Parkbury House Surgery

Privacy Notice

We understand how important it is to keep your personal information safe and secure and we take this very seriously. We have taken steps to make sure your personal information is looked after in the best possible way and we review this regularly.

Please read this privacy notice ('Privacy Notice') carefully, as it contains important information about how we use the personal and healthcare information we collect on your behalf.

Coronavirus (COVID-19) pandemic and your information

The ICO recognises the unprecedented challenges the NHS and other health professionals are facing during the COVID-19 pandemic.

The ICO also recognise that 'Public bodies may require additional collection and sharing of personal data to protect against serious threats to public health.'

The Government have also taken action in respect of this and on 20th March 2020 the Secretary of State for Health and Social Care issued a notice under Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 requiring organisations such as GP Practices to use your information to help GP Practices and other healthcare organisations to respond to and deal with the COVID-19 pandemic.

Please note that this notice has now been revised and extended by a further notice from 29th July 2020 until 31st March 2021.

In order to look after your healthcare needs during this difficult time, we may urgently need to share your personal information, including medical records, with clinical and non clinical staff who belong to organisations that are permitted to use your information and need to use it to help deal with the COVID-19 pandemic. This could (amongst other measures) consist of either treating you or a member of your family and enable us and other healthcare organisations to monitor the disease, assess risk and manage the spread of the disease. Additionally, the use of your information is now required to support NHS Test and Trace.

Please be assured that we will only share information and health data that is necessary to meet yours and public healthcare needs.

The Secretary of State for Health and Social Care has also stated that these measures are temporary and will expire on 31st March 2021 unless a further extension is required. Any further extension will be will be provided in writing and we will communicate the same to you.

Please also note that the data protection and electronic communication laws do not stop us from sending public health messages to you, either by phone, text or email as these messages are not direct marketing.

It may also be necessary, where the latest technology allows us to do so, to use your information and health data to facilitate digital consultations and diagnoses and we will always do this with your security in mind.

If you are concerned about how your information is being used, please contact our DPO using the contact details provided in this Privacy Notice.

Your personal information will also be shared with the national vaccination campaign so that you receive an invitation to have your vaccine and so that you may be vaccinated safely.

Your personal information is also used by the Coronavirus Assessment Tool. Please see Appendix A

Please see appendix A for information on

1. WHY WE ARE PROVIDING THIS PRIVACY NOTICE

We are required to provide you with this Privacy Notice by Law. It explains how we use the personal and healthcare information we collect, store and hold about you. If you are unclear about how we process or use your personal and healthcare information, or you have any questions about this Privacy Notice or any other issue regarding your personal and healthcare information, then please do contact our **Data Protection Officer** (details below).

The Law says:

A. We must let you know why we collect personal and healthcare information about you;

B. We must let you know how we use any personal and/or healthcare information we hold on you;

C. We need to inform you in respect of what we do with it;

D. We need to tell you about who we share it with or pass it on to and why; and

E. We need to let you know how long we can keep it for.

2. THE DATA PROTECTION OFFICER

The Data Protection Officer for Parkbury House Surgery is Barry Moult. You can contact them by calling the surgery and speaking to Sue Bailey:

- You have any questions about how your information is being held;
- If you require access to your information or if you wish to make a change to your information;
- If you wish to make a complaint about anything to do with the personal and healthcare information we hold about you;
- Or any other query relating to this Policy and your rights as a patient.

3. ABOUT US

We, at the Parkbury House Surgery ('**the Surgery**') situated at St Peters street, St Albans, Hertfordshire, AL1 3HD are a **Data Controller** of your information. This means we are responsible for collecting, storing and handling your personal and healthcare information when you register with us as a patient.

There may be times where we also process your information. That means we use it for a particular purpose and, therefore, on those occasions we may also be **Data Processors**. The purposes for which we use your information are set out in this Privacy Notice.

4. INFORMATION WE COLLECT FROM YOU

The information we collect from you will include:

A. Your contact details (such as your name and email address, including place of work and work contact details);

B. Details and contact numbers of your next of kin;

C. Your age range, gender, ethnicity;

D. Details in relation to your medical history;

E. The reason for your visit to the Surgery;

F. Medical notes and details of diagnosis and consultations with our GPs and other health professionals within the Surgery involved in your direct healthcare.

5. INFORMATION ABOUT YOU FROM OTHERS

We also collect personal information about you when it is sent to us from the following:

A. a hospital, a consultant or any other medical or healthcare professional, or any other person involved with your general healthcare.
B. Police
C. Immigration Matters
D. Court Orders
E. Fire Arms applications
F. Solicitor Letters
G. Safeguarding/ Health Visitors

6. YOUR SUMMARY CARE RECORD

Your summary care record is an electronic record of your healthcare history (and other relevant personal information) held on a national healthcare records database provided and facilitated by NHS England.

This record may be shared with other healthcare professionals and additions to this record may also be made by relevant healthcare professionals and organisations involved in your direct healthcare.

You may have the right to demand that this record is not shared with anyone who is not involved in the provision of your direct healthcare. If you wish to enquire further as to your rights in respect of not sharing information on this record then please contact our Data Protection Officer.

To find out more about the wider use of confidential personal information and to register your choice to opt out if you do not want your data to be used in this way, please visit www.nhs.uk/my-data-choice.

Note if you do choose to opt out, you can still consent to your data being used for specific purposes. However, if you are happy with this use of information you do not need to do anything. You may however change your choice at any time.

7. WHO WE MAY PROVIDE YOUR PERSONAL INFORMATION TO, AND WHY

Whenever you use a health or care service, such as attending Accident & Emergency or using Community Care Services, important information about you is collected to help ensure you get the best possible care and treatment. This information may be passed to other approved organisations where there is a legal basis, to help with planning services, improving care, research into developing new treatments and preventing illness. All of this helps in proving better care to you and your family and future generations. However, as explained in this privacy notice, confidential information about your health and care is only used in this way where allowed by law and would never be used for any other purpose without your clear and explicit consent.

We may pass your personal information on to the following people or organisations, because these organisations may require your information to assist them in the provision of your direct healthcare needs. It, therefore, may be important for them to be able to access your information in order to ensure they may properly deliver their services to you:

A. Hospital professionals (such as doctors, consultants, nurses, etc);

B. Other GPs/Doctors;

C. Pharmacists;

D. Nurses and other healthcare professionals;

E. Dentists;

F. Any other person that is involved in providing services related to your general healthcare, including mental health professionals.

8. OTHER PEOPLE WHO WE PROVIDE YOUR INFORMATION TO

A. Commissioners;

B. Clinical Commissioning Groups;

C. Local authorities;

D. Community health services;

E. For the purposes of complying with the law e.g. Police, Solicitors, Insurance Companies;

F. Anyone you have given your consent to, to view or receive your record, or part of your record. **Please note, if you give another person or organisation consent to access your record we will need to contact you to verify your consent before we release that record. It is important that you are clear and understand how much and what aspects of, your record you give consent to be disclosed.**

G. **Extended Access –** we provide extended access services to our patients which means you can access medical services outside of our normal working hours. In order to provide you with this service, we have formal arrangements in place with the Clinical Commissioning Group and with other practices whereby certain key "**hub"** practices offer this service on our behalf for you as a patient to access outside of our opening hours. This means, those key "**hub"** practices will have to have access to your medical record to be able to offer you the service. Please note to ensure that those practices comply with the law and to protect the use of your information, we have very robust data sharing agreements and other clear arrangements in place to ensure your data is always protected and used for those purposes only. You will be asked for your consent before we book you an appointment in through extended access and the doctor will ask for your consent to view your record before starting your consultation.

   The key **Hub** practices are as follows:

   Parkbury House Surgery, The Lodge & Highfield Surgery, The Maltings Surgery, Grange Street Surgery, The Midway, Redbourn Health Centre, Davenport House, Lattimore Surgery, Harvey House, The Elms, The Village Surgery, Colney Medical Centre, Hatfield Surgery, Jersey Farm Surgery

H. **Data Extraction by the Clinical Commissioning Group –** the clinical commissioning group at times extracts medical information about you, but the information we pass to them via our computer systems **cannot identify you to them.** This information only refers to you by way of a code that only your practice can identify (it is pseudo-anonymised). This therefore protects you from anyone who may have access to this information at the Clinical Commissioning Group from **ever** identifying you as a result of seeing the medical information and we will **never** give them the information that would enable them to do this.

   There are good reasons why the Clinical commissioning Group may require this pseudo-anonymised information, these are as follows:

To obtain the statistical information that will help them to plan for and commission medical services needed by the patients in the area

To ensure that we are providing the services needed by our patients and commissioned by the CCG

I. **Data Extraction by NHS Digital through CQRS and through direct extraction -** NHS Digital at times extracts medical information about you from our medical system and we use CQRS which is software developed by NHS Digital for payment purposes. The NHS can't analyse all information on its own, so we safely and securely share some with researchers, analysts and organisations who are experts in making sense of complex information. We only share what's needed for each piece of research, and wherever possible, information is removed so that you can't be identified.

There are good reasons why NHS Digital may require this information, these are as follows:

Information about your health and care helps the NHS to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

NHS Digital has a legal responsibility to collect data about NHS and social care services.

You can choose not to have information about you shared or used for any purpose beyond providing your own treatment or care. To read more: https://www.nhs.uk/your-nhs-data-matters/

J. **My Care Record** - Where NHS professionals are directly involved in your care locally, you may be asked to give consent for them to view 'My Care Record' which gives direct access to your care record at the Surgery. Further information is available on www.mycarerecord.org.uk . This access is limited to local NHS organisations in order that they can make the best decisions about your diagnosis and treatment. They can only view your record and cannot edit or save your information, however they will notify us separately of the care given to you. You may 'object to share'.

K. **Eclipse -** Case Finding and Profiling. Sometimes your information will be used to identify whether you need particular support from us. Those involved in your care might look at particular 'indicators' (such as particular conditions) and contact you or take action for healthcare purposes.

For example, this might be to prevent you from having to visit accident and emergency by supporting you in your own home or in the community. We will use automated technology to help us to identify people that might require support but ultimately, the decision about how or whether to provide extra support you is made by those involved in your care.

L. **Gemima** - HVCCG extracts medical information about you for population health management and risk stratification purposes, the information we pass to them via our computer systems cannot identify you to them. This information only refers to you by way of a code that only your practice can identify (it is pseudo-anonymised). This therefore protects you from anyone who may have access to this information at the Clinical Commissioning Group from ever identifying you as a result of seeing the medical information and we will never give them the information that would enable them to do this.

There are good reasons why the Clinical Commissioning Group may require this pseudo-anonymised information, these are as follows:

- To assist in analysing current health services and proposals for developing future services.
- To develop risk stratification models to help GP's to identify and support patients with long term conditions and to help to prevent un-planned hospital admissions or reduce the risk of certain diseases developing, such as diabetes.
- Using risk stratification to help the CCG to understand the health needs of the local population in order to plan and commission the right services.

NHS Arden and Greater East Midlands Commissioning Support Unit (AGEM) are commissioned by the CCG to carry out this process. The risk stratification tool that AGEM use for this process is called Gemima.

9. ANONYMISED INFORMATION

Sometimes we may provide information about you in an anonymised form. If we do so, then none of the information we provide to any other party will identify you as an individual and cannot be traced back to you.

10. YOUR RIGHTS AS A PATIENT

The Law gives you certain rights to your personal and healthcare information that we hold, as set out below:

A. Access and Subject Access Requests

You have the right to see what information we hold about you and to request a copy of this information.

If you would like a copy of the information we hold about you please email our Data Protection Officer. We will provide this information free of charge however, we may in some **limited and exceptional** circumstances have to make an administrative charge for any extra copies if the information requested is excessive, complex or repetitive.

We have one month to reply to you and give you the information that you require. We would ask, therefore, that any requests you make are in writing and it is made clear to us what and how much information you require.

B. Online Access

You may ask us if you wish to have online access to your medical record. However, there will be certain protocols that we have to follow in order to give you online access, including written consent and production of documents that prove your identity.

Please note that when we give you online access, the responsibility is yours to make sure that you keep your information safe and secure if you do not wish any third party to gain access.

C. Correction

We want to make sure that your personal information is accurate and up to date. You may ask us to correct any information you think is inaccurate. It is very important that you make sure you tell us if your contact details including your mobile phone number has changed.

D. Removal

You have the right to ask for your information to be removed however, if we require this information to assist us in providing you with appropriate medical services and diagnosis for your healthcare, then removal may not be possible.

E. Objection

We cannot share your information with anyone else for a purpose that is not directly related to your health, e.g. medical research, educational purposes, etc. We would ask you for your consent in order to do this however, you have the right to request that your personal and healthcare information is not shared by the Surgery in this way. Please note the Anonymised Information section in this Privacy Notice.

F. Transfer

You have the right to request that your personal and/or healthcare information is transferred, in an electronic form (or other form), to another organisation, but we will require your clear consent to be able to do this.

11. THIRD PARTIES MENTIONED ON YOUR MEDICAL RECORD

Sometimes we record information about third parties mentioned by you to us during any consultation. We are under an obligation to make sure we also protect that third party's rights as an individual and to ensure that references to them which may breach their rights to confidentiality, are

removed before we send any information to any other party including yourself. Third parties can include: spouses, partners, and other family members.

12. HOW WE USE THE INFORMATION ABOUT YOU

We use your personal and healthcare information in the following ways:

A. when we need to speak to, or contact other doctors, consultants, nurses or any other medical/healthcare professional or organisation during the course of your diagnosis or treatment or on going healthcare;

B. when we are required by Law to hand over your information to any other organisation, such as the police, by court order, solicitors, or immigration enforcement.

We will never pass on your personal information to anyone else who does not need it, or has no right to it, unless you give us clear consent to do so.

13. LEGAL JUSTIFICATION FOR COLLECTING AND USING YOUR INFORMATION

The Law says we need a **legal basis** to handle your personal and healthcare information.

CONTRACT: We have a contract with NHS England to deliver healthcare services to you. This contract provides that we are under a legal obligation to ensure that we deliver medical and healthcare services to the public.

CONSENT: Sometimes we also rely on the fact that you give us consent to use your personal and healthcare information so that we can take care of your healthcare needs.

Please note that you have the right to withdraw consent at any time if you no longer wish to receive services from us.

NECESSARY CARE: Providing you with the appropriate healthcare, where necessary. The Law refers to this as 'protecting your vital interests' where you may be in a position not to be able to consent.

LAW: Sometimes the Law obliges us to provide your information to an organisation (see above).

14. SPECIAL CATEGORIES

The Law states that personal information about your health falls into a special category of information because it is very sensitive. Reasons that may entitle us to use and process your information may be as follows:

PUBLIC INTEREST: Where we may need to handle your personal information when it is considered to be in the public interest. For example, when there is an outbreak of a specific disease and we need to contact you for treatment, or we need to pass your information to relevant organisations to ensure you receive advice and/or treatment;

CONSENT: When you have given us consent;

VITAL INTEREST: If you are incapable of giving consent, and we have to use your information to protect your vital interests (e.g. if you have had an accident and you need emergency treatment);

DEFENDING A CLAIM: If we need your information to defend a legal claim against us by you, or by another party;

PROVIDING YOU WITH MEDICAL CARE: Where we need your information to provide you with medical and healthcare services

15. HOW LONG WE KEEP YOUR PERSONAL INFORMATION

We carefully consider any personal information that we store about you, and we will not keep your information for longer than is necessary for the purposes as set out in this Privacy Notice.

16. UNDER 16s

There is a separate privacy notice for patients under the age of 16, a copy of which may be obtained on request.

17. SECURITY, SAFETY AND MONITORING

Telephone calls may be recorded for training and audit purposes.

18. IF ENGLISH IS NOT YOUR FIRST LANGUAGE

If English is not your first language you can request a translation of this Privacy Notice. Please contact our Data Protection Officer.

19. COMPLAINTS

If you have a concern about the way we handle your personal data or you have a complaint about what we are doing, or how we have used or handled your personal and/or healthcare information, then please contact our Data Protection Officer.

However, you have a right to raise any concern or complaint with the UK information regulator, at the Information Commissioner's Office: https://ico.org.uk/.

20. OUR WEBSITE

The only website this Privacy Notice applies to is the Surgery's website. If you use a link to any other website from the Surgery's website then you will need to read their respective privacy notice. We take no responsibility (legal or otherwise) for the content of other websites.

21. COOKIES

The Surgery's website uses cookies. For more information on which cookies we use and how we use them, please see our Cookies Policy.

22. SECURITY

We take the security of your information very seriously and we do everything we can to ensure that your information is always protected and secure. We regularly update our processes and systems and we also ensure that our staff are properly trained. We also carry out assessments and audits of the information that we hold about you and make sure that if we provide any other services, we carry out proper assessments and security reviews.

23. TEXT MESSAGING AND CONTACTING YOU

Because we are obliged to protect any confidential information we hold about you and we take this very seriously, it is imperative that you let us know immediately if you change any of your contact details.

We may contact you using SMS texting to your mobile phone in the event that we need to notify you about appointments and other services that we provide to you involving your direct care, therefore you must ensure that we have your up to date details. This is to ensure we are sure we are actually contacting you and not another person.

24. WHERE TO FIND OUR PRIVACY NOTICE

You may find a copy of this Privacy Notice in the Surgery's reception, on our website, or a copy may be provided on request.

25. CHANGES TO OUR PRIVACY NOTICE

We regularly review and update our Privacy Notice. This Privacy Notice was last updated on 01/10/2020.

Appendix A

COVID-19 Clinical Risk Assessment Tool Data Protection Impact Assessment (DPIA)

Version 1.0 (template) 16 February 2021

Compliance with General Data Protection Regulation (GDPR)

The COVID-19 Clinical Risk Assessment Tool, powered by QCovid®, (the Tool) does not capture and store personal data about the patient. NHS Digital, who host the Tool, is therefore not processing any personal data about patients in providing the Tool. Clinicians, however, will be processing personal data about a patient when they use the Tool, as part of a clinical consultation with the patient and otherwise to support direct care of patients. In particular, if the results from the risk assessment are recorded into the patient's health record, this will be processing personal data about the patient in their health record.

The organisations determine their purposes and means of the processing of personal data and are therefore controllers under UK General Data Protection Regulation (GDPR) in relation to the patient data processed by clinicians through using the Tool and recording the risk assessment results. To support organisations using the COVID-19 Clinical Risk Assessment Tool, NHS Digital has produced this Data Protection Impact Assessment (DPIA) template. A template patient Privacy Notice has also been provided, which can be shared with patients who may wish to know more information about the Tool and the risk assessment results recorded in their health record.

Controller details

Name of controller	Parkbury House Surgery
Name of controller contact /DPO (delete as appropriate)	Barry Moult

Step 1: Identify the need for a DPIA

Explain broadly what project aims to achieve and what type of processing it involves. You may find it helpful to refer or link to other documents, such as a project proposal. Summarise why you identified the need for a DPIA.

Project Aims

The project will allow trained clinicians from a healthcare organisation to use the Tool which is an online tool made available to the healthcare organisation to enable shared decision making for direct care purposes. The COVID-19 Clinical Risk Assessment Tool estimates the risks of patients catching coronavirus and being admitted to hospital and catching coronavirus and dying from coronavirus (COVID-19), which can be used to produce a coronavirus risk assessment results for a patient. The Tool is based on risk factors, such as: age, gender, ethnic group, health conditions and current medications.

The risk assessment results are used by clinicians to help their patients to understand their risk and discuss actions that could be taken in the context of other important factors including occurrences of coronavirus in the local area, risk appetite, occupation and personal circumstances. Clinical conversations could include advice to shield to limit the risks of catching the virus, ways in which health can be improved (such as losing weight) to reduce the risk of serious illness if infected, and coronavirus risk mitigation (refer to clinical guidance). The Tool may also be used by the clinician in preparation for a consultation or otherwise for direct care purposes including to help them in considering whether their patient should be included on the Shielded Patient List (SPL). Using the Tool to assist the clinician in considering adding or removing a patient to/from the SPL should only be done in accordance with the clinical guidance on use of the Tool provided.

The Tool is provided by NHS Digital as instructed by the Department of Health and Social Care to support health interventions in relation to coronavirus.

Types of processing

The following types of processing occur:

- Collection of personal data from the patient and from the healthcare organisation's patient records, to input into the Tool;
- Through the Tool profiling the data input to derive risk assessment results in relation to coronavirus for the patient;
- Discussing the risk assessment results with their patient in context of providing direct care to their patient;
- Recording the fact that coronavirus risk assessment results has been obtained and/or the results on the patient's record.
- Otherwise used by the clinician to provide direct care to their patient including whether they should be included on the SPL. This should only be done in accordance with clinical guidance on use of the Tool provided.

The Tool itself does not process personal data.

Need for DPIA

The need for a DPIA arises because the healthcare organisation shall be undertaking the following in relation to personal data in obtaining coronavirus risk assessment results from the Tool:

1. Evaluation or scoring;
2. Processing of sensitive personal data or data of a highly personal nature;
3. Processing of data concerning vulnerable data subjects;
4. Innovative technological or organisational solutions; and
5. Profiling, including of health, ethnicity and other characteristics.

<u>Limitations</u>

The Tool generates risk assessment results based upon the level of risk from coronavirus arising to the patient for the purposes of clinical consultation with the patient, in preparation for a consultation with a patient or for other direct care purposes.

The underlying model for the Tool is based upon coronavirus experience during wave 1 (spring 2020) of the pandemic

and the risk to patients of coronavirus may, in some circumstances, be different. In particular:

1. Shielding, social distancing measures and coronavirus infection prevalence may be different now;
2. Certain health conditions may not have been identified as representing particular coronavirus related risks in the Tool but may arise subsequently; and
3. The widespread availability of coronavirus testing.

The Tool shall be updated as knowledge of coronavirus risks matures.

Step 2: Describe the processing

Describe the nature of the processing: how will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? You might find it useful to refer to a flow diagram or other way of describing data flows. What types of processing identified as likely high risk are involved?

The healthcare organisation will collect the personal data:

a. Directly from the patient, in a clinical consultation, with the patient or for the purposes of direct patient care;
b. From patient records held by the healthcare organisation, for the purposes of direct patient care;

The healthcare organisation will use the personal data as follows:

c. Personal data is not inputted into the Tool. Characteristics obtained from the patient and/or from their healthcare records are inputted into the Tool, but they do not identify the patient. The only potentially identifiable data input is the postcode which is immediately converted into a non-identifiable social deprivation number, which feeds into the risk assessment results generated by the Tool.
d. Discuss the risk assessment results with the patient in context of a direct care healthcare conversation between the clinician and the patient;

The healthcare organisation will record and store the personal data as follows:-

e. Record the fact that a coronavirus risk assessment has been obtained, the version number of the Tool and/or the risk assessment results on the patient's record.
f. The healthcare organisation may also record other personal data provided by the patient or obtained in the consultation where appropriate to update the patient record
g. No personal data is stored on the Tool or NHS Digital platforms.

The healthcare organisation consider that the processing is likely to be high risk (as defined in GDPR) for the following reasons:

h. While the Tool itself does not process personal data, the use of it by the clinician means that the healthcare organisation is processing personal data including special category data (as defined by Article 9 of UK GDPR) because we can identify the patient who is in consultation with the clinician. The high risk processing being undertaken by the health organisation includes:
    - Evaluation or scoring (by virtue of the risk assessment results);
    - Processing of sensitive personal data or data of a highly personal nature (through collection and assessment, and discussion with the patient);
    - Processing of data concerning vulnerable data subjects (as some data subjects will be elderly, have learning difficulties, mental health needs and other vulnerabilities);
    - Innovative technological or organisational solutions (by virtue of the Tool);
    - Profiling, including of health, ethnicity and other characteristics (through delivering risk assessment results).

Please refer to the health organisation's full Privacy Notice for details of where they may onwardly share personal data.

Describe the scope of the processing: what is the nature of the data, and does it include special category or criminal offence data? How much data will you be collecting and using? How often? How long will you keep it? How many individuals are affected? What geographical area does it cover?

The clinician enters the following key risk characteristics of the patient into the Tool to assess coronavirus risk as part of a consultation with a patient:

- Age (over 19 and under 100)
- Sex registered at birth
- Ethnicity
- Living arrangements (whether you live in your own home, in a care home or are homeless)
- Postcode. Leave blank if unknown. Postcode is used to determine the level of social deprivation in the patient's area of residence using the Townsend score If can be blank it is not essential. If Post Code is required why can't just 1st part of post code be used? – This will reduce any risk of identification
- Height (cm), Weight (Kg) – used to calculate BMI
- Cardiovascular diseases
- Respiratory diseases and treatment
- Metabolic, renal and liver conditions
- Neurological and psychiatric conditions
- Autoimmune and haematological conditions
- Cancer and immunosuppressants – If you have a diagnosis of certain cancers and you have been prescribed if you have been prescribed 4 or more times with certain immunosuppressants in the last 6 months.

Ethnic group and health condition information would consist of special category data.

It may be necessary to process wider information (what is this wider information? – need to be careful of data creep) about a patient's health for the purposes of understanding and inputting the patient's key characteristics (as set out above) into the Tool.

The Tool does not provide any functionality to record or upload the risk assessment results onto a patient's record. If the clinician chooses to record the use of the Tool or the risk assessment results themselves on a patient record, the healthcare organisation will become the Controller (the GP Practice IS the data controller, not will be come) for that information as well as the information it collects and processes during a consultation with a patient, including the clinician's input into the Tool.

Any personal data retained on the patient record shall be retained in accordance with the healthcare organisation's data retention policy, which should be detailed on the organisation's privacy notice to patients.

No personal data is processed by the Tool itself.

Please refer to the healthcare organisation's full Privacy Notice for details of data retention and location of data.

Describe the context of the processing: what is the nature of your relationship with the individuals? How much control will they have? Would they expect you to use their data in this way? Do they include children or other vulnerable groups? Are there prior concerns over this type of processing or security flaws? Is it novel in any way? What is the current state of technology in this area? Are there any current issues of public concern that you should factor in? Are you signed up to any approved code of conduct or certification scheme (once any have been approved)?

The nature of our relationship with individuals

The Tool is used by the patient's clinician in discussion with the patient in a direct care setting, during a consultation with a patient and otherwise to support direct care of patients.

The patient's control over the processing

The clinician will use the COVID-19 Clinical Risk Assessment Tool to assess the patient's risks in relation to coronavirus to support the direct care of the patient. The clinician provides advice and guidance to the patient.

Would patients expect their data to be used in this way?

The Tool is used only in a direct care setting or otherwise for direct care purposes for the patient. A patient privacy notice

is also supplied and can be provided to patients. The proposed processing would therefore be within their expectations. (would not a layered approach be more acceptable i.e a leaflet for this purpose rather than a who Privacy Notice?)

Does the processing include children or other vulnerable groups?

The Tool should only be used for adults aged 19 and over. Processing will include the processing of data concerning vulnerable individuals (as some individuals will be elderly, have learning difficulties, mental health needs and other vulnerabilities).

Are there prior concerns over this type of processing or security flaws?

There should be no processing of personal data outside of the normal personal data systems of the healthcare organisation. The Tool does not itself process personal data and therefore presents no differentiated data security risk.

The use of the Tool by the clinician is profiling of the patient, including ethnicity and health condition categories in an automated way. Profiling is therefore considered in more detail in this DPIA but it is noted it takes place in the context of clinical direct care consultations with patients, or otherwise for direct care purposes which does not in itself raise any unusual concerns. Although the Tool processes data in an automated way to produce risk assessment results, this does not result in any automated decision. The clinician should always use the Tool in accordance with the clinical guidance provided within the Tool.

Is it novel in any way?

This is a newly developed Tool for assessing coronavirus risk, to enable a consultation between a patient and their clinician to consider their risk from coronavirus and for other related direct care purposes for the patient. The Tool has been certified as a class 1 medical device by the Medicines and Healthcare products Regulatory Agency (MHRA) and carries the CE mark. Class 1 contains medical devices that have a low to moderate risk to the patient or user. The CE mark is a logo that indicates the Tool meets legislation relating to safety and performance

What is the current state of technology in this area?

This is a newly developed Tool for assessing coronavirus risk, to enable a consultation between a patient and their clinician to consider their risk to coronavirus and otherwise for direct care purposes for the patient.

Are there any current issues of public concern that you should factor in?

The Tool uses a risk prediction model which has been developed on the basis of research into key risk factors in relation to the coronavirus outbreak. As this is an ongoing pandemic, the clinical risk factors shall evolve as more research and evidence becomes available.

A potential public concern could be that the Tool results in automated decision making from automated processing, including profiling, of personal data. However, the Tool itself does not process personal data. In the context in which the Tool is used by the clinician, the only application of the Tool is direct care of the patient through a patient/clinician consultation with the patient and otherwise for the purposes of direct care. This would not amount to automated decision making because no decisions are taken based solely on the risk assessment results which are being used for the purposes of clinical consultation and direct care purposes only. The clinical guidance on use of the Tool makes clear it is not to be used to make decisions but can be used to assist the clinician in making a decision. Additionally, there is human intervention from the clinician in relation to how the results may then be subsequently used, including any decision to record them into the patient's medical record.

In addition, in relation to patients who have conditions that would have led them to be identified as clinically extremely vulnerable and who would be advised to shield during the first few months of the pandemic, the Tool may currently underestimate their risk of coronavirus. Clinical guidance on use of the Tool makes clear that clinicians should use it with clinical judgement to help them as the clinician in advising the patient and otherwise in support of the healthcare needs of the patient.

Are you signed up to any approved code of conduct or certification scheme (once any have been approved)?

No.

Describe the purposes of the processing: what do you want to achieve? What is the intended effect on individuals? What are the benefits of the processing – for you, and more broadly?
The personal data input by a clinician into the Tool will be processed to generate individual coronavirus risk assessment results for the patient, detailed in Step 4 below.

This enables an informed conversation between the medically trained professional and their patient about the nature and extent of their health risks in relation to coronavirus infection. The outcome for patients is that their clinician may gain a better understanding of their risks of infection and potential consequences for them of infection with coronavirus and the clinician is better able to advise the patient of their risks through a clinical consultation. This may include advice on shielding, weight management and other health and lifestyle considerations.

Anonymous data will be collected by NHS Digital through the Tool. This anonymous data may be shared with Oxford University, who developed the risk prediction model which the Tool uses and the Department of Health and Social Care to develop and improve the risk prediction model and the Tool.

Step 3: Consultation process

Consider how to consult with relevant stakeholders: describe when and how you will seek individuals' views – or justify why it's not appropriate to do so. Who else do you need to involve within your organisation? Do you need to ask your processors to assist? Do you plan to consult information security experts, or any other experts?

NHS Digital has consulted and/or been provided with advice by:

- Department of Health and Social Care
- Chief Medical Officer and Deputy Chief Medical Officer (CMO)
- NHS England and NHS Improvement
- Public Health England
- Oxford University
- Internal teams within NHS Digital e.g. Shielded Patient List team
- An expert advisory group consisting of Information Commissioners Office (ICO), National Data Guardian (NDG) and NHS Digitals Information Group Advising on Release of Data (IGARD) members, as critical friends
- NHS X Vaccinations Programme
- NHS Digital Caldicott Guardian
- Professional and membership bodies in health, including RCGP, RCP and BMA
- Patient groups and health charities

Step 4: Assess necessity and proportionality

Describe compliance and proportionality measures, in particular: what is your lawful basis for processing? Does the processing actually achieve your purpose? Is there another way to achieve the same outcome? How will you prevent function creep? How will you ensure data quality and data minimisation? What information will you give individuals? How will you help to support their rights? What measures do you take to ensure processors comply? How do you safeguard any international transfers?

Does the processing actually achieve your purpose?

The Tool is expected to enable the clinician to have a deeper and more clinically effective consultation with patients about the coronavirus risk that applies personally to them. It is also expected to increase the clinician's understanding of the risks to their patient of coronavirus which may help in their direct care for that patient. This is because the Tool is derived from research carried out by Oxford University based upon coronavirus experience from across the healthcare sector. The Tool uses a model based on data from individuals who had been hospitalised and/or who had died during the first wave of coronavirus (Spring 2020). The data was compiled not only from hospital records, but from general practices (GPs) to reflect the impact on local communities. This also means that the model is more representative of the coronavirus risk to population as a whole and not as would be if only hospitalised data were used.

To develop the Tool, Oxford University analysed this data to identify some key factors that might mean people could be at greater risk if they contracted coronavirus. Factors such as age, body mass index, ethnicity, certain health conditions and the level of deprivation in the area they live were identified as key factors that might mean a person is at greater risk. Oxford developed a model which weighted each of these factors and these weightings are used within the Tool to produce the risk assessment results from the information entered by the clinician. The model will evolve over time as

more information regarding the risks of coronavirus is obtained.

The British Medical Journal has published a paper for peer review (https://www.bmj.com/content/371/bmj.m3731) which explains the data used in the model. From this paper, it is expected that clinicians would gain an understanding of the more significant factors that increase the risk to patients if they contract coronavirus, and would be able to discuss these with their patients in the context of the risk assessment results produced. The use of the Tool means that risk assessment results are produced that most accurately reflect the coronavirus risk specific to the patient based on the information provided at that point in time and enables personalised discussion to take place with the clinicians in light of their risk assessment results, with relevant health advice being provided.

Over time, the healthcare organisation will understand further whether the benefits to it and its patients of the Tool are as significant as expected, but the breadth of information through the Tool is greater than available from the healthcare organisation's own resources currently.

Is there another way to achieve the same outcome?

It is considered that there is no other way readily available to achieve this without utilising the Tool. As discussed above, while clinicians can gain some understanding of significant risk factors from reviewing the British Medical Journal paper, it is only by utilising the Tool itself that personalised risk assessments are made available for direct care of the patient and for a consultation with a patient.

In any event, the Tool itself does not process any personal data as it does not collect any data that directly or indirectly identifies the patient.

How will you prevent function creep?

The Tool is intended for use by the clinician in a direct care consultation with their patient, in preparation for a consultation or for other relevant direct care purposes. It will not be used by the clinician for any other purpose. The conditions of use for the Tool make this expressly clear. Should other purposes be identified for use of the Tool by clinicians, these would be considered under a separate DPIA and in conjunction with NHS Digital as the provider of the service.

How will you ensure data quality and data minimisation?

Data processed by the Tool shall be provided by the patient, obtained in the consultation with the clinician or taken from the current patient record held by the healthcare organisation. The patient may be present when the data is input into the Tool and, in such instances, shall be able to correct any inaccuracies that they are aware of.

Patient records are revised and updated by new or up-to-date information as appropriate in subsequent consultations.

No personal data is processed by the Tool.

The only personal data processed by the health care professional is the data which is required by the Tool which are necessary for the purposes of deriving risk assessment results for the patient as approved as a medical device by MHRA.

What information will you give individuals?

When present, patients shall see the inputs to the Tool and the risk assessment results derived from it during the consultation. The clinician shall then have a clinical conversation with the patient around the coronavirus risks to them and what actions they might consider to mitigate the risks where appropriate. In other instances, where the clinician inputs data into the Tool in the absence of the patient, they are able to use the outputs in consultation with the patient where they consider that appropriate for direct care of the patient.

A template Privacy Notice has been supplied by NHS Digital which can be provided to the patient by the clinician which explains how the patient's personal data is processed by the healthcare organisation for the purposes of the Tool application.

How will you help to support their rights?

The healthcare organisation can provide the patient with a Privacy Notice which supplements the organisation's main Privacy Notice which is also available online.

The clinician will explain in plain English how the risk assessment results are derived and that the Tool itself will evolve as more knowledge is gained about coronavirus risks through summarising the information about the workings of Tool and the Tool is updated.

The Tool is used during a consultation a patient and otherwise to support direct care of patients.

What measures do you take to ensure processors comply?

No data processors are involved. This is a consultation between the clinician and their patient only or otherwise for use by a clinician for direct care purposes only.

How do you safeguard any international transfers?

Not applicable for the purposes of the use of the Tool for direct care purposes including consultation with patients.

Healthcare Organisation Necessity and Proportionality Assessment

Special category data is processed for the purposes of obtaining risk assessment results from the Tool and for purposes of consultation with the patient. It is considered that this is proportionate and necessary because:

- This is for a direct care purpose;
- It is considered necessary to enable a richer conversation about coronavirus risk with patients than would otherwise be possible;
- Coronavirus risk is material for large sections of the population; and
- Personal data is not transferred outside of the Healthcare organisation through use of the Tool.

.

Healthcare Organisation lawful basis for processing

The healthcare organisation will rely upon the following legal basis to collect and process personal data in through the Tool for direct care purposes only, including where appropriate in consultation with patients and in the recording of the risk assessment results on patients records:

Personal Data

GDPR

Article 6 (1)(e) – Public Task (direct healthcare)

Special Category Data (Health and Ethnicity)

GDPR

Article 9 (2) (h) – Purposes of preventative or occupational medicine for healthcare data.

Data Protection Act 2018

Schedule 1, Paragraph 2 Health or social care purposes.

Duty of Confidence

The healthcare organisation is processing the personal data in order to answer the questions in the Tool and to record the risk assessment results in their patient health record. This is for direct care purposes to provide patients with safe care and treatment and would be within the reasonable expectations of the patient for the purposes of providing that direct care.

Patient Opt Out Preferences

If a health organisation stores personal data on their own system as Controller, then they will need to abide by the patient's opt out preferences in relation to any subsequent processing the personal data where this applies.

Step 5: Identify and assess risks

Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	**Likelihood of harm** Remote, possible or probable **Before mitigation identified at Step 6**	**Severity of harm** Minimal, significant or severe **Before mitigation identified at Step 6**	**Overall risk** Low, medium or high **Before mitigation identified at Step 6**
1. Patient does not understand how the Tool is processing their personal data	Possible	Significant	Medium
2. Patient does not understand what the risk assessment results means to them	Probable	Severe	High
3. The Tool is defective and produces a risk assessment results that are inaccurate and do not accurately represent the risk of coronavirus to the patient.	Possible	Severe	High
4. As the risk assessment is based upon historic coronavirus outcomes for the period February to June 2020 there is a risk that the risk assessment result produced by the Tool may be inaccurate because social and other factors during validation period may be different to those factors at the current time.	Possible	Severe	High
5. The use of the Tool constitutes solely automated decision making.	Remote	Severe	Medium
6. The patient does not understand how the Tool works or how their risk assessment results are generated.	Probable	Severe	High

Step 6: Identify measures to reduce risk

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5				
Risk	**Options to reduce or eliminate risk**	**Effect on risk** Eliminated Reduced Accepted	**Residual risk** Low Medium High	**Measure approved** Yes/No
1. Patient does not understand how the Tool is processing their personal data	The Tool does not process personal data. Only the clinician can identify the patient and only the clinician is processing personal data about the patient. The Privacy Notice sets out that no personal data is processed by the Tool and the clinician will explain to the patient what data is being put into the Tool when it is used during a consultation with a patient or where a consultation with a patient is considered appropriate by the clinician following use of the Tool by them.	Reduced	Low	Yes
2. Patient does not understand what the risk assessment results mean to them	The COVID-19 Clinical Risk Assessment Tool is only used for direct care purposes. Clinicians are provided with detailed information about the Tool including the link to the British Medical Journal article on the risk prediction model which is the QCovid® model underpinning the Tool Clinicians are provided with guidance notes about the Tool and how to explain the risk assessment results to patients.	Reduced	Low	Yes

3. The Tool is defective and produces risk assessment results that are inaccurate and do not accurately represent the risk of coronavirus to the patient	The Tool has been approved by the MHRA for use as a medical device within class 1. Class 1 contains medical devices that have a low to moderate risk to the patient or user. The CE mark is a logo that indicates the service meets legislation relating to safety and performance. The underlying QCovid® model was commissioned by the Chief Medical Officer and the underlying research published in the BMJ for peer review. The Tool has been subject to clinical engagement and assessment. The underlying QCovid® model has been evaluated to ascertain whether it discriminated effectively on the two primary outcomes (catching and hospitalisation or catching and death). It showed good statistical discrimination in determining a patient's risk of hospitalisation or death from coronavirus and the statistical methods are described in the BMJ paper. NHS Digital has invited feedback on the COVID-19 Clinical Risk Assessment Tool from clinicians. The COVID-19 Clinical Risk Assessment Tool was presented to NHS Digital's Clinical Safety Group for Clinical Authority to Release. The research team at Oxford University have provided example data sets containing 2 million example patients with risk outcomes which has been used to verify the implementation. The research protocol followed by Oxford University has been published and can be accessed via https://www.bmj.com/content/371/bmj.m3731. Peer review was provided on publication.	Reduced	Low	Yes

4. Being based upon historic coronavirus outcomes for the period February to June 2020 (the validation period) the risks to patients provided with risk assessment results from the Tool by their clinician may be inaccurate because social and other factors during validation period may be different to those factors at the current time.	Guidance for clinicians makes clear that the Tool is only made available for direct care purposes and, where appropriate in the clinician's clinical judgement, to facilitate individualised discussions between clinically trained professionals and patients about coronavirus risk. This will enable shared decision making, allowing patients to understand their risk and discuss actions that could be taken in the context of other important factors including local prevalence, risk appetite, occupation and personal circumstances. Clinical conversations could include advice to shield to limit the risks of catching the virus, health promotion opportunities (such as losing weight) to reduce the risk of serious illness if infected, and coronavirus risk mitigation in the workplace. Therefore, whilst the Tool is likely to evolve and become more accurate in assessing coronavirus risk to patients, the limitation on its use to the clinical consultation with clinicians provided with guidance notes on its use greatly mitigates the risk of serious consequences of any inaccuracy in risk assessment results. The underlying risk model will be updated periodically as new evidence becomes available and this will, in turn, result in changes to the Tool and the guidance to clinicians accompanying it. The underlying model uses a default BMI of 25 if no BMI is entered. If the BMI is over 47 the Tool will use a BMI of 47, and if the BMI is under 15 the Tool will use 15. As BMI is an important and modifiable risk factor, clinicians are encouraged to complete the height and weight fields when using the Tool. To further reduce the risk of default values being used, the guidance for clinicians explains how the Tool is to be used in the context of a clinical consultation with the patient. Clinicians are also encouraged to review the BMJ paper to consider the relative significance of BMI and other factors contributing to the risk assessment for the purposes of their consultation with patients. The patient shall only receive the risk assessment results in the context of a clinical consultation and therefore their particular circumstances can be considered in that consultation. One of the caveats of the risk assessment set out in guidance to the clinicians is that it should only be used with care and with clinical judgement to remove people from the Shielded Patient List (SPL), when people are added to the SPL by their clinician using the CEV criteria set out by the CMO, and as a joint decision with their patient. This is because it may underestimate the risk for anyone who is on the SPL. It is also explained in the patient Privacy Notice.	Reduced	Low	Yes
5. The model constitutes solely automated decision making	Guidance to clinicians on use of the Tool makes clear that the Tool does not make a clinical assessment but provides a factor for consideration by the clinician with their patient on the most appropriate healthcare arrangements for the patient. No decision is taken solely on the basis of the risk assessment results which are provided to enable a rich conversation about coronavirus risk between a patient and their clinician or otherwise for the clinician to aid them in their understanding of coronavirus risk to their patients for their direct care.	Reduced	Low	Yes

The patient does not understand how the Tool works or how their risk assessment result is generated	Clinical guidance provided to clinicians explains the how the Tool works and provides explanation as to how their risk assessment results are generated. The British Medical Journal has published a paper for peer review (https://www.bmj.com/content/371/bmj.m3731) which explains the data used in the underlying QCovid® model has also been included in the guidance to provide further details for the clinician. NHS Digital has provided a Privacy Notice for healthcare organisations to provide to patients.	Reduced	Low	Yes

Step 7: Sign off and record outcomes

Item	Name/position/date	Notes
Measures approved by:		Integrate actions back into project plan, with date and responsibility for completion
Residual risks approved by:	Tamzin Jamieson	If accepting any residual high risk, consult the ICO before going ahead
DPO advice provided:	Barry Moult	DPO should advise on compliance, step 6 measures and whether processing can proceed
Summary of DPO advice: Comments made above (in red). The risk remains low. I would advise the SIRO to consider the comments, there is nothing to stop this going ahead.		
DPO advice accepted or overruled by:	Tamzin Jamieson	If overruled, you must explain your reasons
Comments: After considering the comments. I agree with the DPO that the risk is low. The risk of not going ahead far outways the risks associated with going ahead and using this tool.		
Consultation responses reviewed by:		If your decision departs from individuals' views, you must explain your reasons
Comments:		
This DPIA will kept under review by:	Tamzin Jamieson	The DPO should also review ongoing compliance with DPIA