## Virtual Clinical Team– Information Sharing Protocol

The Norfolk and Waveney Health and Social Care Information Sharing Agreement (ISA) is not a legally enforceable document or a contract. The overarching agreement identifies best practice for systematic data sharing of health and social care information between signatories and this Information Sharing Protocol sits beneath the ISA and intends to provide granular detail of specific sharing initiatives agreed to by the parties involved.

The ISP is provided to all parties to support risk mitigation and to provide a consistent approach to managing data flows that may be routinely occurring.

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| Name of Project |   | COVID19 Virtual Clinical Team |
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| Description of Routine Sharing Practice |   | This document provides a formal agreement and associated actions in relation to the sharing of personal and sensitive (special category data) patient data between NNPC and North Norfolk Practices.Due to the COVID-19 virus pandemic and the declaration by the UK Government of a period of national emergency, In light of COVID-19, the NHS is turning to remote consultations in order to minimise the risk of infection for staff and patients.NNPC is running a Virtual Clinical Team for North Norfolk practices. The service will be provided to care home patients as well as shielded patients in a domestic setting.There are three main routes that the Virtual Care Team are receiving patient information and undertaking remote consultations.1. **Enhanced Care in Care Homes.** NNPC already provide additional care to care home patients, in collaboration with North Norfolk practices through this scheme. Prior to COVID19, the ECHT would have completed an assessment template in the GP record at the conclusion of interaction with patients in the care home. For COVID purposes, the ECHT Team will have be able to contact the Virtual Clinical Team set up by NNPC.
2. **Ad Hoc Support with Vulnerable Patients.** – In line with national guidance, practices should be contacting all of their patients they feel are vulnerable, especially those identified by the Government Shielding List. Practices have the option to ask the (Virtual Clinical Team) VCT to help with this work. If they chose for the VCT to help, they book their patient(s) onto an appointment ledger on the NNPC SystmOne. The VCT clinician will then log onto the patients practice system to undertake the consultation. If they then need to request any blood tests etc, this can be done via by the VCT clinician instead of tasking back to the practice.
3. **Eclipse COVID Protect Project (Medication Delta Alerts).** For this project, ‘delta alerts’ are raised to the PSL Eclipse Hub (this means that a vulnerable patient has accessed the Eclipse COVID patient portal and has completed an online questionnaire that flags a social / medication / clinical issue). Where the alert is medication related, the practice will receive an email from PSL. The practice may choose to ask VCT to assist with the alert and would add an appointment into the NNPC S1 appointment book.
4. **Eclipse COVID Protect Project (Clinical Delta Alerts).** Where the delta alert is clinical in nature, the VCT monitor all these alerts (unless practice has opted out of this support function).

Simple queries will be booked into a VCT appointment and actions taken such as requesting blood tests, more complicated queries that might require practice intervention will be tasked to a practice.Notes;* GP accesses NNPC S1 appointment book and enters patient demographics and reason for referral
* NNPC clinicians access the appointment book and access the clinical record during the consultation
* Notes are made directly into the patient’s health record around the outcome of the consultation or alert
* Any necessary information for onward referrals is disclosed to relevant parties such as 111, GP, social prescribing, volunteers, pharmacies

NNPC must only access patients where there is a legitimate care relationshipPractices must continue to audit access to the clinical records as much as is practical |   |
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| Agreed Data Set |   | Basic demographics – name, DOB, NHS No, AddressReason for referralFull health recordDelta alerts from PSL (data sets TBC) |   |
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| Preferred Secure Transfer Method 1 |   | Entering directly into S1 |   |
| Preferred Secure Transfer Method 2 |   | Telephone / NHS Mail |
| Other Methods |  |  |
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| Secure Storage |  | S1 is encrypted to best practice standards |
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| Retention Periods |  | Each controller has their own retention schedule.NNPC and practices adhere to NHS Records Management Code of practice. |  |
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| Legal Relationships |   | The process will involve sharing information from one Controller to another.“Where the same personal data is processed by a series of parties in sequence, each using the data for a different purpose then they will remain separate controllers ...” (ICO Guidance) |   |
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| Fair Processing / Right to Be Informed |  | In order to satisfy the common law duty of confidentiality and the data protection legislation “right to be informed” there is a requirement to ensure that patients are provided with sufficient information. Individuals must “reasonably expect” disclosures of their confidential information.The parties must each include information about this initiative in their privacy notices and displayed in situ at all premises that provide information about their rights – including their right to object.Practice privacy policies specifically mention NNPC as a sharing partner. |
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| Data Security |  | All signatories must;All signatures have completed a Data Security Protection Toolkit and have:Implement appropriate technical and organisational measures to protect the Shared Personal Data in their possession against unauthorised or unlawful processing and against accidental loss, destruction, damage, alteration or disclosure, including but not limited to: * Ensuring IT equipment, including portable equipment, is kept in lockable areas when unattended and is encrypted.
* ensuring that staff use appropriate secure methods for logging into systems or databases containing the Personal Data;
* Ensuring that NNPC access to systems is appropriately audited
* Ensuring all staff handling Personal Data have been made aware of their responsibilities with regards to handling of the data, have a copy of this protocol and have undergone Data Protection and Security Training in the last 12 months
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| Lawful Basis  |   |

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| **Purpose** | **DPA 2018 (personal data)** | **DPA 2018 (special cat)** | **GDPR (personal data)** | **GDPR (special cat)** | **ECHR Art 8** | **Common Law Duty of Confidentiality** |
| Direct care to individual | Sch 9 s 5 (e) Public Task | Sch 10 s 10 8(1) Medical Purposes | Art 6 (1) (e) Public Task | Art 9 (2) (h) Medical Purposes | In accordance with the lawProportionate | Established through raising patient expectations through privacy materials  |

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| Patient Right to Object (Information Sharing Scripts) |  | N/A – provided in privacy materials |

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| Incidents report to: |  | Kafico Ltd (DPO)  |
| Access Rights Requests reported to: |  | The Parties agree that the responsibility for complying with a request from a data subject falls on the Party receiving the request in respect of the Personal Data held by that Party. The Parties agree to provide reasonable and prompt assistance (within 5 working days of such a request for assistance) as is necessary to each other to enable them to comply with a Data Subject Request and to respond to any other queries or complaints from Data Subjects. – This would revert to individual providers  |
| Approved by: |  | A copy of this document should be provided to all relevant staff at NNPC and participating practices and should be logged with the Information Governance Lead / DPO for each participating partner organisation. |
| Approval date:  |  | May 2020 |
| Review date |  | September 2020 |
| In case of queries about the content of this document contact: |  | Emma.cooper@kafico.co.uk |