

Data Protection Impact Assessment (DPIA)

Key Information – please be as comprehensive as possible (Section A)	
Name of Project	Domestic Violence Project – addition of Read codes to clinical system
Project Reference Number	N/A
Project Lead Name	Liz Corrigan
Project Lead Title	Primary Care Quality Assurance Coordinator
Project Lead Contact Number & Email	liz.corrigan@nhs.net 01902 444275
Date completed	17 th July 2018
Information Asset Owner <i>The senior person(s) responsible for the system/software/process</i>	Individual GP practices Dr Whitehouse Surgery Alfred Squire Health Centre Ashfield Road Surgery Ashmore Park Surgery Intra Health – Bilston Health Centre Bradley Medical Practice Bilston Urban Village Health Centre Cannock Road Surgery Castlecroft Surgery Church Street Surgery Coalway Road Surgery Dr Bilas Surgery Fordhouses Medical Practice Dr Mudigonda Surgery Dr Sharma Surgery Duncan Street Primary Care Centre East Park Medical Practice Ettingshall Medical Centre Health and Beyond Hill Street Surgery Intra Health – Pennfields Keats Grove Surgery Lea Road Surgery Mayfield Medical Centre MGS Medical Practice Newbridge Surgery

	<p>Parkfields Medical Practice Penn Manor Surgery Penn Surgery Poplars Medical Practice Prestbury Medical Group Primrose Lane Health Centre Probert Road Surgery Showell Park Health Centre Tettenhall Medical practice Thornley Street Surgery Tudor Medical Group Warstones Health Centre West Park Surgery Whitmore Reans Health Centre Woden Road Surgery</p>
<p>Description of project:</p>	<p>Wolverhampton Safer Partnership, Wolverhampton Domestic Violence Forum, alongside Wolverhampton CCG safeguarding team, have been working to improve the way domestic violence incidents are dealt with across primary care. Primary care support services have been introduced, and referral pathways have been refreshed so that it is easier for practice staff to report concerns and incidents.</p> <p>A Multi Agency Risk Assessment Conference (MARAC) is a local, multi agency victim-focused meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies. Primary Care are often the first agency to have contact, or multiple contact, with an individual experiencing domestic violence, so it is important that risks and concerns are recorded within the patient notes so a true reflection of all risks are presented to MARAC.</p> <p>Part of the development work taking place improving reporting, and identifying incidents on patient notes is a vital part of this. It is known that if there is a repeat incident within a 12 month period, there is a high and serious risk of imminent death. Previous domestic homicide reviews have indicated that the majority of cases are known to MARAC and have been repeat incidents.</p> <p>In order to accurately track and identify any repeat incidents, patient records need updating with any incidents that have occurred over the last 12 months. These have already been identified, and need including on the patient records at the patients practice.</p> <p>By including this information on the patient records, safeguarding duty is being realised, and support to</p>

	<p>MARAC is being provided.</p> <p>This is a preparatory piece of work to enable all agencies concerned to have the information required over the next 12 months, while this work is embedded. It will be part of safeguarding duty that this practice of coding on patient records will occur as incidents occur as part of business as usual.</p>
<p>Will the project involve any data from which individuals could be identified (including pseudonymised data)?</p>	<p>Yes – a list of those historically referred to MARAC will be provided by the Wolverhampton MARAC coordinator and this will be distributed to practices via secure GCSx email in a password protected spreadsheet.</p>

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@nhs.net

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
Project Lead			
IG Officer			
IG Officer Comments			
Programme Board			
Programme Board Chair			

IF THE PROJECT WILL INVOLVE ANY DATA FROM WHICH AN INDIVIDUAL COULD BE IDENTIFIED.

PLEASE CONTACT THE IG OFFICER TO COMPLETE SECTION B TOGETHER.

Section B

Screening Questions	YES or NO
Will the project involve the collection of new information about individuals?	No
Will the project compel individuals to provide information about themselves?	No
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Yes
Are you using information about individuals for a new purpose or in a new way that is different from any existing use?	No
Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.	No
Will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services	Yes
Is the information to be used about individuals' health and/or social wellbeing?	Yes
Will the project require you to contact individuals in ways which they may find intrusive?	No

If the answer to ALL the questions in section B is "NO", please return Section A and B to the IG Officer and do not complete Section C of the Data Privacy Impact Assessment.

Sign Off / Approval (Section A & B only)

Title	Name	Signature	Date
Project Lead			
IG Officer			
IG Officer Comments			
Programme Board			
Programme Board Chair			

If any of the screening questions in Section B have been answered “YES” then please continue with Section C of the Data Privacy Impact Assessment.

Section C

Key Contacts	
Key Stakeholder Names & Roles:	<p>Practice staff who will enter the data. This will be a named individual within the practice administration team.</p> <p>Patients who will have the data entered onto their records.</p> <p>MARAC coordinator who will forward the information to practices – Molly Gay, MARAC coordinator , City of Wolverhampton Council</p> <p>01902 554244</p> <p>Molly.Gay@wolverhampton.gov.uk</p>

Use of personal information	
Description of data:	<p><i>The data that is being shared is as follows:</i></p> <p><i>NHS Number – if this is not available name and date of birth will need to be used</i></p> <p><i>Date of last MARAC referral</i></p> <p><i>Children? Yes or no</i></p> <p><i>Repeat MARAC referral? Yes or no</i></p> <p><i>GP as on system</i></p> <p><i>Where available NHS number will be used as primary identifier.</i></p> <p><i>Registered GP</i></p> <p><i>Where it is not available (i.e. due to the referring body not having access to this information e.g. police) the data will also need to include:</i></p> <p><i>Name</i></p> <p><i>Address</i></p> <p><i>DOB</i></p>

<p>What is the justification for the inclusion of identifiable data rather than using de-identified/anonymised data?</p>	<p>This data is required so that MARAC referrals can be added to the GP clinical system – however it may be possible to send NHS numbers only where these are available and only provide PID where they are not.</p>
<p>Will the information be new information as opposed to using existing information in different ways?</p>	<p>No this is existing information being used in a different way.</p>
<p>What is the legal basis for the processing of identifiable data? If consent, when and how will this be obtained and recorded?</p>	<p>This data is required to ensure that GP practices can record MARAC referrals as part of the DV pathway and then ensure a re-referral is made where the survivor raises the issue again. This also fulfils safeguarding duties and evidence from previous DHRs that the majority of cases are known to MARAC and are repeat cases.</p>
<p>Who will be able to access identifiable data?</p>	<p>Patient GP practice – a nominated individual named on the signed service spec who will provide their email address.</p> <p>Molly Gay, MARAC coordinator , City of Wolverhampton Council</p> <p>01902 554244</p> <p>Molly.Gay@wolverhampton.gov.uk</p>
<p>Will the data be linked with any other data collections?</p>	<p>Yes-</p>
<p>How will this linkage be achieved?</p>	<p><i>Data set will be emailed to the practice by the MARAC coordinator using GCSx email account to nhs.net</i></p>
<p>Is there a legal basis for these linkages?</p>	<p>yes – Vital interests, public task</p>
<p>What security measures will be used to transfer the data?</p>	<p>Data will be transferred within an attached spreadsheet, via secure GCSx email using the “confidential” tag. Spreadsheets will be password protected and the password provided in a separate email or via a phone conversation with the named identified recipient within the practice. Practices will be asked to name a recipient for this data before it is transferred, and to confirm that it has been received.</p> <p>Each practice will only receive the information that is specific to their patients.</p>

<p>What confidentiality and security measures will be used to store the data?</p>	<p><i>Data within practices will be stored on practice clinical systems.</i></p> <p><i>Data will not be stored by the CCG, all information will be sent directly to the practice by the MARAC coordinator</i></p>
<p>How long will the data be retained in identifiable form? And how will it be de-identified? Or destroyed?</p>	<p>N/A MARAC data will not be stored by CCG, but will be retained on GP clinical system as part of the patient's clinical notes.</p>
<p>What governance measures are in place to oversee the confidentiality, security and appropriate use of the data and manage disclosures of data extracts to third parties to ensure identifiable data is not disclosed or is only disclosed with consent or another legal basis?</p>	<p><i>CCG IG Policy regarding data transfer will be applied, data will only be transferred to the relevant GP practice in the least intrusive form e.g. NHS number, however this may not always be possible.</i></p>
<p>Are procedures in place to provide individuals access to records on request under the subject access provisions of the General Data Protection Regulations?</p> <p>Is there functionality to respect objections/ withdrawals of consent?</p>	<p>This would apply to the patient's GP practice.</p>
<p>Are there any plans to allow the information to be used elsewhere either in the CCG, wider NHS or by a third party?</p>	<p>No</p>

<p>Describe the information flows</p> <p>The collection, use and deletion of personal data should be described here and it may also be useful to refer to a flow diagram or another way of explaining data flows.</p>	
<p>Does any data flow in identifiable form? If so, from where, and to where?</p>	<p>Data will flow from MARAC coordinator to the practice, some of this will be in identifiable form as not all referees will have an NHS number available. This will be sent via secure GCSx email in a password protected spreadsheet.</p> <p>The practice lead will review the data and enter the relevant information via Read codes into the patient notes.</p> <p>The named person will confirm to the MARAC coordinator that the information has been received and the spreadsheet can be opened.</p> <p>The practice lead will delete the information from files and email and ensure that recycling bins are also emptied.</p>
<p>Media used for data flow? (e.g. email, fax, post, courier, other – please specify all that will be used)</p>	<p><i>NHS.net and GCSx Email accounts only</i></p>

Consultation requirements

Part of any project is consultation with stakeholders and other parties.

In addition to those indicated “Key information, above”, please list other groups or individuals with whom consultation should take place in relation to the use of person identifiable information.

It is the project’s responsibility to ensure consultations take place, but IG will advise and guide on any outcomes from such consultations.

CCG Governance Lead – Peter McKenzie

CCG Designated Adult Safeguarding Lead – Annette Lawrence

Privacy Risks

List any identified risks to privacy and personal information of which the project is currently aware. Risks should also be included on the project risk register.

Risk Description (to individuals, to the CCG or to wider compliance)	Proposed Risk solution (Mitigation)	Is the risk reduced, transferred, or accepted? Please specify.	Further detail if required
Information sent to wrong person	Named individual identified in each practice to receive data. Data sent in a password protected document, via GCSx account with document password sent separately. Named person to confirm receipt.	Reduced.	
Patient identifiable data being transferred.	To use NHS numbers only where available, however this may not always be possible, therefore data will be transferred in a password protected file.	Reduced	

Further information

Please provide any further information that will help in determining privacy impact.

Once Section A, B and C has been completed, please send the DPIA to the Information Governance Officer who will review the data privacy impact and determine how the impact will be handled.

This will fall into three categories:

1. No action is required by IG excepting the logging of the Screening Questions for recording purposes.
2. The questionnaire shows use of personal information but in ways that do not need direct IG involvement – IG may ask to be kept updated at key project milestones.
3. The questionnaire shows significant use of personal information requiring IG involvement via a report and/or involvement in the project to ensure compliance.

It is the intention that IG will advise and guide those projects that require it, but at all time will endeavour to ensure that the project moves forward and that IG is not a barrier - unless significant risks come to light which cannot be addressed as part of the project development.

Sign Off / Approval (Section A, B & C only)

Title	Name	Signature	Date
Project Lead			
IG Officer	Kelly Huckvale		02/08/2018
IG decision (delete as applicable)	<p>1. No action is required by IG excepting the logging of the Screening Questions for recording purposes.</p> <p>2. The questionnaire shows use of personal information but in ways that do not need direct IG involvement – IG may ask to be kept updated at key project milestones.</p> <p>3. The questionnaire shows significant use of personal information requiring IG involvement via a report and/or involvement in the project to ensure compliance.</p>		
<p>IG Officer Comments:</p> <p>Identifiable is being shared by the MARAC coordinator, directly to practices. Confirmation received from the project lead that the CCG will not send or receive any patient identifiable information. If this process is likely to change, IG need to be informed and the DPIA revisited.</p> <p>Recommendation for a purpose specific information sharing agreement to be put in place between MARAC and the practices.</p>			
Programme Board			
Programme Board Chair			