs to be put in place due to the number of organisations involved and the merging of multiple data sets along with the high volume of data between each organisation.

## Strata

<b>Project/Process – January 2018</b>
<b>Strata - update</b>
<b>Description</b>
Map of Medicine is (MoM) will cease to be operational from 31 <sup>st</sup> March. STRATA will pick up the slack as far as e-referrals into care types and knowledge base pathways are concerned.  An interim solution is required between MoM ceasing and Strata commencing all referrals. It has been decided that this will be by Strata emailing GP practices referrals to a generic CPFT email account which will be managed by the Choose and Book team at CPFT. This has been approved by the Senior Network Manager on behalf of the Booking Centre Manager. Rules will be set up which will mean that emails will be automatically sent to the teams detailed in the subject field. Any errors will then come back to the inbox to be solved or escalated as appropriate by the C&B team. This will be implemented as there was a risk that any incorrect emails sent directly to the teams without the transitional inbox would be sent back to sender (GP).
<b>IG Recommendation/Conclusion</b>
Whilst this is not an ideal solution, it will be considerably more secure than information being faxed or hand delivered.

<b>Project/Process – June 2018</b>
<b>Strata Update - GP email referral changes</b>

<b>Description</b>
Strata referrals are sent via blank email with the referral attached as a PDF. Emails are automatically forwarded to the teams detailed in the subject field. Any errors will then come back to the inbox to be solved or escalated as appropriate by the Booking Centre team. Currently these emails do not have any identifiers and the referral must be opened to establish which GP has sent the email.
<b>IG Recommendation/Conclusion</b>
Recommendation that the referral email will detail the organisation sending the referral i.e. GP Practice name and the NHS number of the patient being referred in the main body of the email and not in the email heading. This will enable the Booking Centre team to contact the correct GP Practice without having to view the attached referral. No new risks were added for this change to process.

<b>Project/Process – March 2019</b>
<b>Strata &amp; MIG Integration – Clinical Document Architecture (CDA) Write back</b>
<b>Description</b>
To provide an electronic mechanism to write back into the Primary care record, details of a referral that has been made for a given service user. The data will be requested by Strata via the MIG from the respective GP EMIS Web and then dropped into the Strata Pathway form that is embedded within the GP EMIS Web for editing, completing and then sending as a referral from the GP Practice to established trading partners. So the data starts in GP EMIS Web, transitions via MIG/Strata and ends up back GP EMIS Web.
<b>IG Recommendation/Conclusion</b>
There are no high risks associated with this process. The Information Sharing and Privacy Officer has drafted data processing agreements for both CCGs. These will be uploaded into the Information Sharing Gateway, along with this DPIA, and will require sign off by each organisation involved in the process. This will provide protection and assurance to all data controllers and comply with GDPR. Approved by IAO.

**T**

**U**

**V**

**W**

**X**

**Y**

**Z**