## North Norfolk MSK Service – Information Sharing Protocol

The Norfolk and Waveney Health & 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 are already routinely occurring.

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| Name of Project | | |  | North Norfolk MSK Service | | |
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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 North Norfolk GP Practices, NNUH, JP, KL (hospitals) and East Coast Community Healthcare (ECCH).  ECCH will be based across a number of practice sites and receive referrals from above named acute parties via NHS Net. Practices will also refer this way with a view to e-referral being the main route in the future.  Patient will be registered onto ECCH MSK S1 unit and are then contacted directly for initial triage and appointment making. Part of this discussion will include providing clarity around access to full GP records to support the appointment and identifying any objections or concerns. | | |  |
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| Agreed Data Set | | |  | * Relevant stakeholders will share demographic information (name, DOB, NHS Number) of identified patients with the MSK Team * Contact details used for initial contact / triage and any pertinent information will be recorded in the MSK S1 unit * MSK unit will provide a proportionate view of the past medical history (using relevant codes standard summary view) * Undertake consultation and potentially onward referral to secondary care (covered by overarching agreement) * Practice receives a report of intervention provided and the outcome as well as DNA * Aggregated anonymous service data provided to NNPC and CCG | | |  |
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| Preferred Secure Transfer Method 1 | | |  | NHS Mail / Clinical System (e-referral) | | |  |
| Preferred Secure Transfer Method 2 | | |  | Verbal / Telephone | | |
| Other Methods | | |  | May sometimes be postal although not preferred route | | |
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| Secure Storage | | |  | Each party is responsible for secure storage of disclosed data as it remains in situ within their information asset | | |
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| Retention Periods | | |  | Each party is responsible for retention of disclosed data as it remains in situ within their information asset. | | |  |
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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)  NNPC are acting as Commissioner along with the CCG | | |  |
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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. | | |
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| Data Security | | |  | All signatories 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; * Make sure that any computer screens used to access the exchange cannot be seen by anyone who does not need to know. * Ensure that screens are locked when away from desk * 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 | | |
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| Lawful Basis | | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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 law  Proportionate | Established through raising patient expectations through privacy materials | | | |

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| Patient Right to Object (Information Sharing Scripts) |  | When MSK make the initial contact with the patient, they will make them aware of their access to the GP record. This conversation must provide the patient with an opportunity to object and make them aware that more information can be found in main privacy policy. |

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| Incidents report to: |  | Emma Cooper, NNPC DPO  Hannah Lewis, ECCH DPO |
| Access Rights Requests reported to: |  | Access requests shall be handled by each controller, where either party is unsure of exemption to release i.e. serious harm, they will collaborate on the response. |
| Approved by: |  | A copy of this document should be provided to all stakeholders |
| Approval date: |  | October 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 |