



## NHS South East London ICS - Data Service

## Privacy Notice

## Plain English explanation

SEL Integrated Care System (ICS) has established a Data Service to support quality and efficiency improvements across the ICS. It brings together health and care information into a single place, normalizes and makes sense of that information, and enables improvements to direct care, care planning, population health, transformation, commissioning, and agreed-on research projects.

Governance for this work is demonstrated below



1) Controller contact details	Please speak to the relevant Controllers for any specific questions regarding how they participate in the Data Service.
2) Data Protection Officer contact details	Please contact the relevant individual Controller Data Protection Officer
3) Purpose of the processing	The project is a collaborative approach between South East London, North West London, and North East London to develop the Data Service and is overseen by the Collaborative Board made up of representatives across all the relevant parties. The collaboration enables a single approach and platform to combine data from various Health and Care organisations across local and wider SEL ICS health and care economies to support the delivery of shared strategic and operational objectives. This includes Population Health Management for all its parties and wider organisations supporting the delivery of health and care services (e.g. Clinical Effectiveness Groups). It was initially funded as part of the One London Data strategy.



The Data Service is hosted and operationally managed by NHS NEL ICB on behalf of the 3 ICSs using key sub-processors to provide processing support. These include:

- NHS NEL ICB The host organisation that provides the Data Service on behalf of the 3 ICS.
- VOROR 3<sup>rd</sup> party sub-processor to NEL ICB contracted by NEL ICB. The service supports the DDS by managing the searches requested and approved by the SEL DUC.
- AWS 3<sup>rd</sup> party sub-processor to NEL ICB proving the technical platform (cloud-based) where our data is stored securely.

SEL ICS has established the Data Usage Committee (DUC) to oversee the DDS on behalf of the SEL partners including review of applications to access and use of the data, and any changes to its management. A copy of the Terms of Reference for the SEL DUC is attached at the end of this document. (Appendix B)

Throughout its development and now implementation, a strong Information Governance approach was maintained including key focus on Confidentiality, Integrity and Information Security of the system and data underpinning the program has been well established with representation of Controllers and key groups in place.

This service has been developed and managed with key engagement of all Controllers, Patient Representative Groups (SEL Healthwatch), and key partners such as the NHS SEL ICB as well as working with the London Wide Local Medical Committee (covering Primary Care Services).

The Data services operates on the 5 main purposes.

- **Direct Care**: The Data Services will be able to support clinical, social, or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals. Examples of this include the ability to use Dashboards provided by the DDS to enable approved users to "drill down" into the dashboards to individual levels to identify individual support decisions needed about the care being provided.
- **Population Health and Care**: Borough Clinical Effectiveness Teams might want to proactively identify people who have incomplete care, who may benefit from a different type of support or may be at risk of a crisis. By identifying these people and populations, they can make professionals and services aware so that they can be contacted and supported. This capability would reduce the risk of people having a crisis or emergency episode and improve the consistency of care in SEL.



- Quality and Care Improvement: SEL Health & Care professionals might want to identify people who have preventable causes of disease in future the Vital 5. These are Hypertension, Obesity, Alcohol, Smoking and Mental Health issues and if identified would allow earlier interventions and support and reduce future risk of disease or crisis.
- Health and Care Commissioning: A local commissioner might want to identify areas where they could invest funding to deliver greatest value or improvements to care. For example, areas where there are significant gaps in the care and improvements could be seen or a service that is delivering high quality in one borough and could be replicate elsewhere.
- **Research**: Researchers at King's Health Partners want to understand why some ethnic minorities appear to be worse affected by Covid-19. They need to compare characteristics of patients (age, sex, BMI, Hypertension, Diabetes, ethnicity, drugs, deprivation measures) with those apparently unaffected.



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4) <b>Lawful basis</b> for processing	The processing of personal data in the delivery of Risk stratification and for providers' administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 and 9 conditions of the UK GDPR:
	Article 6(1)(e) '…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…'.
	Article 9(2)(h) 'necessary for the purposes of preventative 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"
	We also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality" and ensure that any use of the data services comply with all of these basis
4) Common Law Duty of Confidentiality	The common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.
	The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.
	In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.
	Three circumstances making disclosure of confidential information lawful are:
	<ul> <li>where the individual to whom the information relates has consented.</li> </ul>
	• where disclosure is in the public interest; and
	<ul> <li>where there is a legal duty to do so, for example, a court order.</li> </ul>



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5) Recipient or categories of recipients of the processed data	Various services across SEL ICS may want to apply for the sue of the data to support a particular objective that are aligned to the purposes of the Data Service.
	All requests are supported by a named Controller within the NHS SEL ICS and the applications are considered by the South East London Data Usage Committee (Terms of reference are available (here)).
	All approved applications are listed (here)
6) Rights to object	You have the right to object to some or all the information being processed for the Data Service. Please contact the relevant Controller to note your wish where it is specifically about local information (e.g., an specific health and social care provider). You should be aware that this is a right to raise an objection, which is not the same as having an absolute right to have your wishes granted in every circumstance.
	Some data will be held within the Data Services and when being considered in an application any wishes will be considered at this time.
	If you wish to formally opt-out of use of your data for secondary purposes, known as the National Data Opt-Out please follow the following <u>link</u> and follow the relevant options.
	Further information is available <u>here</u> .
7) Right to access and correction	You have the right to access the data that is being shared and have any inaccuracies corrected. Please contact the relevant individual Controller make such as request
	You have the right to request any incorrect information is corrected. Where these errors are identified, please contact the specific Controller that recorded the information and follow their local process. Any correction will be fed back into the Data Service.
	There right does not apply to factual/accurate medical records (which include a health professionals' opinion) except when ordered by a Court of Law.
8) Retention period	The data will be retained in line with the law and national guidance. <u>Records Management Code of Practice 2021 - NHS</u> <u>Transformation Directorate (nhsx.nhs.uk)</u> .
	For the purpose of the Data Service this is set at 20 years after last entry into the system.





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9) Right to Complain.	If you wish to make complaint about the Data Service, please contact your relevant Controller in the first instance. They will be able to consider your complaint and escalate across the NHS SEL Data Usage Committee as needed.
	You have the right to complain to the Information Commissioner's Office. You can contact them at this link: <u>https://ico.org.uk/global/contact-us/</u> or by calling their helpline on 0303 123 1113 (local rate) or 01625 545 745 (national rate). There are National Offices for Scotland, Northern Ireland and
	Wales, (see O website).