## Integrated Urgent Care 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 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 | | |  | Integrated Urgent Care 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 flagging high-risk patients in care homes and then delivering appropriate interventions.  The service will have three tiers;  1. NHS 111 (telephone)  2. Clinical Assessment Service (telephone)  3. OOH Appointment (Face to Face at Base location or Home Visit)  Care UK will be using Adastra software to deliver the first two service tiers and the Adastra system will communicate with SystmOne which is being used by Suffolk GP Federation.  Care UK will have access to the Summary Care Record for 111 and EMIS Viewer / S1 Viewer (Read Only) for the first two service tiers respectively.  Following the episode, Care UK and will send a Patient Episode Message (PEM) to the registered GP practice at the point where the patient journey ends. SGPF will also send a PEM to Care UK to allow for commissioning activity to be completed.  Patient phones 111 and speaks to a health advisor who goes through NHS Pathways to determine a disposition.  Dispositions for the CAS will be directed to 111 in Adastra and Dispositions for a Face to Face Consultation will be directed to the Suffolk GP Federation OOH service via a direct booking or an ITK message for the OOH service to deal with as below:   * Suffolk GP Federation contacts patient to organise a home visit or for the patient to attend a Suffolk GP Federation base appointment. * When contacting the patient to book an appointment or arrange a home visit the OOH service will provide information (See Appendix A) about information sharing, their rights and act on any objections or queries raised (calls are recorded). * If a patient is direct booked by 111 or the CAS they arrive for their appointment and the receptionist will provide information (See Appendix A) about information sharing, their rights and act on any objections or queries raised.   AND   * Clinician undertaking home visit or seeing a patient in a base appointment provides another opportunity to object or raise queries | | |  |
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| Agreed Data Set | | |  | Care UK will have access to the Summary Care Record for 111 and EMIS Viewer / S1 Viewer (Read Only) for the first two service tiers respectively.  SGPF will have access to full GP record through SystmOne and EMIS Viewer (read only) and will enter details of their consultation in SystmOne Urgent Care. | | |  |
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| Preferred Secure Transfer Method 1 (SystmOne) | | |  | Clinical System Alerts | | |  |
| Preferred Secure Transfer Method 2 | | |  | NHS Mail | | |
| Other Methods | | |  | Parties agree that when using non preferred transfer methods, the risks will be considered and documented accordingly | | |
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| Secure Storage | | |  | Each party is responsible for secure storage of disclosed data | | |
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| Retention Periods | | |  | Each party is responsible for retention of disclosed data | | |  |
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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.  Where possible, patients will be informed “at point of contact” that their records will be accessed or shared as a result of an Urgent Care consultation - see below. | | |
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| Data Security | | |  | All members of the Integrated Urgent Care Teams 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 | | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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 | See DPIA | | 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 law  Proportionate | See DPIA | | NHS Digital Data Reporting | Sch 9 s 3 Legal Obligation | Sch 10 s 4 (1) (d) Public Interest | 6(1)(c) Legal Obligation | 9 (2) (i) Public Interest | In accordance with the law  Proportionate (pseud) | See DPIA | | | |

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| Patient Right to Object (Information Sharing Scripts) |  | **OOH Coordinator/Clinician/Reception - Script**  *“Just to make you aware we will be accessing your full GP record so that we can see information about you that will help to provide you with better care. After we have seen you, your information will be shared back with your usual GP. Do you have any objections or questions about that?”*  **OOH Clinician at the time of the appointment/home visit**  *I am going to access your GP record now, is that ok?*  *I will send a copy of this consultation to your usual GP.*  *You can ask me for more information about this if you like?* |

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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 Integrated Urgent Care Teams and logged with the Information Governance Lead / DPO for each participating partner organisation. |
| Approval date: |  | TBC |
| 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 |