## Primary Care Mental Health Service – Information Sharing Protocol

Health & Social Care Information Sharing Agreement West Suffolk, Ipswich & East Suffolk and North East Essex STP Partners (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 to provide granular detail of this particular arrangement whereby the parties have entered a joint controller arrangement

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

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| Name of Project |   | Pharmacy Support Service |
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| Description of Routine Sharing Practice |   | This document provides a formal agreement and associated actions in relation to the collection, access and transfer of personal and sensitive (special category data) the purposes of;* To transfer medication related workload and tasks that would have previously been undertaken by GPs in practices, to a team of Federation employed pharmacists.
* For the pharmacists to operate as a team, working remotely and face to face across groups of practices and with a range of expertise to maximise the number of tasks that can be completed without practice GP input

The data flows are as follows; 1. Practice add relevant medication related work for their patients to the pharmacist ledger within SystmOne2. A member of the PSS team access patient SystmOne record to undertake/complete the medication related work3. The Patient may receive a telephone contact from a member of the PSS team, a prescription may be issued, patient records updated with information from third parties (e.g. acute hospital discharge information) The Patient may be booked into a specialist clinic with a member of the PSS team5. The PSS team will attend monthly meetings where patient information may be shared for the purposes of operational and professional development 6. The PSS team will undertake monthly audits of prescribing activity using searches provided by the Federation. will run initial baseline and monthly reporting of practice activity using a search provided by the Fed7. Results will be reviewed by the PSS team, shared with the GP practices, the Federation Information Governance Committee and the Primary Care Review meeting |   |
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| Agreed Data Set |   | * Suffolk GP Federation Pharmacy Support Service team will access the patient ledger provided by the GP practice which will include direct identifiers such as patient name and NHS Number
* From there, the PSS team are able to access the full medical records of the patients concerned[[1]](#footnote-1)
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| Preferred Secure Transfer Method 1 (SystmOne) |   | Clinical System Access  |   |
| Preferred Secure Transfer Method 2 |   | NHS Mail |
| Other Methods |  | Telephone and in person meetings |
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| Secure Storage |  | Related personal data will largely reside within the GP clinical systemSome data will be retained in the form of NHS Net emails but should be destroyed in line with retention schedules |
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| Retention Periods |  | Each party is responsible for appropriate retention of disclosed data in line with NHS Records Management Code of Practice |  |
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| Legal Relationships |   | The process will involve the parties acting as Joint Controllers."for a single processing operation, a number of parties may jointly determine the purposes and means of processing to be carried out" and therefore the parties would be "jointly" acting as controllers; where the determination is exercised by acting together.” 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 the Joint Controllership in their privacy notices and displayed in situ at premises that provide information about their rights – including their right to object.Where possible, patients will be informed “at point of contact” that their records will be accessed or shared as a result of an consultation - see below. |
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| Data Security |  | All members of the Pharmacy Support Service Team Must;* Have had data security and protection training within the last 12 months
* Have confidentiality clauses within their employment contract

Have regard for internal protocols, in particular;* Do not talk about patients or staff in public places or where you can be overheard
* Do not leave any medical or staff records or confidential information lying around unattended
* Make sure that any computer screens, or other displays of confidential information i.e. whiteboards, cannot be seen by anyone who does not need to know.
* Ensure that screens are locked when away from desk
* Maintain a clear desk policy and undertake regular checks where possible to identify errors or potential breaches
* Ensure that remote working practice complies with policies and procedures.
* Take responsibility for keeping Personal Confidential Information secure and confidential whilst working remotely, including preventing incidental access by others in the environment
* All information on mobile devices must be transferred to the network as soon as possible and the information then erased from the mobile device
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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 | See Above |
| Management of healthcare services (local) | 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 | See Above |

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| Patient Right to Object (Information Sharing Scripts) |  | Suffolk GP Federation fair processing materials contain the following;**Our Nurses at Your GP Surgery**Suffolk GP Federation provide specialist nurses in areas such as mental health or medications. We have partnered with local GP practices to provide additional support and services, directly to patients at the surgery.When we do this, we collaborate with the GP practices to make sure that we take care of your personal data. We make decisions jointly to ensure that each party knows how to respond to any information requests that you make or how to respond if something goes wrong.Here is a list of the practices that we currently support with these services;Burlington RoadDerby RoadOrchard Street / Dr Solway and WhaleIvry StreetTwo RiversHawthorn DriveRavenswoodBarrack LaneFelixstowe RoadYou can direct any information requests or queries to our Data Protection Officer at emma.cooper35@nhs.net.The wider notice includes information about how to object to processing |

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| Incidents report to: |  | Emma Cooper, Suffolk GP Federation DPO  |
| Approved by: |  | A copy of this document should be provided to all members of the Pharmacy Support Service Team and logged with the Information Governance Lead / DPO for each participating partner organisation. |
| Approval date:  |  | August 2019 |
| Review date |  | Two years from approval or at any time due to changes in legislation |
| In case of queries about the content of this document contact: |  | Emma.cooper@kafico.co.uk |

1. In the interests of providing safe and effective care at the point of access, it is necessary to have the option of a complete picture of a person’s health or social care history such that having an holistic view can prevent incidents and improve the standard of care delivery. Additionally, it would be impossible, given the various directions that a consultation might take and the multitude of factors affecting mental health, to determine whether each data point is ***necessary*** for any future episode of care. It is therefore proposed that a full access to the health record is required providing the opportunity for a wealth of information to be available and only retrieved when ***necessary***. The ICO provides that it is possible to ‘hold information for a foreseeable event that may never occur if you can justify it’ and this appears to be an example of such a time. [↑](#footnote-ref-1)