

Data Protection Impact Assessment (DPIA)

This assessment must be completed where a positive response has been recorded in the DPIA Pre-Assessment Checklist, and as part of the business case for all projects delivering new information systems and/or processes, and mobilisations which involve the use of personal information or will significantly change the way in which personal information is handled.


Once the assessment has been completed, please forward to the DPIA Review Panel for approval

GENERAL OVERVIEW

1.	Name of the new system or process:	Data to be shared from General Practice clinical systems (EMIS Web) to InHealth Intelligence for the purpose of updating the Child Health Information Service system operated by InHealth Intelligence.
2.	Responsible Person/Project Lead (name & email address):	Phil Kirby – Philip.kirby@inhealth-intelligence.com
3.	What are the main aims?	<p>The continuation of securely exporting patient data from General Practice clinical systems in support of the Child Health Information Service and replacing the current extraction process which uses MiQUEST, with a suitable alternative method using the practice clinical system reporting solution.</p> <p>As MIQUEST is a deprecated system and will be going out of support, migrating to use this alternative extraction method for the delivery of patient data is required.</p> <p>There is already in existence a Information Sharing Agreement supporting the sharing of data between General Practice and the Child Health Information Service. This arrangement supports the timely delivery of health interventions for children, specifically the national childhood immunisation programme.</p>
4.	List the main activities of the project/initiative:	<p>EMIS Web has an effective in-built method of reporting and extracting the immunisation data using the Search and Report Tool.</p> <p>This method will involve inviting Practices to import a report template which once set up runs a regular query of the vaccination data recorded for children registered with the Practice.</p> <p>The data generated from the query can then be exported in CSV format via InHealth Intelligence’s Support Service team and then loaded into the Extract, Transform & Load (ETL) tool to update the InHealth Intelligence HI Hub system.</p> <p>Once the exported data is loaded into the HI Hub system it</p>



		can be loaded into the CHIS system CarePlus for onward sharing to other relevant healthcare professionals who have a legitimate interest in delivering direct patient care.
5.	What are the intended outcomes?	<p>EMIS Web Search and Report tool enables the detailed specification of the data set to be extracted, allowing the cohort of patient data to be filtered based on relevance and necessity prior to exporting.</p> <p>The extraction process can be maintained by a third party (InHealth Intelligence) to ensure it is updated in line with any changes to the delivery of patient care e.g. new vaccinations added to the national schedule.</p> <p>The output will include all immunisations a child has received and therefore any corrections made to historical data will be included in the exported data to update the Child Health record.</p> <p>General Practice will be able to view the reports output. Exports will operate on a weekly basis as a minimum to allow the Child Health Information Service to maintain an accurate register of vaccinated children. This is a fundamental component for maintaining an accurate and up to date child health record.</p> <p>Under the CHIS Service Specification no. 28, the CHIS are required to record all vaccinations for children and as such, must receive all vaccination data recorded on Practice clinical systems.</p> <p>This process will also enable CHIS to carry out scheduling of immunisations as part of CHIS Service Specification no. 28.</p>
INFORMATION ASSET REGISTER		
6.	Who is the Information Asset Owner? - (Name & email address)	Chris Ellis, Operational Lead, chris.ellis@inhealth-intelligence.com
DATA		
7.	Who are the Data Subjects? e.g. the people whose data will be held in a new system, affected by existing system changes and/or processes – this may be patients and/or staff.	<p>Children aged 0-19 years. Also, young adults up to the age of 26 years old where they have a special educational need.</p> <p>Pregnant women with a Hepatitis B positive diagnosis.</p>
8.	What Data Entities will be processed? (i.e. the actual captured personal information)	<p>The dataset to be exported from General Practice clinical systems is specified within the CHIS Data Definitions Document (DED) and is quality assured and reviewed regularly to ensure the data to be exported is necessary and contains the agreed cohort of patients.</p> <p>There is a national specification for the Child Health Record (DCB3009) that specified the data that is required to be held within a CHIS system.</p> <p>The following Personal and Sensitive data items are held in the system.</p> <p>-Name, Address, Date of Birth, Gender, NHS Number, GP</p>



		Practice, Treatment dates, Diagnosis, Medical history (specific to vaccination data), Ethnic group.
9.	Will this system/process include data which was not previously collected?	No, the data to be collected will remain unchanged.
10.	Have you assessed the likelihood of data causing any unwarranted distress or damage to individuals concerned? <i>Please see QMS7214 – Privacy Issues Identified & Risk Analysis</i>	Yes – this data set is specified within the Service Specification no. 28 for NHS England commissioned CHIS service under Section 7A of the NHS Act (2006). It is expected that this data is shared and hosted within CHIS services to ensure patients do not miss important scheduled vaccination interventions.
11.	Is there a legal basis for holding and processing this data?	<p>Processing is necessary for the performance of our contract with NHS England. Under formal NHS Terms & Conditions the CHIS Hub Provider (Health Intelligence Ltd) is commissioned to deliver the child health information service under Section 7A of the NHS Act 2006. This includes identifying the eligible population for the national childhood immunisation programme and recording the outcomes of all vaccinations offered and given.</p> <p>Article 6 – Lawfulness of Processing - Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.</p> <p>Article 9 - Processing of special categories of personal data - 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</p>
12.	Does the system/process include new or amended identity authentication requirements that may be intrusive?	No
13.	What checks have been made regarding the adequacy, relevance and necessity of data used?	<p>The data proposed is mandated within the specification for the child health record, it is specified in the CHIS Service Specification No. 28 to be collated and reported. For example, the vaccination status of children will be used to monitor which children have vaccinations outstanding and GP Practices will be sent reminders to support scheduling of vaccination appointments.</p> <p>There is an internal Standard Operating Procedure which lays out the process for maintaining complete and accurate relevant codes as and when they are published.</p>



14.	Can the system/process use pseudonyms or work on anonymous data?	No, it cannot, the child health record needs to be maintained and personal identifiable data is therefore required to be exported from the Practice clinical system.
15.	Can the data subjects opt-out of their data being added to the system/used by the process, and if so is this publicised?	<p>Dissent to sharing data is managed through the registration process with the Practice.</p> <p>Where specified Refused Consent codes have been recorded on the Patient Record (within the GP Practice clinical system) no data flow will occur – unless a subsequent consenting code has been recorded.</p>
16.	Will the data be shared with any 3rd party partners, and if so who are they?	<p>Yes, all those involved in the care of patients within the healthcare system across the relevant areas (where a child falls within the registered/resident or schooled population), can access the child health record in support of the delivery of direct patient care. This is the key aim of the CHIS service, to facilitate appropriate access to the child’s record. Please see Data Flows Diagram.</p> <p style="text-align: center;"></p> <p style="text-align: center;">SW CHIS Data Flows Diagram Feb 2021.pd</p>

DATA SECURITY

17.	Who will use the system/process and have access to the data?	<p>Access to the system and process</p> <p>The following staff will have access to the system/process to facilitate the child vaccination data export from the practice clinical system.</p> <p>General Practice staff InHealth Intelligence Support Services and Analytics staff Child Health Information Service staff All users with access to InHealth Intelligence’s HI Hub system</p> <p>Access to the Child Health Record: Healthcare Professionals across South West England and other areas involved in the direct care of the child or those owning the same duty of confidentiality as the healthcare professional will have access to the vaccination status data for children in their registered, resident, or schooled population as described in the Data Flows Diagram above.</p> <p>Other CHIS services outside of the above areas where the Child is also under their CHIS, e.g. they move out of the area or are schooled in their area. For other CHIS services access is only provided following a request for the record. (Please refer to Schedule 2 of the CHIS Data Sharing Agreement)</p> <p>In order to access the system, the Organisation must have in place a legitimate business need to access the child</p>
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		<p>records, e.g. they provide healthcare services to the population. IG arrangements include the need to sign a Data Sharing Agreement – as provided below and access is restricted based on their role (see Schedule 3 of the embedded documents)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  SW CHIS DSA for LAs v6a.docx </div> <div style="text-align: center;">  SW CHIS DSA v6a.docx </div> </div>		
18.	What training have users had in patient confidentiality?	All users will, as part of their NHS Contract, undertake the Data Security and Protection training as a minimum, each NHS Trust is responsible for their own Compliance.		
19.	Will the data be shared with any other organisations outside of InHealth and our partners?	Yes, other organisations may be involved in the delivery of healthcare services for the children across areas where the data is exported and provided to the Child Health Information Service and only where there is a signed DSA in place will access be provided. The DSA specifically states the data must not be shared any further, rather the other organisation is required to request access themselves.		
20.	Where will data be stored?	The Project is concerned with the extraction of patient data from the General Practice clinical system, using EMIS Search and Report tool to InHealth Intelligence’s ETL system for loading into the HI Hub system. From HI Hub data is transferred to CarePlus, the CHIS database. The data will be temporarily stored in the ETL – cleared down quarterly. The data will be kept within HI Hub and CarePlus for the duration of the CHIS contract.		
21.	What format will data be stored in?	The data will be stored electronically within a patient record system, indexed using the child’s NHS No.		
22.	Does the system/process change the way data is stored?	No		
23.	How will staff access and amend data?	All CHIS staff that have access to the CHIS system CarePlus (browser-based application hosted on HSCN)		
24.	How will data be shared?	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Fax <input type="checkbox"/> Email <input checked="" type="checkbox"/> Via NHS Mail <input type="checkbox"/> Website <input type="checkbox"/> Via Courier </td> <td style="vertical-align: top; width: 50%;"> <input checked="" type="checkbox"/> By hand <input type="checkbox"/> Via post – internal <input type="checkbox"/> Via post – external <input checked="" type="checkbox"/> Via telephone <input checked="" type="checkbox"/> Other: Shared access to CarePlus to authorised users. Other secure email. SFTP secure files. </td> </tr> </table>	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input checked="" type="checkbox"/> Via NHS Mail <input type="checkbox"/> Website <input type="checkbox"/> Via Courier	<input checked="" type="checkbox"/> By hand <input type="checkbox"/> Via post – internal <input type="checkbox"/> Via post – external <input checked="" type="checkbox"/> Via telephone <input checked="" type="checkbox"/> Other: Shared access to CarePlus to authorised users. Other secure email. SFTP secure files.
<input type="checkbox"/> Fax <input type="checkbox"/> Email <input checked="" type="checkbox"/> Via NHS Mail <input type="checkbox"/> Website <input type="checkbox"/> Via Courier	<input checked="" type="checkbox"/> By hand <input type="checkbox"/> Via post – internal <input type="checkbox"/> Via post – external <input checked="" type="checkbox"/> Via telephone <input checked="" type="checkbox"/> Other: Shared access to CarePlus to authorised users. Other secure email. SFTP secure files.			

25.	Are you transferring any personal and/or sensitive data to a country outside the European Economic Area (EEA)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please outline the data types, country, transfer methods and any measures in place to ensure adequate levels of security when transferred to this country.</i>
26.	What security measures have been taken to protect the data?	<p>All data in transit will be encrypted, either by the use of HTTPS over HSCN on our upload portal or when required the use of NHS Mail or secure FTP.</p> <p>All data at rest is encrypted within our systems and we use a Checkpoint Unified Threat Management (UTM) firewall appliance to protect our network boundaries.</p>
27.	Is there an audit trail in place for the asset? <i>For example, to identify who has accessed a record</i>	<p>Yes.</p> <p>The ETL records what data has been presented to HI Hub to load.</p> <p>The HI Hub system has audit logging functionality to carry out system access audits.</p> <p>CarePlus can produce an audit trail and logs all users accessing the system access as well as identifying who has accessed a record within the system.</p>
28.	How often will the system/process be audited?	<p>Quarterly after initial implementation and annually thereafter. However, this may vary from time to time if any findings arise from routine data quality checks (i.e. missing vaccination codes in the exported data) or where there are changes to vaccination codes that warrant an audit of the system/process.</p>
29.	Who supplies the system/process?	<p>EMIS InHealth Intelligence</p>
30.	Is the supplier of the system/recipient of the data registered with the ICO? (please give registration number)	<p>Registration Z845073X</p>
31.	Has the organisation completed the NHS Digital's IG Toolkit to a satisfactory level and/or are ISO27001 certified? If so, attach evidence.	<p>EMIS is ISO 27001 certified</p> <p>Health Intelligence is ISO 27001 certified (2019/20 Standards Exceeded – 30.06.21</p>
32.	Does the contract include necessary IG or data sharing clauses?	<p>Yes</p>
33.	What business continuity plans are in place in the case of data loss/ damage, as a result of human error/ computer virus/network failure/theft/ fire/flood/other disaster?	<p>InHealth Intelligence has a Business Continuity Plan and a Data Continuity Plan.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  QMS2304 - Business Continuity Plan v3.1.p </div> <div style="text-align: center;">  QMS2217 - Data Continuity Strategy an </div> </div>
DATA QUALITY		

34.	Who provides the data information for the system/process?	<p>GP Practices using EMIS Web.</p> <p>Please see the embedded documents</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>CHIS Data Flows Diagram March 2021</p> </div> <div style="text-align: center;">  <p>EMIS practices South West CHIS area July 2</p> </div> </div>
35.	Who inputs the data into the system/process?	<p>Immunisation data is input by GP Practices using EMIS Web and will be accessible via the system once Practices import the report. The process will generate a file and via a schedule can be set up to run regularly and exported with a full dataset bulk file which contains all vaccinations for children.</p>
36.	How will the information be kept up to date and checked for accuracy and completeness?	<p>Weekly data exports are undertaken for all GP Practices who sign the ISA and the output of the EMIS Search and Report tool are then automatically loaded using HI's Export Transform and Load (ETL) system into HI Hub. From HI Hub the data is processed and loaded into CarePlus. The purpose of the EMIS Search and Report tool export is to ensure the CHIS records are up to date.</p> <p>Data Quality checks will be run against data. Using a range of schedules: daily, weekly, quarterly depending on the data.</p> <p>Additional PDS verification checks are carried when a record is accessed and as part of a schedule.</p> <p>Audit logs maintain the source of each data item.</p> <p>Updates will be processed in a timely manner to maintain the HI Hub and CHIS System</p>
37.	Can an individual (or a court) request amendments or deletion of data from the system?	<p>Yes for deletion of incorrect records.</p>
ONGOING USE OF DATA		
38.	Will the data be used to send direct marketing messages?	<p>No</p>
39.	If yes, are consent and opt-in procedures in place?	<p>N/A</p>
40.	Does the system/process change the medium for disclosure of publicly available information?	<p>No</p>
41.	Will the system/process make data more readily accessible than before?	<p>No</p>

42.	<p>What is the data retention period for this data? <i>(please refer to the InHealth Retention Policy)</i></p>	<p>Child health records should be retained until the person reaches their 25th birthday or 26th if recent treatment. For patients with serious incidents further retention periods are justified.</p> <p>National guidance is provided on the retention of records and this will be followed.</p>
43.	<p>How will the data be destroyed when it is no longer required?</p>	<p>Should data need to be destroyed (following the migration to a new Service Provider), then the arrangements detailed in NHS Digital’s Destruction and Disposable of Sensitive Data – Good Practice Guides (2017) will be followed.</p>

DPIA SIGN OFF

<p>Your DPIA must be sent for review by email to: <u>dpo@health-intelligence.com</u></p>	
<p>Approved by:</p>	<p>Michael Pennington</p> 
<p>Date of DPIA Approval:</p>	<p>13/08/2021</p>
<p>Recommendations & required further actions following DPIA review</p>	