

Ref: 23/24-035

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 **MUST** carry out a DPIA where you plan to:

	Tick or leave blank
Use profiling or automated decision-making to make significant decisions about people or their access to a service, opportunity or benefit;	<input type="checkbox"/>
Process special-category data or criminal-offence data on a large scale ;	<input type="checkbox"/>
Monitor a publicly accessible place on a large scale;	<input type="checkbox"/>
Use innovative technology in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Carry out profiling on a large scale;	<input checked="" type="checkbox"/>
Process biometric or genetic data in combination with any of the criteria in the European guidelines;	<input checked="" type="checkbox"/>
Combine, compare or match data from multiple sources;	<input checked="" type="checkbox"/>
Process personal data without providing a privacy notice 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 tracking individuals' online or offline location or behaviour, in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Process children's 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 risk of physical harm in the event of a security breach.	<input checked="" type="checkbox"/>

You as Controller should **consider** 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 checked="" type="checkbox"/>
Want to use systematic monitoring;	<input checked="" type="checkbox"/>
Process sensitive data or data of a highly personal nature;	<input type="checkbox"/>
Processing data on a large scale;	<input checked="" type="checkbox"/>
Include data concerning vulnerable data subjects;	<input checked="" type="checkbox"/>
Plan to use innovative technological or organisational solutions;	<input 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	
Date of your DPIA :	26/04/2024
Title of the activity/processing:	Medicines Optimisation Team support to General Practices for BOB ICB Prescribing activities
Who is the person leading this work?	██████████, Medicines Optimisation Lead Pharmacist and ██████████ ██████████, Medicines Optimisation Lead Pharmacist
Who is the Lead Organisation?	NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
Who has prepared this DPIA?	██████████, MO Lead Pharmacist
Who is your Data Protection Officer (DPO)?	██████████
Describe what you are proposing to do: (Include as much background information as you can about why the new system/change in system/sharing of information/data processing is required).	<p>GP practices have supported prescribing initiatives that the ICB has requested in the past. However, with the increased workload in primary care GP's have fed back that there is reduced capacity to consider and focus on medicines optimisation initiatives. GP practices have previously requested pharmacist resource to support initiatives and carry out the patient review and audit work generated by the recommendations being made.</p> <p>In response to the financial pressures within the organisation, the Medicines Optimisation Team (MOT) is being asked to support practices with a package of medicines optimisation interventions which will help to improve quality, safety and cost-effective prescribing across the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Board (ICB).</p> <p>The type of work the MOT will be undertaking is no different to what is already provided under the Prescribing Quality Scheme which runs annually and has a DPIA in place. Practices will be informed of the prescribing initiatives that are being proposed and will have to formally agree to the work being carried out under this DPIA. Practices can choose to undertake the work without MOT involvement if preferred. The MOT, comprising of clinical pharmacists, pharmacy technicians, and dieticians will offer support to GP practices. The MOT will not be providing direct patient facing contact. The MOT will work directly with the GP practice to enable them to identify cohorts of patients and support them to review the medication in line with the interventions agreed. The clinicians in the practice will decide if the proposed initiatives are suitable for individual patients as they remain responsible for the patients care.</p>
Are there multiple organisations involved? (If yes – you can use this space to name them, and who their key contact for this work is).	GP practices who are part of the BOB ICB
Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA? (If so then include the details here).	<ul style="list-style-type: none"> • Royal Berkshire NHS Foundation Trust • Berkshire Healthcare NHS Foundation Trust • Oxford University Hospital NHS Foundation Trust • Oxford Health NHS Foundation Trust • Buckinghamshire Healthcare NHS Trust
Detail anything similar that has been undertaken before?	Prescribing Quality Scheme 2024/25 (BOB ICB) Prescribing Quality Scheme 2023/24 (BOB ICB) Prescribing Quality Scheme 2022/23 (BOB ICB)

	Clinical Pharmacist Support Scheme Medicines Optimisation in Care Homes (MOCH) Project to improve prescribing of cow's milk protein allergy formula (CMPA) CCG employed staff Electronic Repeat Dispensing
--	---

1. Categories, Legal Basis, Responsibility, Processing, Confidentiality, Purpose, Collection and Use

1.1.

What data/information will be used? <small>Tick all that apply.</small>	Tick or leave blank	Complete
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 checked="" 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:	
a) THE DATA SUBJECT HAS GIVEN CONSENT	Tick or leave blank <input type="checkbox"/>
Why are you relying on consent from the data subject? Click here to enter text.	
What is the process for obtaining and recording consent from the Data Subject? (How, where, when, by whom). Click here to enter text.	
Describe how your consent form is compliant with the Data Protection requirements? (There is a checklist that can be used to assess this). Click here to enter text.	
b) IT IS NECESSARY FOR THE PERFORMANCE OF A CONTRACT TO WHICH THE DATA SUBJECT IS PARTY	Tick or leave blank <input type="checkbox"/>
<small>(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).</small>	
What contract is being referred to? Click here to enter text.	
c) IT IS NECESSARY UNDER A LEGAL OBLIGATION TO WHICH THE CONTROLLER IS SUBJECT	Tick or leave blank <input type="checkbox"/>
<small>(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).</small>	
Identify the legislation or legal obligation you believe requires you to undertake this processing.	

Click here to enter text.	
d) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON (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).	Tick or leave blank <input type="checkbox"/>
How will you protect the vital interests of the data subject or another natural person by undertaking this activity? Click here to enter text.	
e) IT IS NECESSARY FOR THE PERFORMANCE OF A TASK CARRIED OUT IN THE PUBLIC INTEREST OR UNDER OFFICIAL AUTHORITY VESTED IN THE CONTROLLER (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).	Tick or leave blank <input checked="" type="checkbox"/>
What statutory power or duty does the Controller derive their official authority from? Health & Social Care Act (Safety and Quality) Act 2015 – Direct Care Provision. The legal basis for commissioning purposes: Power to commission certain health services – Power – Section 3A NHS Act 2006: Each ICB has the power to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service that relate to securing improvement in –(a) the physical and mental health of persons for whom it has responsibility; or(b) the prevention, diagnosis and treatment of illness in those persons.	
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 <input type="checkbox"/>
What are the legitimate interests you have? Click here to enter text.	

article 9 (2) conditions are as follows:	
a) THE DATA SUBJECT HAS GIVEN EXPLICIT CONSENT (Requirements for consent are the same as those detailed above in section 1.2, a))	Tick or leave blank <input type="checkbox"/>
b) FOR THE PURPOSES OF EMPLOYMENT, SOCIAL SECURITY OR SOCIAL PROTECTION (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).	Tick or leave blank <input type="checkbox"/>
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 (Requirements for this are the same as those detailed above in section 1.2, d))	Tick or leave blank <input type="checkbox"/>
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	NA
e) The data has been made public by the data subject	NA
f) For legal claims or courts operating in their judicial category	NA

<p>g) SUBSTANTIAL PUBLIC INTEREST</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> <p><input type="checkbox"/></p>
<p>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</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><input checked="" type="checkbox"/></p>
<p>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 SUITABLE AND SPECIFIC MEASURES TO SAFEGUARD THE RIGHTS AND FREEDOMS OF THE DATA SUBJECT, IN PARTICULAR PROFESSIONAL SECRECY</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><input type="checkbox"/></p>
<p>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.</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><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).

Name of Organisation	Role
GP Practices across BOB ICB	Sole Controller
Buckinghamshire, Oxfordshire and Berkshire West ICB Medicines Optimisation team	Processor
Docman 10	Processor
Click here to enter text.	Choose an item.
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?

Individual members of the BOB ICB MOT who have been permitted access by the practice to access their clinical system by way of an individual log in, will process the data. Only patients who are prescribed medication relevant to the work being completed will be reviewed. Minimal patient identifiers e.g., clinical system number and age, will be used to reduce risk of error or breach. Time taken to process data will vary dependant on the type of review taking place. Any letters received by the GP practice relating to work the being undertaken will need to be viewed via Docman. MOT members will follow SOPs when reviewing patients in practices to determine suitability for the intervention, to ensure a consistent approach is followed.

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)

Medical 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

[Click here to enter text.](#)

1.8.

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

Yes

If you are then describe what you are doing.

Any data that is temporarily held during processing will only contain the clinical system number and age for the patient. Documents will be password protected and stored in restricted access folders.

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?

Other unknown population number

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.)

Other method not listed

Electronic form

Choose an item.

Choose an item.

Choose an item.

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

Where requested, a clinical system (e.g. EMIS Web) search will be run at the specific GP practice to identify patients that have been prescribed a medication or are being treated for a condition under review. The search will be standardised across BOB ICB using existing clinical system/Ardens searches or new searches written and tested by the BOB MOT.

Any letters received by the GP practice relating to work being undertaken will need to be viewed via Docman. The required information will be collected from the patient's record following the process outlined in the Principles of Remote Access and Agreement Form.

1.12.

How will you edit the data?

1.12.

How will you edit the data?

Patient information will not be deleted or altered from the original source other than for medicine switches authorised by the GP practice.

These records on the clinical system are never deleted due to requirement for historic audit of medical records. If a user was to input incorrect information into the record, this can be deleted but remains attached to the

patient record under a module call 'deleted item'. This also shows who and when the entry was deleted and can be found in the audit trail within the Clinical system.

If a user was to edit a record this is also recorded against the record in the same way as the deleted item above and is also found in the audit trail.

Clinical system records created will be subjected to storage & retention schedules under Health & Social Care records management code of practice 2021.

1.13.

How will you quality check the data?

No quality checks will be carried out. The data is relating to patients on specific medication so it will be clear if the data is correct or not.

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?

Everyone involved in the MOT will have had or need to undergo:

- EMIS Enterprise and EMIS Web training.
- Other clinical system training where necessary
- Information Governance mandatory training.

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

2.1.

Are you proposing to combine any data sets?

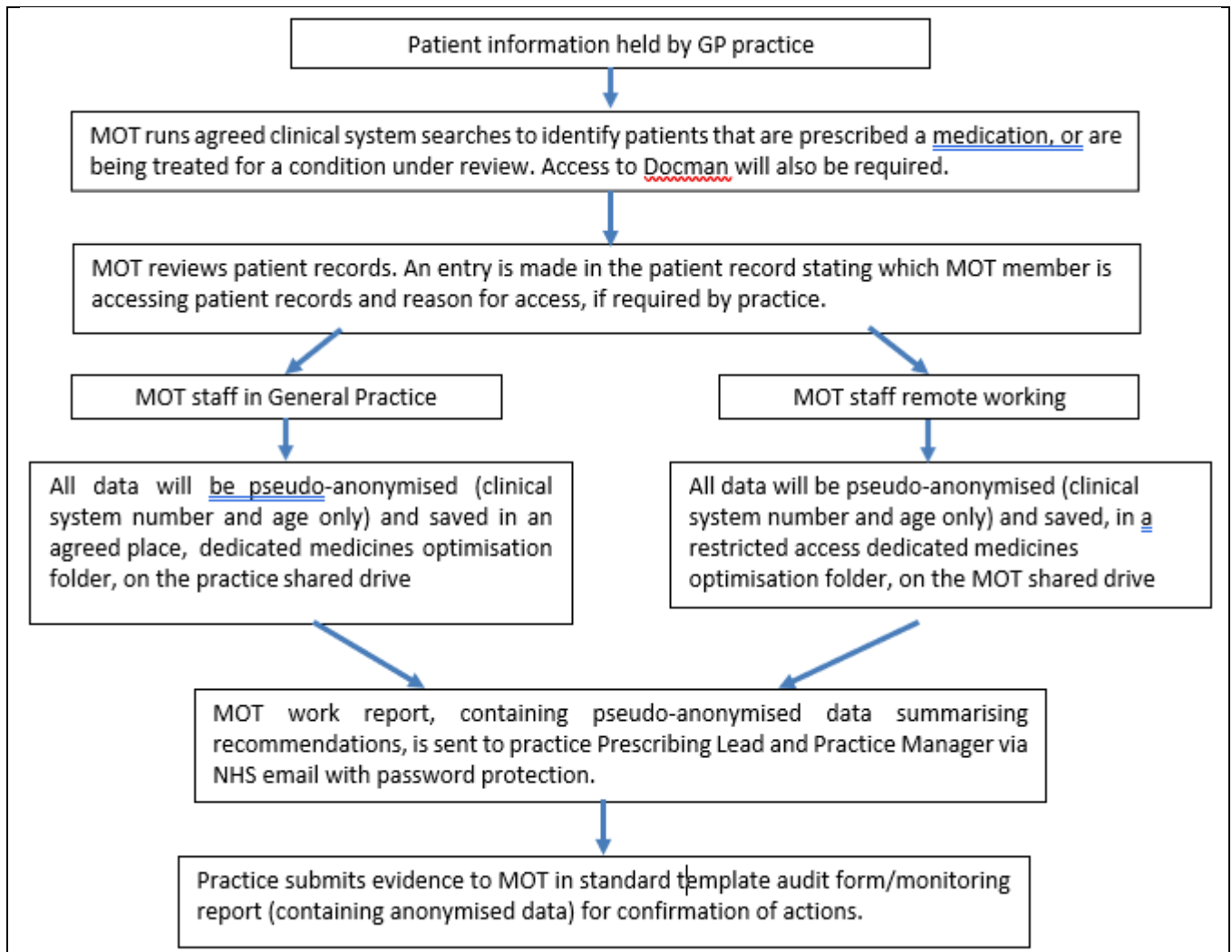
No

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).



2.3.

What data/information are you planning to share?

The information about which patients may be suitable for a change to their current medication, which will only be shared with clinicians in the practice where the patient is registered

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?

The GP practice where the patient is registered for the medicines optimisation intervention which is being carried out. Any letters received by the GP practice relating to work the being undertaken will need to be viewed via Docman.

Anonymised data will be shared with the BOB ICB Medicines Optimisation Team. The MOT will report total numbers of patients affected by the prescribing changes to the ICB.

2.6.

Why is this data/information being shared?

To support GPs and other clinicians within the practice to consider clinical interventions that have been identified as a result of the patient reviews carried out by the BOB ICB MOT. This will allow the GP practice to review and, if applicable, implement any changes to prescribing on an individual patient basis, to improve quality, reduce harm and to ensure prescribing is cost-effective.

Anonymised data will be shared for reporting on activity and benefits.

2.7.

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

A report will be produced and sent to the practice summarising the work carried out, all patient related information will be removed from the report.

There will be standardised Excel templates used across the ICB MOT for auditing purposes these will have minimal patient information e.g. clinical system identifier, to enable the practice to act on any recommendations made. Excel spreadsheets will be password protected and will be shared via email using a secure format only, NHS mail.

Monitoring and reporting performance at a higher level will only include the number of patient and no specific patient information

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?

- BOB 'Tier 1' Information Sharing Agreements not required as direct patient care
- Principles of Remote Access

2.9.

What reports will be generated from this data/information?

Non patient identifiable activity summary reports will be generated to support reporting of activity to ICB, only the number of patients will be used.

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.

Advanced Health and Care (Docman) The Mailbox, 101 Wharfside Street, Birmingham B1 1RF

[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.

3.2

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
Click here to enter text.	Choose an item.	Click here to enter text.
BOB ICB	Yes	ZB343068
Advanced Health & Care (Docman)	Yes	ZA770804
Practices within BOB ICB	Yes	See Apdx 1 attached
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.

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
BOB ICB	Cyber Security plus DSPT
GP Practices Across BOB ICB	DSPT
Advanced Health Care (Docman)	NHS Digital Systems of Choice
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
BOB ICB	QU9	Standard Exceeded	27/06/2023
Advanced Health Care (Docman)	8HN06	Standards Exceeded	27/06/2023
BOB ICB GP practices	See appendix 1		
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.	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.

3.5

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).

The MOT records the required data to enable a medication review of each patient, this will be stored in an agreed place on the practice shared drive.
Where the team is working remotely information will be stored temporarily whilst the MOT is undertaking the review activity. This information will be stored in a restricted access dedicated medicines optimisation folder, on the MOT shared drive. Documents containing PID of any nature will also be password protected

3.6

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

The MOT member will only be granted access to view patient information via the clinical system, Docman and the practice network by the GP Practice. MOT members must not use another MOT members log in or view patient data from a practice that has not authorised them to access.

Practice Manager/Data Controller are responsible for ensuring the MOT is only accessing patient records associated with the project are being viewed.

EMIS Clinical Services allows users (with appropriate RBAC / PBAC codes) to view the records of a patient

- Role based access; access is by user name and password.
- The system used to access data have audit trail facility.

Access to all clinical systems is by username and password. Users will be attributed appropriate RBAC codes when creating user accounts within the system.

- Periodical system access audit reports will be made.

Data stored in the BOB ICB MOT shared drives will be restricted access to only those in the team who need to process the data. Review of access rights will be carried out annually and individuals removed from having access when they leave the organisation or change roles.

Data is confidentially destroyed as soon as it is no longer required.

3.7

Is there any use of Cloud technology?

Yes

If yes add the details here.

Docman 10 is a cloud-based software platform on the NHS Digital Systems of Choice (Lot One) Framework

3.8

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

Docman use the secure and approved N3 network. Documents are encrypted in transit and at res (AES256).

Is a specific System Level Security Policy needed?

Choose an item.

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?

This information is outlined in the Principles of Remote Access and the Agreement Form

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).

BOB ICB Fair Processing Notice cross references to data flow mapping/data sharing agreement log would summarise this piece of work. GP practices would also be requested to update their Fair Processing Notices when agreeing to participate in the scheme

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).

GP practices are the data controllers and will be responsible for responding to right of access requests

4.3

How long is the data/information to be retained?

GP practices are the data controllers. If BOB ICB MOT process any data, this will be retained as per Health & Social Care Records Management code of practice 2021.

4.4

How will the data/information be archived?

GP practices data will be archived in line with Health and social care records management policy. BOB ICB will archive data in line with BOB ICB records management policy

4.5

What is the process for the destruction of records?

Records will be destroyed in line with BOB ICB records management policy

4.6

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

If BOB ICB MOT process any data, the Medicines Optimisation Team shall destroy the data as a result of this sharing in accordance with BOB ICB record management policy, based on Health & Social Care records management code of practice 2021

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. (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)).	Likelihood of harm	Severity of harm	Overall risk
Patient identifiable information could be removed from the practice.	Possible	Significant	Low
Errors in processing data leading to inappropriate recommendations	Possible	Significant	Medium
Unauthorised access to records and data	Remote	Significant	Medium
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

5.2

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in 5.1				
Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved (SIRO)
Patient identifiable information could be removed from the practice.	BOB Data Sharing Protocol for Health and Social Care written for this project. Information Governance mandatory training completed	Reduced	Low	Choose an item.
Errors in processing data leading to inappropriate recommendations	Follow MOT processes for extraction and use templates designed. Avoid manipulating data unnecessarily. Practice is responsible for checking recommendations made are appropriate for patients.	Reduced	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.
5.3				
What if anything would affect this piece of work?				
n/a				
5.4				
Please include any additional comments that do not fit elsewhere in the DPIA?				
n/a				
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	<p>The practice should update their Privacy notice if they have not already done so. They should also update their information asset register and data flow map.</p> <p>Privacy Notice suggested wording</p> <p>Purpose – Medicines Optimisation Team support to General Practices for BOB ICB Prescribing activities.</p>			

Legal Basis:

Article 6 (1) (e) It is necessary for the performance of a task carried out in the public interest or under official authority vested in the controller.

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.

The GP Practice should remind themselves of the risks associated to this activity.

Although signed in July 2024, this DPIA is dated April 2024 and consequently the information in 3.4 is appropriate to the DPIA.

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:

A) There are no further actions needed and we can proceed

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

Click here to enter text.

We believe there are

Choose an item.

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

Residual risks and nature of potential impact on individuals. (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)).	Likelihood of harm	Severity of harm	Overall risk
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

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)
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.

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: [REDACTED]

Job Title: BOB ICB Data Protection Officer

Signature: [REDACTED] Date: 03/07/2024

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 as a result of this project.

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.

Appendix



BOB GP DSPT and
ICO registration 202

1. List of GP practices in BOB