**NHS**
**Sheffield**

# Information Governance Statement for the Use and Handling of GP practice data in the Sheffield Clinical Commissioning Group

## 1. Introduction

This document describes Sheffield Clinical Commissioning Group's (CCG) approach to Information Governance in relation to the use and handling of GP practice data sets, ensuring that information is used appropriately and lawfully. This builds upon the individually signed practice Data Processor Agreements

The NHS provides health care to individuals and the population as a whole by delivering care to individuals at the point of contact, for example, when an individual attends the GP Practice or at Accident and Emergency. This care is reactive, delivering a service to meet individual health needs at a particular moment in time. The NHS also proactively manages the health of individuals by helping them manage their illness or to reduce the risk of illness or acute care. They do this by proactively contacting patients with specific illnesses such as diabetes or heart disease, or who are at risk of illness or hospitalisation, to ensure they receive the care necessary to help them live as independent and healthy a life as possible. A third strand of health care delivery is looking after the health of the population as a whole. This involves activities such as public health initiatives, and managing and planning services to ensure that the services NHS Sheffield CCG offers meet the needs of the local population.

The use of information is key to delivering this care. This information is derived from the Primary Care record, which is held by GP Practice. It is processed by the CCG on behalf of individual GP Practices so that they can use their own information to meet the needs of their own patients. The information is also used in a pseudonymised or anonymised way in order to meet the needs of patients cared for NHS Sheffield CCG. Local pseudonymised data is also linked to national data sets in order to allow the NHS to manage the health care needs of the nation.

There are significant benefits from connected information and more integrated care. The Department of Health, NHS Commissioning Board and Public Health England are working with national stakeholders to develop a roadmap for guidance to support greater sharing. A clear message from the NHS Future Forum was that 'not sharing information has the potential to do more harm than sharing it'.

The processing of this information is governed by law and national guidance. Changes to the NHS Constitution are under consideration, with respect of the rights and responsibilities around use of information. This document outlines the purposes of processing GP data and the safeguards that are in place.

## 2. Summary Purposes

Patient identifiable data may be used for the following purposes:

- By practice staff at the relevant registered practice as part of planning care, including selection of patients for review as part of multi-disciplinary team meetings (note other healthcare professionals directly involved in the patients care may also be present at the multi-disciplinary team meetings).

- To offer patients additional/alternative care or services. To support optimal management of individual health and social care needs based on sharing of patient/client level records on a strict 'need-to-know' basis between care professionals with direct responsibilities for the individual - this may involve record linkage. This includes, for example, supporting the Right First Time (RFT) Programme, whose aim is for Health and Social Care partners to work together to transform services and deliver better outcomes for patients through improving unscheduled care in Sheffield. Where the service will be provided by another organisation (such as the Local Authority) information, including contact details, should only be provided to the other organisation with the patients consent. This could be achieved by the practice writing to the patients and asking their permission to pass their details on, with either explicit consent required, or an implied opt-in with explicit opt-out.

Pseudonymised or aggregated data

- Patient level data may be linked to other data sets within the Safe Haven and used to create pseudonymised views or aggregates to be used for other secondary use purposes, as set out below.

- Aggregate / pseudonymised data may be used for analysis to support CCG functions including Commissioning, Service planning and evaluation, Capacity Planning, Benchmarking, Health Needs Assessment / Equity, Research, Management of Health & Social Care Services, Preventive Medicine, Equalities Act and Health Inequalities monitoring

## 3. Datasets covered by this policy

This policy covers information derived from the following datasets:

1. Primary Care data, comprising demographic data and READ coded data (which includes diagnoses, procedures, prescriptions, administration activities). This information is extracted from individual GP practices, in line with the data processing agreement signed by that practice. Any of this data (for example recorded BMI, Smoking Status and Ethnicity) may be used in anonymised aggregate form.

2. Provider Trust patient level activity data sets: This includes national commissioning datasets as provided by the national Secondary Uses Service (SUS) – for example, A&E, outpatient services and inpatient episodes and spells. And other local patient level activity data sets supplied directly by Provider Trusts to the CCGs Safe Haven.

3. Other datasets as agreed and approved by the Caldicott guardian – for example Continuing Health Care.

4. Additional derived data created through record linkage - for example, Risk scores are calculated using a combination of practice care data and national commissioning datasets.

# 4. Responsibilities

- Data Controller – each practice is the data controller for its registered patients' data. Decision making on their behalf is delegated to the CCG Caldicott Guardian as agreed in the individually signed practice Data Processor Agreements.
- Data Processor – Sheffield CCG Health Information Unit Safe Haven (day to day running of the Safe Haven will be managed within the new Commissioning Support arrangements from 1 April 2013).
- Signatories to these arrangements – GP Practice Caldicott Leads (via Practice Data Processor Agreement), CCG Caldicott Guardian, and Information Governance approval by the Sheffield CCG Information Governance Group.

# 5. Data Processing Arrangements

The GP practice data set is securely transferred from the practice system to the CCG's secure Safe Haven for data processing (to be managed by the Commissioning Support Unit / Data Management Integration Centre from 1 April 2013). All data processing is managed within the Safe Haven by named authorised Safe Haven staff. Data is then checked and quality assured within the Safe Haven. Data is matched using the NHS number to hospital activity data and derived data may be generated (for example risk stratification scores). The data is then made available back to practices via the secure password protected CCG supported reporting system.

# 6. Confidentiality & Security Arrangements

- Data is processed within the CCGs Safe Haven (technically secure & managed by named authorised staff within the Commissioning Support Unit / Data Management Integration Centre)
- Practices can access patient identifiable data for their registered patients only (access is managed via the secure, password protected CCG supported reporting system, or potentially in future via their practice system)
- Other Non-Safe Haven Database users may only see pseudonymised or aggregated views
- Any data processes or data uses must be properly authorised via the CCG Caldicott Guardian
- Information Governance arrangements for the CCG are managed via the CCG Information Governance Group which includes the Caldicott Guardian, Senior Information Responsible Owner SIRO, Information Governance Manager and Head of Information

# 7. Communications

This document will be published on the NHS Sheffield internet.

## 8. Review

These arrangements reflect the current situation at the time of publication. These arrangements will be subject to review in line with local and national developments.

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17 Dec 2012

To have final approved by: SCCG Caldicott Guardian, and SCCG Information Governance Group