



*South Devon and Torbay  
Clinical Commissioning Group*

# **Strategy: Information Sharing**

**For: NHS South Devon and Torbay Clinical  
Commissioning Group**

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## 1 Introduction

- 1.1 Information sharing is a vital component of an effective health and social care system. Recent national reviews have highlighted disparity between the principles of information sharing and the application of it by organisations. One key report ‘Information Governance: To share or not to share’<sup>1</sup>, (published in 2013), highlighted a number of existing practices that organisations must address. This report was led by Dame Fiona Caldicott and seeks to ensure that there can be assurance that patient care is not compromised as a result of a reluctance to share information.
- 1.2 It is accepted that there is a balance to be had in terms of sharing information. Dame Fiona outlined the following, which summarises the two aspects of the management of information that has to be addressed:

*‘People using health and social care services are entitled to expect that their personal information will remain confidential. They must feel able to discuss sensitive matters with a doctor, nurse or social worker without fear that the information may be improperly disclosed. These services cannot work effectively without trust and trust depends on confidentiality.’*

*‘However, people also expect professionals to share information with other members of the care team, who need to co-operate to provide a seamless, integrated service. So good sharing of information, when sharing is appropriate, is as important as maintaining confidentiality. All organisations providing health or social care services must succeed in both respects if they are not to fail the people that they exist to serve.’*

- 1.3 To support organisations in making the right decisions, we are guided by the following key standards:
- The Data Protection Act (1998) – The Act provides guidance on how information relating to living people should be processed. It is applicable across the United Kingdom and has a set of eight principles which define the responsibilities for those who store, process or transmit data.
  - The Caldicott Principles – These are a set of seven principles which were initially published in 1997 within the Caldicott Report, which was led by Dame Fiona Caldicott. The report was commissioned to address concerns about how personal information was used within the NHS in England and Wales, as well as identifying whether or not confidentiality was being undermined. Initially there were six principles, the seventh (the duty to share information can be as important as the duty to protect patient confidentiality) was added as a result of the 2013 report again led by Dame Fiona.

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<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192572/2900774\\_InfoGovernance\\_accv2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf)

- Health & Social Care Information Centre (HSCIC) Confidentiality Rules – In the formal Department of Health response to the 2013 Report, the HSCIC drew up five key rules that NHS organisations should follow, in order to ensure that confidentiality and appropriate sharing of information was maintained.
- HSCIC Information Governance (IG) Toolkit - The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It is submitted annually, using a combination of self-assessment and external validation.

1.4 Further details and definitions on each of the Data Protection Act, Caldicott Principles and Confidentiality Rules can be found at Appendix One.

## 2 Purpose

2.1 The purpose of this Strategy is to provide a framework by which the sharing of Person Confidential Data (PCD) can be managed effectively and consistently across the local area. This Strategy can be implemented, tailored and used by GP Practices, in conjunction with the Information Sharing Toolkit, outlined below. The term Person Confidential Data describes personal information about identified or identifiable individuals, which should be kept private or secret. In this document, when discussing information sharing, this refers to sharing information which would be considered as PCD.

2.2 At a national and local level there is evidence of a lack of consistency, across health, social and private sector organisations, in terms of what documentation, assurances and checks need to be undertaken to share information effectively. In order to address some of the concerns that have been raised, the Strategy aims to:

- Provide a consistent approach to information sharing;
- Enable appropriate and relevant information flows across organisation boundaries and care settings;
- Support the needs of both direct and indirect care; and
- Continually review the tools available, to ensure that any guidance and documentation remains current and effective.

2.3 These aims will be achieved via the implementation of an ‘Information Sharing Toolkit’, which will comprise a set of Proforma documents and guidance based on guidance and best practice. This Toolkit, together with a Virtual Panel, can be used to support the flow of information that is required for care pathways, which assist in ensuring that organisational boundaries are not a barrier to providing the most appropriate and effective service.

### 3 Principles and Approach

3.1 Within Devon there has been an overarching Information Sharing Agreement in place for a number of years, which has been signed up to by health and social care organisations, including Local Authorities. This sets out the organisational intent with regards to the sharing of information, as well as the expectations in terms of security and management. This Strategy has not been drafted to replace the need for this overarching agreement, more that it provides the approach and tools needed for effective sharing.

3.2 This Strategy is focusing on using the existing legislation and guidance, together with the best practice from partner organisations to produce a set of documents which are easy to use, consistent but comprehensive enough to provide real assurance. The Toolkit will be comprised of the following:

- Information Sharing Request form
- Information Sharing Agreement (Tier 2<sup>2</sup>)
- Privacy Notice
- Privacy Impact Assessment Screening Form
- Compliance checklist (including Data Mapping)

3.3 The need for a framework has been highlighted by a number of local initiatives that are currently in development, which aim to improve the health and wellbeing of patients. Technology is being used to facilitate information sharing; however without robust information sharing principles, the desired outcomes will not be achieved. In the implementation of these initiatives, the Toolkit is being trialled, to assess whether the documents are fit for purpose, effective and user friendly. Feedback is being gathered and reflected in the revised versions.

3.4 It is important to understand that this Strategy and Toolkit can be implemented for sharing information for direct patient care purposes and also for non-direct patient care purposes. Direct patient care would be where the sharing impacts directly on the patient or service users care pathway and would be for purposes such as referral, treatment, from provider to provider. Non direct care purposes are where the benefit of the sharing of information will not directly impact the patient but could bring benefit to the service or to future patients. Examples of this could be sharing information for research purposes, for health protection and prevention and for audit purposes.

### 4 Benefits and Outcomes

4.1 It is anticipated that in parallel to the Toolkit there will be a Virtual Panel, as mentioned above, which will include IG professionals and clinical

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<sup>2</sup> Tier 2 refers to an Information Sharing Agreement which has been created for a specific purpose. The Devon wide Information Sharing Agreement is considered to be Tier 0/1.

representation and who will be available to provide guidance and support, if needed. The panel is not designed to replace the existing IG support within individual organisations, but to provide an overarching and consistent approach to cross-organisational projects and services.

4.2 It is hoped that by having this in place, the following benefits will be achieved:

- Robust and clear processes to enable organisations to share information across boundaries and care settings;
- Development of a culture of collaboration and trust in relation to information sharing;
- Ability to learn from existing information sharing processes;
- Reduction in duplication of information shared;
- Assurance that information is only being used for a specific purpose;
- Availability of a 'data map' which will illustrate the flows of information across organisations; and
- Evidence of compliance with the relevant statutory requirements.

## 5 Pilot initiatives

5.1 The following have been identified as services/initiatives which could be used as pilots to test whether the documents produced to support information sharing are effective:

- Frailty Service
- BIG Team
- Flu Clinic
- Children's Hub

5.2 The Virtual Panel will make contact with the relevant leads and establish what support and documentation is required. They will work through the Toolkit to ensure that the documentation and the process are fit for purpose and that it can be a scalable solution.

## 6 Implementation and Review

6.1 This Strategy has been created by South Devon & Torbay Clinical Commissioning Group (SD&T CCG), as a result of discussions at the Devon-wide Information Sharing Group (DwISG). It has support from Senior Management within the organisation and is being championed by the Chief Clinical Information Officer, who will be the clinical member of the Virtual Panel.

6.2 It is anticipated that the Toolkit will evolve and change as it is used for different purposes and settings, and that it will be reviewed regularly as feedback is received. Once it has become embedded, this review will become less frequent

but will be at least annually or when there is a change in guidance or legislation which would impact Information Sharing.

## **7 Responsibilities**

- 7.1 SD&T CCG (via the DwISG) will be responsible for maintaining and updating the documentation following feedback from stakeholders and users. Members of the DwISG will be responsible for ensuring that information about this process is cascaded to their organisations.
- 7.2 The Virtual Panel will be responsible for the assessment and monitoring of all information sharing request forms that are submitted. A log will be held of all initiatives that require information sharing support, which will also form the basis for a high level data map. This log will be updated by the Virtual Panel and will be presented for information purposes at the DwISG.

## **8 Contacts**

- 8.1 The Virtual Panel will be made up of the following key staff (co-opted when required):
- Dr John McCormick, Chief Clinical Information Officer (South Devon & Torbay Clinical Commissioning Group)
  - Vikki Cochran, Information Governance Specialist (South Devon Health Informatics Service)
  - Clare Doble, Deputy Head of Corporate Affairs (NEW Devon Clinical Commissioning Group)
  - Amber Steer-Frost, Information Governance Manager, (Devon County Council)
  - Helen Thorn, Company Secretary (Torbay and Southern Devon Health and Care Trust)
  - Sarah White, Governance Manager (Devon Doctors)

## **Appendix One - Caldicott Principles, Data Protection and Information Sharing Principles**

### **Data Protection Principles (Data Protection Act 1998)**

1. Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless:
  - (a) at least one of the conditions in Schedule 2 is met, and
  - (b) in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
2. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under the Data Protection Act 1998.
7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
8. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

### **Caldicott Principles**

1. Justify the purpose(s).
2. Don't use patient identifiable information unless it is absolutely necessary.
3. Use the minimum necessary patient-identifiable information.
4. Access to patient identifiable information should be on a strict need-to-know basis.

5. Everyone with access to patient identifiable information should be aware of their responsibilities.
6. Understand and comply with the law.
7. The duty to share information can be as important as the duty to protect patient confidentiality.

### **Health and Social Care Information Centre Confidentiality Rules**

1. Confidential information about service users or patients should be treated confidentially and respectfully.
2. Members of a care team should share confidential information when it is needed for the safe and effective care of individuals.
3. Information that is shared for the benefit of the community should be anonymised.
4. An individual's right to object to the sharing of confidential information about them should be respected.
5. Organisations should put policies, procedures and systems in place to ensure the confidentiality rules are followed.