

**Data Protection Impact Assessment (DPIA)**

<b>Key Information – please be as comprehensive as possible (Section A)</b>	
<b>Name of Project</b>	<b>Primary Care Counselling 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>The aim of this service is to provide solution focused and supportive counselling to patients with very low level anxiety and depression related to life events within a primary care setting as an alternative referral source for people who do not meet the criteria for Wolverhampton Healthy Minds.</p> <p>The model enables counsellors to gain experience within a supportive, well supervised, setting.</p> <p>The intended outcome is to improve well-being, and speed the recovery of patients, which will also release general practitioner consultations for other patients.</p> <p>The Primary Care Counselling Service currently will provide a number of solution- focused quality counselling interventions to patients.</p>

<b>Will the project involve any data from which individuals could be identified (including pseudonymised data)?</b>	<b>Yes</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@nhs.net](mailto: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
<b>Project Lead</b>			
<b>IG Officer</b>			
<b>IG Officer Comments</b>			
<b>Programme Board</b>			
<b>Programme Board Chair</b>			

**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 <b>new</b> information about individuals?	yes
Will the project compel individuals to provide information about themselves?	yes
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	no
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
<b>Project Lead</b>			
<b>IG Officer</b>			
<b>IG Officer Comments</b>			
<b>Programme Board</b>			
<b>Programme Board Chair</b>			

**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>Relate Wolverhampton (contract Holder)</p> <p>GPs within Wolverhampton</p>

Use of personal information	
<p><b>Description of data:</b></p>	<p><i>In order to understand the potential privacy risks, it is important to know the types of data that are held and/or shared e.g. name, address, date of birth, NHS number, gender, clinical or other health information, ethnicity.</i></p> <p>A referral form is used by the patients GP, sent to the Provider (Relate) via secure nhs.net email to nhs.net email.</p> <p>Information included and collected on the referral form is-</p> <p>Name</p> <p>Address</p> <p>NHS number</p> <p>Contact Details</p> <p>Disability</p> <p>Language Spoken</p> <p>DOB,</p> <p>reason for referral.</p> <p>Work Status (for scheduling of appointments)</p> <p>Referrer details</p> <p>Consent</p> <p>The information supplied on the referral form is then used to contact the patient to offer counselling sessions. This information is used as the basis of their case notes.</p>

<p><b>What is the justification for the inclusion of identifiable data rather than using de-identified/anonymised data?</b></p>	<p>The Primary Care Counselling Service need identifiable information in order to make contact with the patient, and to ensure their service is appropriate.</p>
<p><b>Will the information be new information as opposed to using existing information in different ways?</b></p>	<p>The patient will not be known to the service before receiving this information, therefore the information will be new information</p>
<p><b>What is the legal basis for the processing of identifiable data?</b></p> <p><b>If consent, when and how will this be obtained and recorded?</b></p>	<p>The service will be explained in detail by the consulting clinician. Explicit consent will be obtained from the patient by the consulting GP, at the point of consultation / referral and recorded on the clinical system</p>
<p><b>Who will be able to access identifiable data?</b></p>	<p><i>This should include details of any data processors / contractors and sub-contractors and any proposed overseas transfers.</i></p> <p>Relate staff based in Wolverhampton who are working with the individuals. Restricted areas on the Providers server will hold the files, with access given to appropriate staff working with individuals.</p> <p>Anonymised case notes may be used in supervision and in quality monitoring of the project</p>
<p><b>Will the data be linked with any other data collections?</b></p>	<p><i>Please specify and provide business reason / information requirement</i></p> <p>no</p>
<p><b>How will this linkage be achieved?</b></p>	<p><i>Who will undertake the linkage and using what identifiers?</i></p> <p>n/a</p>

<p><b>Is there a legal basis for these linkages?</b></p>	<p><i>i.e. is it within the terms of any prior consent? Is it within the scope of any statutory justification?</i></p> <p>N/A</p>
<p><b>What security measures will be used to transfer the data?</b></p>	<p>The referral information is populated electronically via a template on the clinical system, which is then emailed to the provider via secure email (nhs.net to nhs.net). once data is transferred to the secure network drive, the inbox that has received the information is cleared and all information deleted.</p>
<p><b>What confidentiality and security measures will be used to store the data?</b></p>	<p><i>i.e. contractual arrangements with data processors, contractual arrangements with their staff as well as physical and technical security measures</i></p> <p>All network accounts are password protected. Relate has an organisational policy on confidentiality, and on data protection.</p> <p>The nhs.net account that is used is a generic one (<a href="mailto:wolccg.relate@nhs.net">wolccg.relate@nhs.net</a>) and is accessed only via the designated administrator for the project. This is then stored on the providers protected server.</p>
<p><b>How long will the data be retained in identifiable form? And how will it be de-identified? Or destroyed?</b></p>	<p><i>e.g. Data retention, redaction and disposal policy. Include arrangements if the project is withdrawn/ stopped.</i></p> <p>Records relating to persons receiving treatment for a mental disorder within the meaning of mental health legislation; 20 years after the date of the last contact; or 10 years after the patient's death if sooner</p> <p>All records will be retained in line with the NHS Records Management Code of Practice.</p>

<p><b>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?</b></p>	<p><i>e.g. oversight body / committee, security audit and risk review procedures.</i></p> <p><i>This should also include contingency planning against accidental loss, destruction or damage to personal data.</i></p> <p>Relate has policies in place that prevent staff from disclosing patient sensitive information. This is supported by line management and supervision processes</p>
<p><b>Are procedures in place to provide individuals access to records on request under the subject access provisions of the General Data Protection Regulations?</b></p> <p><b>Is there functionality to respect objections/ withdrawals of consent?</b></p>	<p><i>This should include how personal data is located and procedures for explaining the information in the record e.g. coded data, to the individual.</i></p> <p><i>How third party and seriously harmful information will be handled and how grounds for withholding information will be managed.</i></p> <p>Yes. All requests for access to information will be managed by the Data Controller (Relate), who have a Policy in place.</p>
<p><b>Are there any plans to allow the information to be used elsewhere either in the CCG, wider NHS or by a third party?</b></p>	<p>Not in identifiable form.</p> <p>The CCG will receive anonymised reports from Relate for quality and audit monitoring purposes.</p>

<p><b>Describe the information flows</b></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><b>Does any data flow in identifiable form? If so, from where, and to where?</b></p>	<p>Referral form sent from patients GP to Relate (provider)</p> <p><i>e.g. if identifiable data is being transferred via secure email, is it received into the CCG by a third party or is it sent from the CCG to a third party?</i></p>
<p><b>Media used for data flow?</b> <b>(e.g. email, fax, post, courier, other – please specify all that will be used)</b></p>	<p><i>e.g. if identifiable data is being received into the CCG via email, is it nhs.net to nhs.net? Is data being accessed via a system?</i></p> <p><i>Nhs.net to nhs.net. Patients GP nhs email account to <a href="mailto:wolccg.relate@nhs.net">wolccg.relate@nhs.net</a>.</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.

**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.

<b>Risk Description (to individuals, to the CCG or to wider compliance)</b>	<b>Proposed Risk solution (Mitigation)</b>	<b>Is the risk reduced, transferred, or accepted? Please specify.</b>	<b>Further detail if required</b>
Patients are being contacted directly by the provider	Obtain explicit consent from the patient before referral is made	Reduced. Referral form includes explicit consent from the patient to be contacted by Relate. Consent will be obtained again from the patient at the point of first contact with Provider	N/A
Patient identifiable information is being transferred by email – information could potentially be sent to the wrong email address	Ensure staff training is up to date and staff are aware of and following organisational policies.	Reduced.	N/A



**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)**

<b>Title</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Project Lead</b>	Jo Reynolds		17/05/2018
<b>IG Officer</b>	Kelly Huckvale		02/08/2018
<b>IG decision (delete as applicable)</b>	<p>1. No action is required by IG excepting the logging of the Screening Questions for recording purposes.</p> <p><b>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.</b></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>		
<b>IG Officer Comments:</b> Personal information will be shared via a referral form from the GP practice to provider. The referral form will be sent securely via nhs.net email to a specific email account accessed only by individuals involved in the project. Contract will be put in place containing all relevant IG clauses. The CCG will not be party to any sharing of identifiable information. I am happy with this proposal and provide approval from an IG perspective.			
<b>Programme Board</b>			
<b>Programme Board Chair</b>			