Data Protection Impact Assessment (DPIA)

Key Information – please be as comprehensive as possible (Section A)	
Name of Project	QOF+ 2018/19
Project Reference Number	
Project Lead Name	Sarah Southall
Project Lead Title	Head of Primary Care
Project Lead Contact Number & Email	Sarah.southall@nhs.net (01902 441784 or 07880 584563)
Date completed	10 May 2018
Information Asset Owner *The senior person(s) responsible for the system/software/process*	CCG Director of Operations (includes respective teams within the CCG) and individual GP Practices participating in the scheme.
Description of project:	In order to support the continued improvement and development of Primary Care the purpose of this scheme is to build on the benefits of the national Quality Outcomes Scheme (QOF). QOF awards practices funding in response to them managing chronic disease, public health concerns and goes some way to implementing preventative measures such as regular blood pressure checks. QOF+ seeks to take this work further with a greater emphasis on local priorities & the importance of developing the prevention agenda further as follows:- • Diabetes (pre-diabetic) • Alcohol • Obesity The CCG is committed to continued investment in Primary Care as part of the implementation of the Primary Care Strategy (2016). The vision for practices as providers of healthcare in Wolverhampton is to provide 'cradle to grave prevention' ensuring patients have access to high quality care, proactively identifying those at risk of ill health.

	A copy of the respective scheme is attached for reference.
Will the project involve any data from which individuals could be identified (including pseudonymised data)?	**_Yes_**

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

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			

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Section B

Screening Questions	YES or NO
Will the project involve the collection of **new** 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?	YES
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 <u>ALL</u> the questions in section B is "NO", please return Section A and B to the IG Officer and <u>do not</u> complete Section C of the Data Protection Impact Assessment.

<u>Sign Off / Approval (Section A & B only)</u>

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 Protection Impact Assessment.

Section C

Key Contacts	
Key Stakeholder Names & Roles:	Wolverhampton CCG GP Practices 42 (potentially) Diabetes Prevention Programme Provider

Use of personal information	
Description of data:	*Information within existing clinical systems ie name, address, date of birth, NHS number, gender, Read Coded clinical data, ethnicity. Demographic data via NHAIS extracts* *Data Pseudonymised at source using the Nottingham Open Pseudonymiser. A common salt is applied in Wolverhampton* *The CCG will aggregate data via use of Graphnet (Andrew Woods). All data used will be Pseudonymised. GP Practices will have access to patient identifiers on outputs via role based and active directory.security.*
What is the justification for the inclusion of identifiable data rather than using de-identified/anonymised data?	For the provision of direct care.
Will the information be new information as opposed to using existing information in different ways?	Existing information used in different ways should patients be captured on the diabetes, alcohol or obesity register(s).

What is the legal basis for the processing of identifiable data? **If consent, when and how will this be obtained and recorded?**	Provision of direct patient care at practice level. Extracts created by Graphnet. Graphnet is a Framework included company the CCG uses for data extraction and supply of an Integrated Patient Record solution (CareCentric). The CCG also uses the company for specific Business Intelligence work to support CCG wide initiatives linked to Direct Patient Care and service redesign. Graphnet automatically removes records based on expressed dissent for record sharing where recorded in the Patients primary care record.
Who will be able to access identifiable data?	Practice personnel who have access to the clinical system & specialist providers whom the patient(s) may have been referred to. Access to extracted data is controlled via SQL Server security. Only approved Graphnet personnel have access at database level. Any generated reports that require patient identifiers will have had to go through the CCGs internal IG processes for approval before any development work to produce the reports is done.
Will the data be linked with any other data collections?	No
How will this linkage be achieved?	NA
Is there a legal basis for these linkages?	NA

What security measures will be used to transfer the data?	Smartcard Access at practice level to clinical systems. Smartcard access for TPP Files from EMIS systems transferred using SSL and AES encryption. sFTP protocols are applied and exist within NHS.Net. Any data made available to practices will be controlled within the CCGs network using Active Directory permissions
What confidentiality and security measures will be used to store the data?	N3 connection for clinical systems. Data stored on servers managed under SLA at Royal Wolverhampton (RWT) NHS Trust. Server access controlled by RWT IT staff with approval via Wolverhampton CCG ICT.
How long will the data be retained in identifiable form? And how will it be de-identified? Or destroyed?	Within the patients clinical record which will be retained in line with the NHS Records Management Code of Practice.
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?	User access controls within Clinical System at practice level, used in accordance with respective practice NHS IG Toolkit(s). *Governance arrangements are detailed in the Contract the CCG has with Graphnet.* *Although Graphnet is a third party, data used resides solely within the secure IT networks of Wolverhampton. Outputs will be aggregate using pseudonymised datasets, where data is made available via secure web based portals the use of output will be governed by existing GP practice IG guidelines and requirements.*

Are procedures in place to provide individuals access to records on request under the subject access provisions of the General Data Protection Regulations? **Is there functionality to respect objections/ withdrawals of consent?**	GP as Data Controller will manage requests for information in line with existing arrangements for patient clinical records.
Are there any plans to allow the information to be used elsewhere either in the CCG, wider NHS or by a third party?	No

Describe the information flows 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.	
Does any data flow in identifiable form? If so, from where, and to where?	Demographics – NHAIS Primary Care - EMIS & TPP System One All are daily data extracts, standard extracts provided by system suppliers
Media used for data flow? **(e.g. email, fax, post, courier, other – please specify all that will be used)**	Via encrypted text files within NHS Networks

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.

Refer to QOF+ Framework

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

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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 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	Sarah Southall	Sarah Southall	16/05/18
IG Officer	Kelly Huckvale	Kelly Huckvale	10/08/18
IG decision **(delete as applicable)**	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.		
IG Officer Comments: Reviewed and discussed with CCG lead for Graphnet. DPIA may need to be revisited if any processes change, however satisfied in the meantime and this is approved by IG.			
Programme Board			
Programme Board Chair			

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