

## Data Protection Impact Assessment (DPIA) Template

A DPIA is designed to describe your processing and to help manage any potential harm to individuals' in the use of their information. DPIAs are also important tools for demonstrating accountability, as they help you as a Controller to comply with the requirements of the Data Protection Legislation. Non-compliance with DPIA requirements can lead to fines imposed by the Information Commissioners Office (ICO); this includes not carrying out a DPIA at all, carrying out a DPIA in an incorrect way or failing to consult the ICO where required.

DPIA's are not new; the use of Privacy Impact Assessments has become common practice in the NHS and can provide evidence of compliance within the Data Security and Protection toolkit (DSPT); DPIAs build on that practice.

It is not always clear whether you should do a DPIA or not but there are a number of situations where a DPIA **should be** considered or where a DPIA is a **legal requirement**. If you can tick against the criteria below it is highly recommended that you undertake a DPIA and if you decide not to, ensure that you document the reasons for your decision.

You as Controller <b>MUST</b> carry out a DPIA where you plan to:	Tick or leave blank
Use <b>profiling or automated decision-making</b> to make significant decisions about people or their access to a service, opportunity or benefit;	<input type="checkbox"/>
Process <b>special-category data or criminal-offence data on a large scale</b> ;	<input checked="" type="checkbox"/>
<b>Monitor a publicly accessible place</b> on a large scale;	<input type="checkbox"/>
Use <b>innovative technology</b> in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Carry out <b>profiling</b> on a large scale;	<input type="checkbox"/>
<b>Process biometric or genetic data</b> in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
<b>Combine, compare or match data</b> from multiple sources;	<input type="checkbox"/>
Process personal data <b>without providing a privacy notice</b> directly to the individual in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Process personal data in a way that involves <b>tracking</b> individuals' online or offline location or behaviour, in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Process <b>children's</b> personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them;	<input type="checkbox"/>
Process personal data that could result in a <b>risk of physical harm</b> in the event of a security breach.	<input type="checkbox"/>

You as Controller should <b>consider</b> carrying out a DPIA where you	Tick or leave blank
Plan any major project involving the use of personal data;	<input checked="" type="checkbox"/>
Plan to do evaluation or scoring;	<input type="checkbox"/>
Want to use systematic monitoring;	<input type="checkbox"/>
Process sensitive data or data of a highly personal nature;	<input type="checkbox"/>
Processing data on a large scale;	<input type="checkbox"/>
Include data concerning vulnerable data subjects;	<input checked="" type="checkbox"/>
Plan to use innovative technological or organisational solutions;	<input checked="" type="checkbox"/>

A new DPIA should be carried out if you decide that there is a significant enough change to what you originally intended but it is good practice for DPIAs to be kept under review and revisited when necessary.

There is guidance to help you. Your Data Protection Officer (DPO) can be consulted before completing a DPIA in order to provide specialist advice and guidance or simply to talk things through with you.

Background Information	
<b>Date of your DPIA :</b>	16/09/2022
<b>Title of the activity/processing:</b>	Electronic Prescribing an addition to current Immedicare Service
<b>Who is the person leading this work?</b>	██████████
<b>Who is the Lead Organisation?</b>	Buckingham, Oxfordshire & Berkshire West ICB
<b>Who has prepared this DPIA?</b>	██████████ (DPO Immedicare)
<b>Who is your Data Protection Officer (DPO)?</b>	██████████
<b>Describe what you are proposing to do:</b> (Include as much background information as you can about why the new system/change in system/sharing of information/data processing is required).	The Immedicare service has been available in Buckinghamshire since 2016. We are looking to add the medicines optimisation service as part of the new enhanced service offer this will be available to help reduce future falls risk, linking with local pharmacy teams and GPs. Electronic prescribing will also be available once agreed with the contracting commissioning organisations: Integrated Care Boards (ICBs), Sub Integrated Care Boards (SICBs) which enables Digital Care Hub non-medical prescribers to prescribe from a local formulary to complete episodes of care.
<b>Are there multiple organisations involved?</b> (If yes – you can use this space to name them, and who their key contact for this work is).	Buckingham, Oxfordshire & Berkshire West ICB (The ICB is the customer, they have commissioned the Immedicare service.) Immedicare/Airedale NHS Trust Bucks GP Practices Registered Pharmacies
<b>Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA?</b> (If so then include the details here).	<a href="#">Click here to enter text.</a>
<b>Detail anything similar that has been undertaken before?</b>	Implemented in Bradford

1. Categories, Legal Basis, Responsibility, Processing, Confidentiality, Purpose, Collection and Use		
<b>1.1.</b>		
<b>What data/information will be used?</b> Tick all that apply.	Tick or leave blank	<b>Complete</b>
Personal Data	<input checked="" type="checkbox"/>	1.2
Special Categories of Personal Data	<input checked="" type="checkbox"/>	1.2 AND 1.3
Personal Confidential Data	<input checked="" type="checkbox"/>	1.2 AND 1.3 AND 1.6
Sensitive Data (usually criminal or law enforcement data )	<input type="checkbox"/>	1.2 but speak to your IG advisor first
Pseudonymised Data	<input type="checkbox"/>	1.2 and consider at what point the data is to be pseudonymised
Anonymised Data	<input type="checkbox"/>	Consider at what point the data is to be anonymised
Commercially Confidential Information	<input type="checkbox"/>	Consider if a DPIA is appropriate
Other	<input type="checkbox"/>	Consider if a DPIA is appropriate

**1.2.**

Processing has to be lawful so identify which of the following you believe justifies what you are proposing to do and include an explanation as to why in the relevant box. You must select at least one from a – f.

Article 6 (1) of the GDPR includes the following:	
<b>a) THE DATA SUBJECT HAS GIVEN CONSENT</b>	Tick or leave blank <input type="checkbox"/>
<b>Why are you relying on consent from the data subject?</b> <a href="#">Click here to enter text.</a>	
<b>What is the process for obtaining and recording consent from the Data Subject?</b> (How, where, when, by whom). <a href="#">Click here to enter text.</a>	
<b>Describe how your consent form is compliant with the Data Protection requirements?</b> (There is a checklist that can be used to assess this). <a href="#">Click here to enter text.</a>	
<b>b) IT IS NECESSARY FOR THE PERFORMANCE OF A CONTRACT TO WHICH THE DATA SUBJECT IS PARTY</b>	Tick or leave blank <input type="checkbox"/>
(The contract needs to be between the Controller and the individual and not concern data being processed due to someone else having a contract with the Controller. Processing can happen before the contract is entered into e.g. processing a pre-health assessment for a private or cosmetic procedure that is a paid for service with the delivery of that care done under contract between the Patient and the Practitioner).	
<b>What contract is being referred to?</b> <a href="#">Click here to enter text.</a>	
<b>c) IT IS NECESSARY UNDER A LEGAL OBLIGATION TO WHICH THE CONTROLLER IS SUBJECT</b>	Tick or leave blank <input type="checkbox"/>
(A legal obligation mandates processing of data as a task in itself where there are likely to be legal measures available if not adhered to e.g. an Employer has a legal obligation to disclose salary information to HMRC).	
<b>Identify the legislation or legal obligation you believe requires you to undertake this processing.</b> <a href="#">Click here to enter text.</a>	
<b>d) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON</b>	Tick or leave blank <input type="checkbox"/>
(This will apply only when you need to process data to protect someone's life. It must be necessary and does not only relate to the individual whose data is being processed. It can also apply to protect another person's life. Emergency Care is likely to fall into this category but planned care would not. You may need to process a Parent's data to protect the life of a child. The individual concerned is unlikely to be able to provide consent physically or legally; if you are able to gain consent then this legal basis will not apply).	
<b>How will you protect the vital interests of the data subject or another natural person by undertaking this activity?</b> <a href="#">Click here to enter text.</a>	
<b>e) IT IS NECESSARY FOR THE PERFORMANCE OF A TASK CARRIED OUT IN THE PUBLIC INTEREST OR UNDER OFFICIAL AUTHORITY VESTED IN THE CONTROLLER</b>	Tick or leave blank <input checked="" type="checkbox"/>
(This is different to 6 c). If you are processing data using this basis for its lawfulness then you should be able to identify a specific task, function or power that is set out in law. The processing must be necessary, if not then this basis does not apply).	
<b>What statutory power or duty does the Controller derive their official authority from?</b> <b>The Health and Social Care (Safety and Quality) Act 2015 amends Part 9 of the Health and Social Care Act 2012 (health and adult social care services: information), 251B Duty to share information</b> (1) This section applies in relation to information about an individual that is held by a relevant health or adult social care commissioner or provider ("the relevant person"). (2) The relevant person must ensure that the information is disclosed to— (a) persons working for the relevant person, and (b) any other relevant health or adult social care commissioner or provider with whom the relevant person communicates about the individual, but this is subject to subsections (3) to (6).	

(3) Subsection (2) applies only so far as the relevant person considers that the disclosure is—  
 (a) likely to facilitate the provision to the individual of health services or adult social care in England, and  
 (b) in the individual’s best interests.  
 (4) The relevant person need not comply with subsection (2) if the relevant person reasonably considers that one or more of the following apply—  
 (a) the individual objects, or would be likely to object, to the disclosure of the information;  
 (b) the information concerns, or is connected with, the provision of health services or adult social care by an anonymous access provider;  
 (c) for any other reason the relevant person is not reasonably able, or should not be required, to comply with subsection (2).

**f) IT IS NECESSARY FOR THE LEGITIMATE INTERESTS OF THE CONTROLLER OR THIRD PARTY**

(Public authorities can only rely on legitimate interests if they are processing for a legitimate reason other than performing their tasks as a public authority. See the guidance for more information about the legitimate interest test).

Tick or leave blank

**What are the legitimate interests you have?**

[Click here to enter text.](#)

Article 9 (2) conditions are as follows:

<p><b>a) THE DATA SUBJECT HAS GIVEN EXPLICIT CONSENT</b></p> <p>(Requirements for consent are the same as those detailed above in section 1.2, a))</p>	<p>Tick or leave blank</p> <input type="checkbox"/>
<p><b>b) FOR THE PURPOSES OF EMPLOYMENT, SOCIAL SECURITY OR SOCIAL PROTECTION</b></p> <p>(Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <input type="checkbox"/>
<p><b>c) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON WHERE THEY ARE PHYSICALLY OR LEGALLY INCAPABLE OF GIVING CONSENT</b></p> <p>(Requirements for this are the same as those detailed above in section 1.2, d))</p>	<p>Tick or leave blank</p> <input type="checkbox"/>
<p><i>d) It is necessary for the operations of a not-for-profit organisation such as political, philosophical, trade union and religious body in relation to its members</i></p>	<p>NA</p>
<p><i>e) The data has been made public by the data subject</i></p>	<p>NA</p>
<p><i>f) For legal claims or courts operating in their judicial category</i></p>	<p>NA</p>
<p><b>g) SUBSTANTIAL PUBLIC INTEREST</b></p> <p>(Schedule 1, part 2 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <input type="checkbox"/>
<p><b>h) PROCESSING IS NECESSARY FOR THE PURPOSES OF PREVENTIVE OR OCCUPATIONAL MEDICINE, FOR THE ASSESSMENT OF THE WORKING CAPACITY OF THE EMPLOYEE, MEDICAL DIAGNOSIS, THE PROVISION OF HEALTH OR SOCIAL CARE OR TREATMENT OR THE MANAGEMENT OF HEALTH OR SOCIAL CARE SYSTEMS AND SERVICES ON THE BASIS OF UNION OR MEMBER STATE LAW OR PURSUANT TO CONTRACT WITH A HEALTH PROFESSIONAL AND SUBJECT TO CONDITIONS AND SAFEGUARDS</b></p> <p>(Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <input checked="" type="checkbox"/>
<p><b>i) PROCESSING IS NECESSARY FOR REASONS OF PUBLIC INTEREST IN THE AREA OF PUBLIC HEALTH, SUCH AS PROTECTING AGAINST SERIOUS CROSS-BORDER THREATS TO HEALTH OR ENSURING HIGH STANDARDS OF QUALITY AND SAFETY OF HEALTH CARE AND OF MEDICINAL PRODUCTS OR MEDICAL DEVICES, ON THE BASIS OF UNION OR MEMBER STATE LAW WHICH PROVIDES FOR</b></p>	<p>Tick or leave blank</p> <input type="checkbox"/>

<p><b>SUITABLE AND SPECIFIC MEASURES TO SAFEGUARD THE RIGHTS AND FREEDOMS OF THE DATA SUBJECT, IN PARTICULAR PROFESSIONAL SECRECY</b></p> <p>(Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	
<p><b>j) PROCESSING IS NECESSARY FOR ARCHIVING PURPOSES IN THE PUBLIC INTEREST, SCIENTIFIC OR HISTORICAL RESEARCH PURPOSES OR STATISTICAL PURPOSES IN ACCORDANCE WITH <u>ARTICLE 89(1)</u> BASED ON UNION OR MEMBER STATE LAW WHICH SHALL BE PROPORTIONATE TO THE AIM PURSUED, RESPECT THE ESSENCE OF THE RIGHT TO DATA PROTECTION AND PROVIDE FOR SUITABLE AND SPECIFIC MEASURES TO SAFEGUARD THE FUNDAMENTAL RIGHTS AND THE INTERESTS OF THE DATA SUBJECT.</b></p> <p>(Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <p style="text-align: center;"><input type="checkbox"/></p>

**1.3.**

**If using special categories of personal data, a condition for processing under Article 9 of the GDPR must be satisfied in addition to a condition under Article 6. You must select at least 1 from a) to c) or g) to i). NOTE: d), e) and f) are not applicable**

**1.4.**

**Confirm who the Controller and Processor is/are. Confirm if the Controller/s are solely or jointly responsible for any data processed?**

(Identify any other parties who will be included in the agreements and who will have involvement/share responsibility for the data/information involved in this project/activity. Use this space to detail this but you may need to ask your DPO to assist you. Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only).

<b>Name of Organisation</b>	<b>Role</b>
Immedicare	Joint Controller
Airedale NHST	Joint Controller
Bucks GP Practices	Sole Controller
BOB ICB	Other
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.

**1.5.**

**Describe exactly what is being processed, why you want to process it and who will do any of the processing?**

Airedale NHS Foundation Trust (ANHSFT) has been providing discreet clinical services in Residential Care and Nursing Home settings since 2011. The Telemedicine service has been contracted to Immedicare, an organisation representing a partnership between Involve (technology supplier) and Airedale NHS Foundation Trust (health provider).

Immedicare delivers innovative technology and clinical services via an HSCN infrastructure platform directly into the local health and social care economy. Secure video links are used to deliver immediate assessment and clinical decision-making capabilities into nursing and residential care homes throughout the UK.

Telemedicine links care home residents and their carers to a Digital Care Hub at Airedale General Hospital (ANHSFT), where a dedicated clinical team use secure video links to conduct remote “visual” patient assessments. The Telemedicine service provides care home staff with rapid access to clinical support and advice, 24-hours-a-day, seven-days-a-week. The medicines optimisation is available to reduce future falls risk, linking with local pharmacy teams and GPs. Electronic prescribing is available once agreed with the contracting commissioning organisations: Integrated Care Boards (ICBs), Sub

Integrated Care Boards (SICBs) which enables Digital Care Hub non-medical prescribers (this is the term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist) to prescribe from a local formulary to complete episodes of care. This further reduces GP attendances and hospital admissions.

This service is not expected to replace the use of the GP and other community health care facilities but aims to deflect inappropriate use of such services where they can be safely dealt with by the trained staff in the Digital Care Hub.

Inbound video calls are answered by a team of experienced nurses and therapists. The clinical team carry out an A-E assessment using their experience and standard pro-forma in order to assess the needs of the resident. Nurses in the Digital Care Hub are supported by a multi-disciplinary team in the hospital, and they will also be linked to local community-based services, who can visit patients if necessary. The Digital Care Hub nurses refer to the resident's electronic health care records, and try to avoid GP call outs, trips to A&E and admissions to hospital if they can be safely avoided.

In addition to the current service the Specialist Medicines Optimisation Pharmacy Team, who are also employed by Airedale NHS Trust, will provide a clinical assessment/triage/treatment plan, medication review, administration, reporting, support with investigation.

Information relating to the consultation between the Digital Care Hub and the patient will be shared with GP Practices. Direct integration between EMIS and SystmOne will allow Immedicare clinicians view only access to patients' EMIS records during a consultation with people residing in nursing and residential homes.

Information relating to medications will be shared with GP Practices via a copy of Immedicare's clinical summary using Message Exchange for Social Care and Health (MESH) or NHS Mail– the main secure large file transfer service used across health and social care organisations, and Data Transfer Service (DTS).

Registered Pharmacies - for non SystmOne practices a summary of the consultation will be sent to the accepting practice via MESH or NHS mail. This is set up by the practice and depends on the agreed workflow.

Data Flow diagram added to explain how data is sent to Pharmacies.



Immedicare Process  
Data Flow (1).pdf

#### 1.6.

**Tick here if you owe a duty of confidentiality to any information.** ✓

**If so, specify what types of information.** (e.g. clinical records, occupational health details, payroll information)

Patient Records

#### 1.7.

**How are you satisfying the common law duty of confidentiality?**

Consent - Implied

**If you have selected an option which asks for further information please enter it here**

Where subject to consent is mentioned this is in reference to the 'checkbox' within EMIS where the patient has to consent to share their information with another organisation, regardless if there is another lawful basis in place i.e. direct care legislation to provide care to the patient. The EMIS system will not allow the viewing of

patients records out of the EMIS system unless this box has been checked. Therefore, each GP practice confirms this with the patient as best practice (Data is held in EMIS Web and SystmOne, data is not transferred anywhere else)

**1.8.**

**Are you applying any anonymisation/pseudonymisation technique or encryption to any of the data to preserve the confidentiality of any information?**

No

**If you are then describe what you are doing.**

[Click here to enter text.](#)

If you don't know then please find this information out as there are potential privacy implications with the processing.

**1.9.**

**Tick here if you are intending to use any information for a purpose that isn't considered as direct patient care.**

**If so describe that purpose.**

[Click here to enter text.](#)

**1.10.**

**Approximately how many people will be the subject of the processing?**

Unknown - specific patient cohort

**1.11.**

**How are you collecting the data?** (e.g. verbal, electronic, paper (if you need to add more selections then copy the last 'choose an item' and paste, the text has been left unlocked for you to do this.)

Electronic form

Face to face - Video enabled

Web based data collection

Choose an item.

Choose an item.

**If you have selected 'other method not listed' describe what that method is.**

[Click here to enter text.](#)

**1.12.**

**How will you edit the data?**

The data viewed will not be edited in the view only windows

**1.13.**

**How will you quality check the data?**

Video consultations are not recorded however, all clinical assessments are entered contemporaneously into our SystmOne unit. For audit purposes, the details of any consultation can be reviewed as well as the date, time and duration of the call.

Audits are carried out monthly as standard practice in the Immedicare hub.

**1.14.**

**Review your business continuity or contingency plans to include this activity. Have you identified any risks?**

No

**If yes include in the risk section of this template.**

**1.15.**

**What training is planned to support this activity?**



The Care Homes have received comprehensive training around the appropriate use of the Telemedicine service, including a section on patient privacy and appropriate locations for consultations to be conducted in. Training will be provided to Organisations who require this to enable views of shared data.

## 2. Linkage, Data flows, Sharing and Data Opt Out, Sharing Agreements, Reports, NHS Digital

### 2.1.

**Are you proposing to combine any data sets?**

No

**If yes then provide the details here.**

[Click here to enter text.](#)

### 2.2.

**What are the Data Flows?** (Detail and/or attach a diagram if you have one).



Data%20Flow.docx

### 2.3.

**What data/information are you planning to share?**

Full patient information on the GP electronic patient records including, Name, DOB, NHS Number, EMIS ID, address, postcode, next of kin details, appointment details, medication, full medical history, ethnicity.

### 2.4.

**Is any of the data subject to the National Data Opt Out?**

No - it is not subject to the national data opt out

**If your organisation has to apply it describe the agreed approach to this**

[Click here to enter text.](#)

**If another organisation has applied it add their details and identify what data it has been applied to**

[Click here to enter text.](#)

If you do not know if it applies to any of the data involved then you need to speak to your Data Protection Officer to ensure this is assessed.

### 2.5.

**Who are you planning to share the data/information with?**

Information will be shared between providers of services to the Patient

### 2.6.

**Why is this data/information being shared?**

Direct Patient Care purposes including Digital Care Hub support

### 2.7.

**How will you share it?** (Consider and detail all means of sharing)

Records are currently shared Via EMIS and The Phoenix Partnership (TPP)/SystemOne Integration system.

**Tick if you are planning to use Microsoft Teams or another similar online networking/meeting solution that may have the facility to store or record conversations or related data as part of the sharing arrangements**

**Provide details of how you have considered any privacy risks of using one of these solutions**



[Click here to enter text.](#)

### 2.8.

#### What data sharing agreements are or will be in place?

A data sharing agreement between the Bucks GP Practices and ANHSFT (Immedicare).

### 2.9.

#### What reports will be generated from this data/information?

None

### 2.10.

#### Are you proposing to use Data that may have come from NHS Digital (e.g. SUS data, HES data etc.)?

No

#### If yes, are all the right agreements in place?

Choose an item.

#### Give details of the agreement that you believe covers the use of the NHSD data

[Click here to enter text.](#)

If no or don't know then you need to speak to your Data Protection Officer to ensure they are put in place if needed.

## 3. Data Processor, IG Assurances, Storage, Access, Cloud, Security, Non-UK processing, DPA

### 3.1

#### Are you proposing to use a third party, a data processor or a commercial system supplier?

Yes

**If yes use these spaces to add their details including their official name and address. If there is more than one then include all organisations. If you don't know then stop and try and find this information before proceeding.**

EMIS

TPP System One

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

### 3.2

**Is each organisation involved registered with the Information Commissioner?** Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	Registered	Registration details or comments if not registered
EMIS	Yes	Z2670786
TPP System One	Yes	Z1927388
Immedicare	Yes	ZA150050
<a href="#">Click here to enter text.</a>	Choose an item.	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	Choose an item.	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	Choose an item.	<a href="#">Click here to enter text.</a>

### 3.3

**What IG assurances have been provided to you and does any contract contain IG clauses that protect you as the Controller?** (e.g. in terms and conditions, their contract, their tender submission). Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	Brief description of assurances obtained
EMIS	Standard Contractual Clauses
TPP System One	Standard Contractual Clauses
Immedicare	NHS Contract
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

### 3.4

#### What is the status of each organisation's Data Security Protection Toolkit?

##### DSP Toolkit

Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	ODS Code	Status	Published date
GP Practices	Various	Various	Various
Airedale NHS Foundation Trust - Immedicare LLP	8JP83	Standards Met	30/06/2023
EMIS	YGM06	Standards Exceeded	12/06/2023
TPP SystmOne	YGM24	Standards Exceeded	02/05/2023
FedBucks	DMT/DMT01/DMT02	Standards Met	30/06/2023
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

### 3.5

#### How and where will the data/information be stored? (Consider your answer to 2.7 and the potential storage of data in any online meeting or networking solution).

Within EMIS & TPP System One

### 3.6

#### How is the data/information accessed and how will this be controlled?

ANHSFT will be provided with full electronic patient records to be able to fully identify the patient's current medical needs and any relevant medical history which will be pertinent to the care of the patients. This means that data minimisation principle cannot be fully applied, however ANHSFT will only be provided with a read only version. This access will be beneficial should the patient visit the trust for secondary care and would receive the same level of personal identifier when providing care to the patient than what would be contained within the GP record.

ANHSFT will be provided with read only access to all patients within each practice if the patients have provided their confirmation – therefore ANHSFT are being provided with access to more patient records than they may be required to see. However, the Trust has processes in place to ensure that viewing of a patient record is authorised and legitimate. (Only staff with a Smartcard can access the EMIS record at Airedale. All staff are bound by the Information Governance standards, GDPR, records access and keeping and their professional code of conduct. Staff receive annual training, and there are organisational policies which reinforce those obligations.) All access is auditable.

### 3.7

#### Is there any use of Cloud technology?

Yes

If yes add the details here.

EMIS & TPP SystemOne use Cloud based technology as currently used by all Bucks GP Practices.

### 3.8

#### What security measures will be in place to protect the data/information?

Imedicare clinical staff at Airedale Hub for SystemOne and GP practice staff for EMIS Web; Only staff with a Smartcard can access the EMIS record at Airedale. All staff are bound by the Information Governance standards, GDPR, records access and keeping and their professional code of conduct. Staff receive annual training, and there are organisational policies which reinforce those obligations.

Role Based Access by staff within the sharing partners whom have legitimate reason to access the record.

#### Is a specific System Level Security Policy needed?

No

If yes or don't know then you need to speak to your Data Protection Officer to ensure one is put in place if needed.

### 3.9

**Is any data transferring outside of the UK?** (you must determine this so only select don't know if you have further investigations to make but the DPIA will not be approved without this information)

No

**If yes describe where and what additional measures are or will be in place to protect the data.**

[Click here to enter text.](#)

### 3.10

**What Data Processing Agreement is already in place or if none, what agreement will be in place with the organisation and who will be responsible for managing it?**

Data Processing agreements are in place between organisations and their system suppliers as part of the terms and conditions of utilising that system.

## 4. Privacy Notice, Individual Rights, Records Management, Direct Marketing

### 4.1

**Describe any changes you plan or need to make to your Privacy Notice and your proposed completion date?**

(There is a checklist that can be used to assess the potential changes required or if you wish for it to be reviewed then add the link below).

GP practices as data controllers will update their Privacy Notices if required for the additional medicines optimisation service. Currently Patients are informed at the time of registration and asked to confirm whether or not they are happy for their EMIS records to be shared with secondary care providers for the purpose of their direct care should they attend for care.

### 4.2

**How will this activity impact on individual rights under the GDPR?** (Consider the right of access, erasure, portability, restriction, profiling, automated decision making).

This change will not impact data subjects rights.

### 4.3

**How long is the data/information to be retained?**

There will be no change to the current retention policy - ANHSFT and FedBucks will not save any information on servers outside of TPP/SystemOne or print any information and are only provided with read only access to the patient's electronic GP record.

**4.4****How will the data/information be archived?**

Data is stored within SystmOne and belongs to the patient. The retention period for dormant clinical records is 8 years. Should the patient decease during the standard retention period, the record is archived in line with national policy. The NHS protocol – medical GP style records is 8 years after last encounter.

All records will be held in line with the NHS Records Management Code of Practice.

**4.5****What is the process for the destruction of records?**

The data held by Immedicare (Airedale NHS FT) on System One will be managed within Trust health records management policies which are aligned to the national code of practice and includes guidance on the retention and destruction of records.

**4.6****What will happen to the data/information if any part of your activity ends?**

Data will no longer be accessed if the service ceases

**4.7**

**Will you use any data for direct marketing purposes?** (you must determine this so only select don't know if you have further investigations to make but the DPIA will not be approved without this information)

No

**If yes please detail.**

[Click here to enter text.](#)

## 5. Risks and Issues

**5.1**

**What risks and issues have you identified? The DPO can provide advice to help complete this section and consider any measures to mitigate potential risks.**

Describe the source of risk and nature of potential impact on individuals. <small>(Include associated compliance and corporate risks as necessary and copy and paste the complete bottom row to add more risks (the text has been left unlocked in both tables to enable you to do this)).</small>	Likelihood of harm	Severity of harm	Overall risk
Support staff have access to excessive patient information	Remote	Significant	Low
Unauthorised access to patient data	Remote	Severe	Medium
Consultation/medication details are not updated on patient record in GP practice EMIS systems	Possible	Minimal	Low
<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>

**5.2**

<b>Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in 5.1</b>				
Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved (SIRO)

Support staff have access to excessive patient information	Access to be via role based access control (RBAC).	Reduced	Low	Yes
Unauthorised access to patient data	Access to be controlled by the practice and removed when no longer required. Audit to be undertaken	Reduced	Low	Yes
Consultation/medication details are not updated on patient record in GP practice EMIS systems	Procedure for updating GP record TBA	Reduced	Low	Yes
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

### 5.3

#### What if anything would affect this piece of work?

Click here to enter text.

### 5.4

#### Please include any additional comments that do not fit elsewhere in the DPIA?

Click here to enter text.

## 6. Consultation

### 6.1

#### Have you consulted with any external organisation about this DPIA?

No

**If yes, who and what was the outcome? If no, detail why consultation was not felt necessary.**

Click here to enter text.

### 6.2

#### Will you need to discuss the DPIA or the processing with the Information Commissioners Office? (You may need the help of your DPO with this)

No

**If yes, explain why you have come to this conclusion.**

Click here to enter text.

## 7. Data Protection Officer Comments and Observations

### 7.1

#### Comments/observations/specific issues

Comments added by BOB GP Practices DPO on 25 July 2023:

Practices should review and update their privacy notice. Example text is provided below.

Practices that use the SCW Privacy Notice templates should add this to Appendix A.

Activity	Rationale
The Immediate care service	<b>Purpose –</b> The Immedicare service will be adding the medicines optimisation service as part of the new enhanced service offer this will be available to help reduce future falls risk, linking with local pharmacy teams and GPs

**Legal Basis –**

Article 9(2)(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of union or member state law or pursuant to contract with a health professional and subject to conditions and safeguards

**8. Review and Outcome**

**Based on the information contained in this DPIA along with any supporting documents, you have determined that the outcome is as follows:**

B) There are further actions that need to be taken but we can proceed

**If you have selected item B), C) or D) then please add comments as to why you made that selection**

The procedure for updating the GP record has not yet been agreed. This does not prevent the project commencing but is an important issue and must be resolved as a matter of urgency. A note should be added to the DPIA confirming the arrangements made.

**We believe there are**

B) Risks that need further consideration and management

**If you have selected item B) or C) then list these in the amber boxes below and then consider additional measures you could take and include these in the green boxes below**

<b>Residual risks and nature of potential impact on individuals.</b> (Include associated compliance and corporate risks as necessary and copy and paste the complete bottom row to add more risks (the text has been left unlocked in both tables to enable you to do this)).	<b>Likelihood of harm</b>	<b>Severity of harm</b>	<b>Overall risk</b>
Consultation/medication details are not updated on patient record in GP practice EMIS systems	Possible	Minimal	Low
<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>

**Additional measures you could take to reduce or eliminate residual risks identified as medium or high risk above (B and C)**

Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved (SIRO)
Consultation/medication details are not updated on patient record in GP practice EMIS systems	The method of updating the GP record needs to be established urgently and appended as a note to the DPIA	Eliminated	Low	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Signed and approved on behalf of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Name: 

Job Title: Data Protection Officer

Signature:  Date: 07/08/2023

Signed and approved on behalf of Click here to enter text.

Name: Click here to enter text.

Job Title: Click here to enter text.

Signature: Click here to enter text. Date: Click here to enter a date.

**Please note:**

You should ensure that your Information Asset Register and Data Flow Mapping Schedules are updated where this is relevant.

This DPIA can be disclosed if requested under the Freedom of Information Act (2000). If there are any exemptions that should be considered to prevent disclosure detail them here:

Click here to enter text.