

**Data Protection Impact Assessment (DPIA)**

<b>Key Information – please be as comprehensive as possible (Section A)</b>	
<b>Name of Project</b>	<b>Out Of Area Registration: In Hours Urgent Primary Medical Care (Including Home Visits) Enhanced Service</b>
<b>Project Reference Number</b>	
<b>Project Lead Name</b>	Jo Reynolds
<b>Project Lead Title</b>	Primary Care Development Manager
<b>Project Lead Contact Number &amp; Email</b>	jo.reynolds2@nhs.net 01902 442579
<b>Date completed</b>	04/04/2018
<b>Information Asset Owner</b>  <i>The senior person(s) responsible for the system/software/process</i>	Sarah Southall, Head of Primary Care
<b>Description of project:</b>	<p>This service enables access to local GP practices for patients living in the practice area but who are registered with a practice away from home without access to home visits, if they cannot be reasonably expected to attend their registered practice. This will be in periods when urgent care is required, and where the patients' medical condition is such that it would be clinically inappropriate for the patient to go to their registered practice.</p> <p>This specification puts into place arrangements to deliver these services on a Wolverhampton wide basis. It will ensure that access is provided to a local provider for an urgent consultation with a GP or other health care professional when it is not clinically appropriate for the patient to attend their registered practice. This will include home visits where necessary.</p>

<b>Will the project involve any data from which individuals could be identified (including pseudonymised data)?</b>	<b>Yes- patient records</b>
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**IF THE PROJECT WILL NOT INVOLVE ANY DATA FROM WHICH AN INDIVIDUAL COULD BE IDENTIFIED, YOU DO NOT NEED TO ANSWER ANY FURTHER QUESTIONS AND A FULL DPIA IS NOT REQUIRED.**

If a full DPIA is **not** required, please forward Section A to the IG Officer for Arden & GEM CSU.

Email: [Kelly.Huckvale@ardengemcsu.nhs.uk](mailto:Kelly.Huckvale@ardengemcsu.nhs.uk)

The IG Officer will review and return the form with the below section completed, the form can then be presented to the relevant board for approval and sign off.

**Sign Off / Approval (Section A only)**

Title	Name	Signature	Date
<b>Project Lead</b>			
<b>IG Officer</b>	Kelly Huckvale		25/04/2018
<b>IG Officer Comments</b>	I have reviewed the project description and discussed with the project lead. This is an extension to a service already offered, giving patients the ability to access health care services outsider of their area, access in hours urgent primary medical care, including home visits. I have not identified any privacy risks.		
<b>Programme Board</b>			
<b>Programme Board Chair</b>			

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**PLEASE CONTACT THE IG OFFICER TO COMPLETE SECTION B TOGETHER.**