

**This Data Sharing Agreement for the Facilitation of Admission Avoidance (FAA's) scheme is made on**

**25<sup>th</sup> July 2022**

<p><b>1</b></p>	<p><b>Between:</b></p> <ol style="list-style-type: none"> <li>1. GP Practices within the northern area of Staffordshire County Council (Refer to Appendix A for the full listing).</li> <li>2. GP Practices within the Boundaries of Stoke-on-Trent City Council (Refer to Appendix A for the full listing).</li> <li>3. Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)</li> </ol>
<p><b>2</b></p>	<p><b>Purpose, objectives of the information sharing:</b></p> <p>The Facilitation of Admission Avoidance Scheme (FAAs) is a local GP scheme that supports frail patients by assessing their individual needs and providing support to access safe and effective services to improve outcomes and reduce avoidable hospital attendance or admission. The scheme, previously known as the Elderly Care Facilitation (ECF) scheme, has been extended for another 12 months (Apr 2022-Mar 2023) and renamed as the age restriction has been removed.</p> <p>GP Practices in North Staffordshire and Stoke-on-Trent have the option to participate in the Local improvement scheme under the terms of the Service Level Agreement with the Integrated Care Boards.</p> <p>The purpose of the sharing is to enable the ICB to assess the effectiveness of the scheme. The scheme is a continuation of the Local Improvement schemes initially launched in 2014/15.</p> <p>The need to monitor the specific patient cohort to assess the impact of the scheme requires the clear identification of the cohort in NHS Digitals Secondary Care Activity. All Secondary Care Activity flowing through SUS is anonymised and therefore requires this process to enable linking of the patient cohort to the relevant SUS activity.</p>
<p><b>3</b></p>	<p><b>Controller/s</b></p> <ol style="list-style-type: none"> <li>1. GP Practices within the northern area of Staffordshire County Council (Refer to Appendix A for the full listing).</li> <li>2. GP Practices within the Boundaries of Stoke-on-Trent City Council (Refer to Appendix A for the full listing).</li> <li>3. Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)</li> </ol>

4	<p><b>Processor/s</b></p> <p>Midlands and Lancashire Commissioning Support Unit, responsible to both the GP Practices and the ICB.</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> <li>- Host organisation for the Regional DSCRO</li> <li>- MLSCU Data Quality team, support the GP Practices with their Patient Administration system data quality assurance and transfer of the pseudonymised dataset to the ICB</li> </ul>							
5	<p><b>Data items to be processed</b></p> <table border="1" data-bbox="236 813 1517 1308"> <thead> <tr> <th data-bbox="236 813 600 920">Detail Item</th> <th data-bbox="600 813 1517 920">Justification (Including confirmation of signed DPIA where applicable)</th> </tr> </thead> <tbody> <tr> <td data-bbox="236 920 600 1167"><b>NHS Number</b></td> <td data-bbox="600 920 1517 1167">The NHS Number is the minimum required to achieve the needs of the process. The NHS Number which is pseudonymised is required is to enable cross reference of the datasets, to ensure effective performance monitoring of the Facilitation of Admission Avoidance Scheme, which in turn ensures that practices are delivering the positive outcomes for their patients.</td> </tr> <tr> <td data-bbox="236 1167 600 1308"><b>Date of health and social needs assessment</b></td> <td data-bbox="600 1167 1517 1308">To identify that activity is undertaken in the relevant year.</td> </tr> </tbody> </table>		Detail Item	Justification (Including confirmation of signed DPIA where applicable)	<b>NHS Number</b>	The NHS Number is the minimum required to achieve the needs of the process. The NHS Number which is pseudonymised is required is to enable cross reference of the datasets, to ensure effective performance monitoring of the Facilitation of Admission Avoidance Scheme, which in turn ensures that practices are delivering the positive outcomes for their patients.	<b>Date of health and social needs assessment</b>	To identify that activity is undertaken in the relevant year.
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6	<p><b>Article 6 Condition – Personal Data</b></p> <p>For general practitioners who participate in the scheme data is processed to enable direct care to patients and for the ICB Primary Care team to assess the efficiency of the scheme and its positive impact on its service users across the ICB geographical region. The provision of healthcare is a statutory duty under the Health and Social Care Act for health providers to share uses of data for:</p> <ol style="list-style-type: none"> <li>i. purposes likely to facilitate the provision of health services or adults' social care.</li> <li>ii. Share information between health or adult social care commissioners or providers</li> </ol> <table border="1" data-bbox="236 1693 1517 1935"> <thead> <tr> <th data-bbox="236 1693 1206 1800">Legal Basis (One of these must apply whenever you process personal data)</th> <th data-bbox="1206 1693 1517 1800">Tick which one you are using</th> </tr> </thead> <tbody> <tr> <td data-bbox="236 1800 1206 1935"><b>(a) Consent:</b> the individual has given clear consent for you to process their personal data for a specific purpose.</td> <td data-bbox="1206 1800 1517 1935"></td> </tr> </tbody> </table>		Legal Basis (One of these must apply whenever you process personal data)	Tick which one you are using	<b>(a) Consent:</b> the individual has given clear consent for you to process their personal data for a specific purpose.			
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	<b>(b) Contract:</b> the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.	
	<b>(c) Legal obligation:</b> the processing is necessary for you to comply with the law (not including contractual obligations).	
	<b>(d) Vital interests:</b> the processing is necessary to protect someone's life.	
	<b>(e) Public task:</b> the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.	✓
	<b>(f) Legitimate interests:</b> the processing is necessary for your legitimate interests or the legitimate interests of a third party, unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)	
<b>7</b>	<p><b>Article 9 condition – Special Categories of Personal Data</b></p> <p>Patient data will not be stored by the ICB as part of this scheme, but access to a designated number of patient records per practice will be required to conduct the validation visits</p> <p>The validation audit is to ensure high standards of quality and safety of health care.</p>	
	<b>Conditions for processing special category data</b>	<b>Tick which one you are using</b>
	<b>(a) Explicit consent:</b> (the data subject has given explicit consent)	
	<b>(c) Vital interests:</b> (to protect the vital interests of the data subject, who cannot give consent (life or death situations))	
	<b>(f) Legal claims or judicial acts:</b> (the establishment, exercise, or defence of legal claims or whenever courts are acting in their judicial capacity)	

	<b>(g) Reasons of substantial public interest (with a basis in law):</b> (which shall be proportionate to the purpose and, respect the essence of the right to data protection)		
	<b>(h) Health or social care (with a basis in law):</b> (preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services)		✓
	<b>(i) Public health (with a basis in law):</b> (protecting against serious internal or cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices)		
	<b>(j) Archiving, research and statistics (with a basis in law):</b> (archiving purposes in the public interest, scientific or historical research purposes or statistical purposes)		
	<p><b>Please state (and indicate) below if you are processing data based on Schedule 1, Part 1, Data Protection Act 2018:</b></p> <p>DPA schedule 1 condition 3 is met as the processing is carried out by ICB Validation team who under these circumstances owe a legal duty of confidentiality.</p>		
<b>8</b>	<b>Individual rights and preferences</b>		
	<b>Individual right</b>	<b>Indicate how the right will be managed or why it is not applicable</b>	
	The right to be informed	<p>Each organisation involved in the processing is required to include the scheme within their privacy notices.</p> <p>Privacy Notices regarding the use of data will be displayed in the participating practices as appropriate (jayex boards, display screens, notice boards etc).</p> <p>Notices will also be accessible via the public web pages of each of the organisations.</p>	

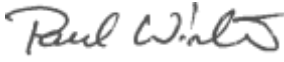
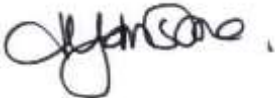
<p>The right of access</p>	<p>GP practices and the ICB must ensure they have appropriate and comprehensive Subject Access Policies in place to process any access request effectively, ensuring the process adheres to the key legislative requirements.</p> <p>It is expected any Data Subject Access Request under this Agreement will be made to the GP practice to which that patient is registered.</p>
<p>The right to rectification</p>	<p>Rectification protocols must be applied by the relevant organisation to ensure information is accurate. This includes having effective Data Quality protocols in place and effective Records Management adherence.</p> <p>Patients participating in the scheme must contact the GP Practice to exercise their rights to rectification of their data.</p>
<p>The right to erasure</p>	<p>The right of erasure does not apply under the lawful basis specified in this ISA</p>
<p>The right to restrict processing</p>	<p>Patients must contact the GP Practice to request restriction to the processing of their data and to discuss with the GP the risk stratification techniques used to identify their suitability for the cohort.</p>
<p>The right to portability</p>	<p>The right to data portability does not apply under the lawful basis stated in this ISA.</p>
<p>The right to object</p>	<p>The right to object is relevant to when the individual has given their prior consent and this scheme does not rely on consent to continue with the processing. As such the right to object would not apply in this instance.</p>
<p>Rights in relation to automated decision-making profiling</p>	<p>Not applicable, the process does not entail an automated decision-making solution. The risk stratification process the GP practice undertakes to identify the cohort necessitates the clinician's input.</p>
<p><b>Please state below how you will manage any complaints raised regarding the proposed data sharing:</b></p> <p>Any complaints received as result of this data sharing must be handled by the appropriate organisation, following their complaints policy.</p> <p><b>Does the National Data Opt-out apply to proposed purpose/s for data sharing? Y/N</b> <b>If yes, please state how these will be managed:</b></p> <p>The National Data Opt-out is not applicable to the data sharing outlined in this agreement as the sharing of this data is not for planning and research purposes and does not meet the definition of a Data Opt-Out.</p>	

<p><b>9</b></p>	<p><b>Compliance with duty of confidentiality / right to privacy</b></p> <p>To comply with the law of confidentiality and assurances provided to patients at national level about how their data will be used, patient identifiable data should only be shared if one of a number of criteria is met. The sharing of data identified within this agreement is for the purpose of providing health and social care to the Data Subject and therefore complies with the law of confidentiality.</p> <p><b>Is there any interference with Human Rights Article 8?</b></p> <p>No Human Rights will not be breached during this scheme as the aim is to ensure everybody receives appropriate healthcare as per the terms of the scheme.</p>
<p><b>10</b></p>	<p><b>Transparency</b></p> <p>Each organisation involved in the processing is required to include the scheme within their privacy notices and also be tailored towards the requirements of patients with special educational needs in any other privacy notices the practices have to ensure the right to be informed is met across all groups.</p> <p>Notices will also be accessible via the public web pages of each of the parties. Parties may wish to upload this data sharing agreement to its practice website to inform the patients and public</p>
<p><b>11</b></p>	<p><b>How will the data sharing be carried out?</b></p> <p><b>Performance Monitoring Data</b></p> <p>The GP Practices will regularly upload an extract detailing the cohort of patients NHS Number and date of the review to the Data Services for Commissioners Regional Office (DSCRO), hosted by Midlands and Lancashire Commissioning Support Services. The DSCRO will pseudonymise the NHS number, in the same manner as the DSCRO pseudonymise Secondary Users Services (SUS) activity, to enable a link to SUS activity.</p> <p>The data will be shared from GP Practice to DCSRO via a secure web portal provided by Midlands and Lancashire CSU  <a href="https://datacentral.midlandsandlancashirecsu.nhs.uk">https://datacentral.midlandsandlancashirecsu.nhs.uk</a></p> <p>The data collected via the upload portal will transfer directly to the secure data environment used to host all the patient identifiable data received at a commissioner level. Only staff who are directly employed by NHS Digital (DSCRO) have access to the patient level data.</p> <p>This will then enable the DSCRO to pseudonymise the NHS number and produce a table with Analyst Global (controlled SQL environment) that enables users (analysts) to map the patient cohorts to the monthly Secondary User Services data. The data collected and uploaded by Practices will be linked to the Secondary User Services data. The SUS data includes Admitted Patient Care, Outpatient and A&amp;E activity tables submitted on a monthly basis by hospital providers.</p> <p>The MLCSU Data Quality Team will send pseudonymised data to the ICB for performance monitoring purposes. Staff with access to the patient identifiable data are:</p>

	<p>1. Practice Staff who upload the patient cohort 2. Data Quality Facilitators (employed by the CSU), uploading the patient cohorts on behalf of the practice 3. The DSCRO</p> <p>The performance monitoring data will be used by the ICB to ensure that practices are delivering the outcomes of the scheme. The ICB Primary Care Team will keep a monthly tracker scheduled validation of all Practices who have uploaded to the DSCRO each month and chase any Practices who have not uploaded, keeping a checklist for records.</p> <p><b>Validation Visits</b> Practices will be given two weeks' notice prior to the visit. The requirements of the visit will be discussed with the practice at the time of booking to ensure that the appropriate personnel are available on the day of the visit</p> <p>The practices compliance against the Facilitation of Admission Avoidance Scheme specification will be assessed on the day of the visit. As documented in the validation visit template. (Appendix B)</p> <p>Access will be limited to the day of the visit. The access will be auditable against the MLCSU Data specialist. Access to the system will not be created for the ICB Primary Care Team Member.</p> <p>The ICB will provide informal verbal feedback to the Practice Manager, or equivalent, on conclusion of the visit.</p> <p>A written report will be produced by the team within two weeks of the visit as an objective documentation of the findings from the visit. The report will provide recommendations on any appropriate action deemed necessary to be taken by the practice as a result of the findings of the review, and those actions to be undertaken by the ICB such as providing support to a practice and making financial recoveries.</p> <p>All data is stored on secure servers in the UK.</p>
12	<p><b>Accuracy of the data being shared</b></p> <p>The data will be sent to the ICB by the MLCSU data quality specialists every month. The data quality specialists will audit the data to ensure it has been coded appropriately and notify of any data anomalies.</p> <p>GP Practices are responsible for maintaining accurate records at all times to ensure that the data uploaded to the DSCRO is an accurate up to date record of events.</p>
13	<p><b>Rectification of data that has been shared</b></p> <p>Patients participating in the scheme must contact the GP Practice to exercise their rights to rectification of their data. GP Practices must ensure they have efficient rectification protocols in place with all staff trained on how to rectify information in a timely manner.</p>

<p><b>14</b></p>	<p><b>Retention and disposal requirements for the information to be shared - including details of the return of information to the source organisations (if applicable)</b></p> <p>To ensure the most effective retention schedules are applied in this process, the Records Management Code of Practice for Health and Social Care 2016 has been used but reviewed in line with the 2020 update that is due to be approved. This has been used to identify the most appropriate retention schedule that should be applied, and whilst the code does not directly describe this scheme in its list of activities, it is deemed that the most appropriate period of retention for the ICB would fall under the 'Event and Transactions' Schedule Clinical Audit and apply a 5-year retention schedule – information should be kept for a minimum of 5 years and then reviewed before being disposed of securely.</p> <p>MLCSU on behalf of the DSCRO will retain the data for a minimum of 3 years unless specifically mentioned in the contract that it can be kept longer.</p> <p>Clinical records held by the GP are retained electronically on the GP system of choice for the lifetime of the patient and then 10 years after death.</p>
<p><b>15</b></p>	<p><b>Breach management</b></p> <p>Each organisation is required to manage a breach of the data in accordance with their organisations policies, ensuring the policies are regularly reviewed, that staff are trained to understand what to do in the event of a data breach and ensure relevant members of the practices and ICB ensure relevant personnel are informed in the event of a data breach. The breach management process must align with the Breach Management requirements as stipulated via the Data Security and Protection Toolkit.</p>
<p><b>16</b></p>	<p><b>Specify any particular obligation on <u>any</u> party to this agreement</b></p> <p>N/A</p>
<p><b>17</b></p>	<p><b>Contacts – Information Governance and Caldicott Guardian</b></p> <p>On behalf of Staffordshire and Stoke-on-Trent ICB:</p> <p>Data Protection Officer: Paul Winter</p> <p>Caldicott Guardian: Heather Johnstone</p>
<p><b>18</b></p>	<p><b>Commencement of agreement</b></p> <p>01/04/2021</p>
<p><b>19</b></p>	<p><b>Review of agreement</b></p> <p>The agreement should be reviewed by April 2023, to ensure any updates to the named data controllers are revised, in accordance with current plans for the CCGs to be dissolved and the creation of the ICS.</p>



20	<p><b>Review period</b></p> <p>12 months after the commencement of the agreement</p>
21	<p><b>Variation</b></p> <p>The agreement must not be varied, or the data requirements altered.</p>
22	<p><b>Ending the agreement</b></p> <p>The agreement can only be ended in agreement with the data controllers.</p>
23	<p><b>End date</b></p> <p>The scheme will continue with each practice who signed up to participate in the scheme. The SLA is in place for the period 1<sup>st</sup> April 2022 to 1<sup>st</sup> April 2023</p>
24	<p><b>Signatories</b></p> <p><b>ICB DPO : Paul Winter</b></p> <p>Signature </p> <p>Date 21/09/2022</p> <p><b>ICB Caldicott Guardian : Heather Johnstone</b></p> <p></p> <p>Signature</p> <p>5<sup>th</sup> October 2022</p> <p><b>On behalf of GP Practice (PRINT NAME) .....</b></p> <p><b>DPO (PRINT NAME)</b></p> <p><b>Signature</b></p> <p><b>Caldicott Guardian (PRINT NAME) .....</b></p> <p><b>Signature.....</b></p> <p><b>Date.....</b></p>

## APPENDIX A – LIST OF CONTROLLERS

List here all organisations who are party to the DSA, where there is not enough space in the main document.



Practices  
participating in the

## APPENDIX B – VALIDATION VISIT TEMPLATE



Facilitation of  
Admission Avoidance