

Shortened Data Protection Impact Assessment for COVID-19 Project use

It is a requirement of the General Data Protection Regulations that all new systems, processes or services have a DPIA conducted prior to go-live to ensure due consideration of data protection by design and default. During the period under which organisations are responding to the COVID-19 pandemic, this short form can be used to capture key elements of the project or system being implemented, **after which a retrospective full DPIA must be completed.**

This questionnaire will still be reviewed by the relevant stakeholders and will be signed off by the **SIRO and Caldicott** and sent to the Data Protection Officer to ensure that the DPIA log is continually updated.

Project/Service Lead contact details

Name of Controller	Kent and Medway Clinical Commissioning Group
	Helen O'Neil Email: helen.o'neil1@nhs.net
Senior Responsible Officer for the Project (name, job title, email address, contact details)	SRO: Susan Acott (CEO EKHUFT) E: susan.acott@nhs.net KMCR Project Director: Evelyn White E: evelyn.white@nhs.net KMCR IG Lead: Temilola Abdul E: lola.abdul@cantium.solutions

Purpose of the Project/Service

Project/Service Name: Kent and Medway Care Record (KMCR)

Full project details and rationale:

This DPIA is solely for GP practices with reliance on the COPI notice with details referred to below:

The Kent and Medway Care Record (KMCR) is a project initiated by the Kent and Medway Sustainable Transformation Partnership (KMSTP) Digital Workstream. The KMCR aims to give those involved in an individuals' care and support access to digital health records held by others involved in their care. The right information to the right person at the right time. Once use is established to support care pathways, the aim is to provide Kent and Medway residents with their own care record through an app.

Following the collaborative development of a Full Business Case (FBC) and a procurement using the NHS [Health Systems and Support Framework](#) (HSSF), a call-off contract was awarded to Graphnet Health Ltd to provide the Kent and Medway Care Record (KMCR). Mobilisation of the contract commenced in March 2020. Graphnet Health Ltd, as the contracted processor operates according to the national contractual IG requirements for role-based access control and data security and applies policies designed to manage shared care records in accordance with national guidance.

The Kent and Medway Care Record (KMCR) sits within the NHSx Local Health and Care Record (LHCR) Programme and must pass a mandatory gateway review by the national LHCR IG Assurance Panel which requires specified IG requirements to be met as a condition of central NHS funding. This implements the LHCR National IG Framework and is a requirement of eligibility for central funding; however, full compliance is not necessary for services needed to tackle COVID. The Secretary of State issued a Control of Patient Information notice on 20th March 2020 ("COPI Notice"). This directed health and social care systems to process confidential patient information for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the Covid-19 outbreak and incidents of exposure. This DPIA covers only the COVID purposes set out in the COPI Notice. Personal data which qualifies as special categories of data under Article 9(1) of the EU General Data Protection Regulation ("GDPR") and Sections 10(1) and 11(1) of the Data Protection Act 2018 ("DPA") will be

processed.

KMCR mobilisation and configuration has been accelerated to deliver services essential to COVID-19 recovery, including surveillance and care planning. These include:

- A COVID dashboard to coordinate COVID recovery and response planning;
- Use of KMCR to extend MIG access and provide a repository for Treatment Escalation Plans (Pilot Project).

The COVID Dashboard is designed to:

- Enable effective monitoring of COVID-19 and support the system to manage a second surge and winter pressures.
- Track hot spots for current and past infection, including feeding into care homes dashboard being developed for the Integrated Care Partnership (ICP) footprints.
- Enable planning for restore and recovery phase including preparation for targeting and tracking immunisations when and if these become available.
- Provide toolkit to manage future challenges.

The pilot will use the KMCR to extend the availability of MIG data to home treatment service/frailty teams including geriatricians, GPs working with specialist frailty teams, IC24 (out of hours) and those supporting end-of-life care at home, in hospices or in care homes in Kent and Medway Integrated Care Partnership areas. Teams will deliver seven-day support for frail (COVID and non- COVID) patients, focusing on patients who do not wish to attend hospital.

Access to Treatment Escalation Plans (TEPs) and other care planning information will be widened through the use of the KMCR as a central repository, allowing them to be shared with those with a legitimate clinical interest in an individual's care. The KMCR will provide a single analytic source that will guide care, resource allocation and prevention from harm.

Providers will be authorised by the KMCR Clinical and Professional Reference Group to access primary and secondary care data through a read-only MIG view embedded in the KMCR. User accounts for a limited number of relevant clinicians will be authorised by the provider or GP practice. The MIG view will include the following existing MIG records:

- The MIG 'Detailed Care Record' extract from all Kent and Medway GP practices.
- The MIG 'Anticipatory Care Plan' extract from all Kent and Medway GP practices (other than West Kent practices).
- The EKHUFT acute MIG shared care record.
- The MFT acute MIG shared care record.
- The KMPT MIG shared care record.
- The NELFT MIG shared care record.

The use of confidential patient information for the above COVID purposes was formally approved by the NHSx Data Release Authority Board on 8th June 2020. To implement the KMCR COVID capabilities it is necessary to activate data-sharing in the EMIS software. TPP and INPS Vision do not require local configuration. This requires contact with each practice. GP data flows directly from EMIS, TPP and INPS Vision into KMCR and does not need to be extracted from GP local systems, therefore it is not necessary to install extraction software (e.g. Apollo or Black Pear). Graphnet has commercial contracts with GP system providers, including EMIS and will then acquire and store a copy of the data for the stated purposes in accordance with NHS records management and retention codes of practice.

Practice are already using MIG to share care records from the GP system, these established MIG data sets will be made available in the KMCR. The dashboard will use GP data agreed at a national level for Local Health and Care Records (data model is embedded in Annexure A).

Data flow map is embedded in Annexure B.

Lawfulness of processing under this DPIA is based on the fulfilment of the Controller's legal obligation in (Article 6(1)(C) of the GDPR. Special Category of Data to be processed has met the exceptions listed under Article 9(2)(h). Legal obligation relies on the COPI Notice issued under section 251 of the NHS Act (2006) in respect of Regulation 3(4) of the Health Service Control of Patient Information Regulations (2002). Therefore, consent of Data Subjects is not relied on, as Data Subjects expect their data to be used in the manner described under this DPIA. The conditions and safeguards enumerated in

Schedule 1 Part 1 in Sections 2(2)(d), (e) and (f) of the DPA have been met.

Name of system /application being used: Kent and Medway Care Record supplied by [Graphnet Health Ltd](#)

Details of the system/ application in use elsewhere within UK:

Essex CCGs
Thames Valley CCGs
Surrey CCGs
Greater Manchester
Hampshire

Risk assessment and mitigation

Are there any risks to the **Confidentiality** of personal data? *Confidentiality is defined as unauthorised disclosure of, or access to, personal data.*

- Inadvertent disclosure by viewing professional - Health or care professional inadvertently pulls record of an individual with whom they have no legitimate professional interest, e.g. wrong name or number entered, and is wrongly associated with that individual's care.
- Malicious disclosure by viewing professional. Health or care professional maliciously pulls record of an individual for their own interests.
- Incident / Breach (unlawful loss, disclosure or breach of personal data) will be considered and treated as an incident with consequential statutory reporting and notification obligations.
- Cyber attack / Malicious software causing loss or disclosure of any volume of personal data.

Are there any risks to the **Integrity** of personal data? *Integrity is defined as unauthorised or accidental alteration of personal data.*

- The records are view only and cannot be edited for the COVID purposes; however, Treatment Escalation Plans can be edited, and all changes are recorded, attributed to the editor and can be reversed.
- Incomplete Record(s) - professionals are unaware that a record is missing important information and assumes a complete record.
- Contradictory information - where an aggregated care record presents contradictory information about an individual, health or social care professionals may find it difficult to decide which is correct and current.
- Co-existent paper records The KMCR cannot extract records held on paper.
- Parallel narrative where notes added in the KMCR doesn't feed back into organisational clinical systems.

Are there any risks to the **Availability** of personal data? *Availability is defined as unauthorised or accidental loss of access to, or destruction of personal data.*

- Partial or comprehensive unavailability of KMCR services.

Are there any known or immediate technical / IT / Information Security / Cyber Security concerns?

No

If the answer is "Yes" to any questions in this section, how are these to be reduced or mitigated?

Confidentiality

- Initial screen view offers only limited demographic information, allowing the professional to confirm this is the correct individual before proceeding to the record.
- KMCR access logs record views and Incidents are monitored for suspicious behaviours, KMCR generates user logs which can be audited, and individuals will be referred to the employers in line with their organisation's incident management policy. Accessing a record associates that individual's care and this will be visible to other professionals involved in their care.
- KMCR Connected Parties agree interdependent loss/breach incident protocols that includes 'near-miss' reporting. Responses to incidents will be coordinated by a nominated KMCR IG Representative.

- All parties are required to observe the Data Security Principles through meeting the requirements of the Data Security and Protection Toolkit, including Graphnet. Graphnet operate a data security plan which includes penetration testing routines and audits.
- The KMCR is a project which is part of the national NHSx LHCR programme and must meet the standards set out in the IG Framework and Guidance.

Integrity

- Screen views will make the source of individual content items clear and show the organisation that provided them. It will also flag and provide a placeholder where data-items or records are being withheld or suppressed (e.g. due to patient objection being respected). This will include reminders that there may be information which the system is unaware of, e.g. out of area treatments, unconnected parties etc. to allow them to focus their discussions with the individual.
- All data is staged through a pipeline of data quality processes as data are ingested to ensure accurate matching and to provide the source and date of individual content items clear and show the organisation that provided them. Professionals are expected to exercise judgement and seek direct clarification with the individual in any case of conflict.
- Known paper information assets should be identified through audit of KMCR Connected Parties Information Asset Registers and onscreen flags made available to professionals to enable them to exercise caution when considering their interactions with patients. Over time, digitisation of records is expected to reduce this risk. This is being assessed under Clinical Risk standards. This is a business-as-usual requirement and won't be implemented for the COVID purposes.
- The KMCR has features that allow professionals to add notes to care records and communicate with others involved in an individual's care; however, for the COVID purposes these are disabled and give only minimal contact details.

Availability

- The KMCR service and platform (Microsoft) has availability of 99.99% in its SLAs. This may be compromised by interruptions to local or last-mile connectivity. Most connections are constantly monitored by the Kent CoIN service. Reporting of KMCR unavailability will be through each organisations' IT help desk, with second line support provided by Kent Community Health NHS Foundation Trust.

Once the mitigations are implemented, how would you score any remaining risk in the following Risk Assessment? If you consider that there are no remaining risks give a value of 1 for both Likelihood and Severity.

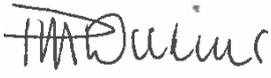
Likelihood <i>(please tick)</i>			X	Severity <i>(please tick)</i>			=	9
1		Rare		1		Negligible		
2		Unlikely		2		Minor		
3	X	Possible		3	X	Moderate		
4		Likely		4		Major		
5		Almost certain		5		Catastrophic		

IG Comments and Recommendations

Date:	2nd July 2020
IG Lead:	Temilola Abdul

SIGN OFF

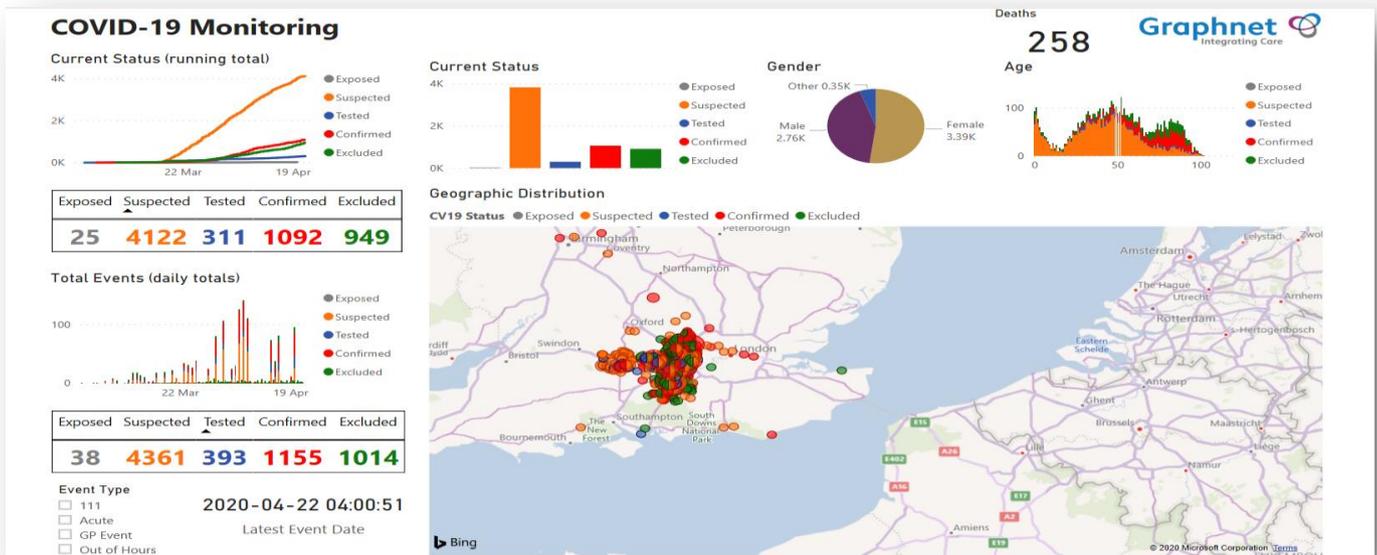
SIRO:	Richard Segal-Jones
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Date & Signature:	 2 nd July 2020
Caldicott:	Paula Wilkins
Date & Signature:	 2 nd July 2020

Once completed, and signed off, please send this form to: helen.o'neil1@nhs.net

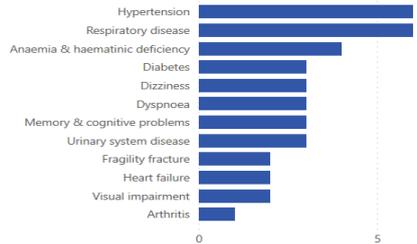
ANNEXURE A

DATA MODEL

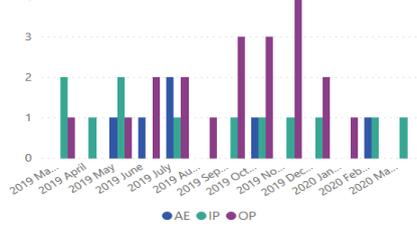


COVID-19 Monitoring

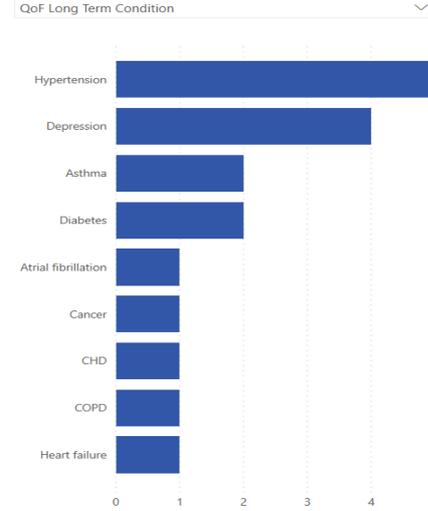
Patient Frailty Deficits



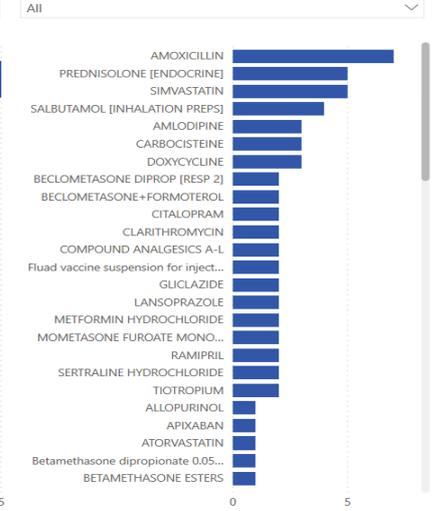
Acute Activity (last 12 months)



Disease Registers



Drugs Prescribed (last 12 months)



COVID-19 Monitoring

NHS Number	Name	Sex	Age	Address	GP Practice	COVID-19 Events	Current	Latest Event Date
887 499 9999	XXXXXX, XXXXXX	F	33	2 Vicarage Gardens,	D12319 Practice 19	1	Excluded	26/02/2020

- 1** Patients
- 1** COVID-19 Events
- 44** Acute Events
- 6** Disease Registers
- 2** Frailty Deficits
- 67** Medications

Acute Activity (last 12 months)

NHS Number	Event Date	Activity Type	Organisation	Service	Detail
887 499 9999	06/03/2019 21:34:00	AE	Prince William NHS Trust	Neurology	
887 499 9999	07/03/2019 15:51:00	AE	Prince William NHS Trust	Dermatology	
887 499 9999	07/03/2019 23:10:00	AE	Prince William NHS Trust	General Medicine	
887 499 9999	02/04/2019 17:53:00	AE	Prince William NHS Trust	General Medicine	
887 499 9999	04/04/2019 20:06:00	AE	Prince William NHS Trust	Anaesthetics	
887 499 9999	15/04/2019 11:32:00	AE	Prince William NHS Trust	General Medicine	
887 499 9999	28/07/2019 17:35:00	AE	Prince William NHS Trust	Anaesthetics	
887 499 9999	08/03/2019 13:47:00	IP	Prince William NHS Trust	General Medicine	Emergency - Accident and Emergency
887 499 9999	05/04/2019 00:32:00	IP	Prince William NHS Trust	General Medicine	Emergency - Accident and Emergency
887 499 9999	15/04/2019 12:34:00	IP	Prince William NHS Trust	Dermatology	Elective - Booked
887 499 9999	16/04/2019 15:54:00	IP	Prince William NHS Trust	Dermatology	Elective - Booked
887 499 9999	17/04/2019 13:28:00	IP	Prince William NHS Trust	General Medicine	Elective - Booked
887 499 9999	25/04/2019 09:12:00	IP	Prince William NHS Trust	Anaesthetics	Elective - Waiting List
887 499 9999	01/05/2019 09:30:00	IP	Prince William NHS Trust	General Medicine	Elective - Waiting List

ANNEXURE B

DATA FLOW MAP

How the shared care record works ...

