Oxfordshire
Clinical Commissioning Group

Data Protection Impact Assessment (DPIA) Template

A DPIA is designed to describe your processing and to help manage any potential harm to individuals' in the use of their information. DPIAs are also important tools for demonstrating accountability, as they help you as a Controller to comply with the requirements of the Data Protection Legislation. Non-compliance with DPIA requirements can lead to fines imposed by the Information Commissioners Office (ICO); this includes not carrying out a DPIA at all, carrying out a DPIA in an incorrect way or failing to consult the ICO where required.

DPIA's are not new; the use of Privacy Impact Assessments has become common practice in the NHS and can provide evidence of compliance within the Data Security and Protection toolkit (DSPT); DPIAs build on that practice.

It is not always clear whether you should do a DPIA or not but there are a number of situations where a DPIA **should** be considered or where a DPIA is a **legal requirement**. If you can tick against the criteria below it is highly recommended that you undertake a DPIA and if you decide not to, ensure that you document the reasons for your decision.

You as Controller **MUST** carry out a DPIA where you plan to:	Tick or leave blank
Use **profiling or automated decision-making** to make significant decisions about people or their access to a service, opportunity or benefit;	☐
Process **special-category data or criminal-offence data on a large scale**;	✓
Monitor a publicly accessible place on a large scale;	☐
Use **innovative technology** in combination with any of the criteria in the European guidelines;	☐
Carry out **profiling** on a large scale;	✓
Process biometric or genetic data in combination with any of the criteria in the European guidelines;	✓
Combine, compare or match data from multiple sources;	✓
Process personal data **without providing a privacy notice** directly to the individual in combination with any of the criteria in the European guidelines;	☐
Process personal data in a way that involves **tracking** individuals' online or offline location or behaviour, in combination with any of the criteria in the European guidelines;	☐
Process **children's** personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them;	☐
Process personal data that could result in a **risk of physical harm** in the event of a security breach.	✓

You as Controller should **consider** carrying out a DPIA where you	Tick or leave blank
Plan any major project involving the use of personal data;	✓
Plan to do evaluation or scoring;	✓
Want to use systematic monitoring;	✓
Process sensitive data or data of a highly personal nature;	☐
Processing data on a large scale;	✓
Include data concerning vulnerable data subjects;	✓
Plan to use innovative technological or organisational solutions;	☐

A new DPIA should be carried out if you decide that there is a significant enough change to what you originally intended but it is good practice for DPIAs to be kept under review and revisited when necessary.

There is guidance to help you. Your Data Protection Officer (DPO) can be consulted before completing a DPIA in order to provide specialist advice and guidance or simply to talk things through with you.

Background Information	
Date of your DPIA :	09/08/2022
Title of the activity/processing:	Medicines Optimisation Team support to General Practices for BOB ICB Prescribing Quality Scheme
Who is the person leading this work?	[redacted], Medicines Optimisation Primary Care Lead Pharmacist
Who is the Lead Organisation?	NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
Who has prepared this DPIA?	[redacted], Medicines Optimisation Primary Care Lead Pharmacist [redacted], Medicines Optimisation Lead Pharmacist
Who is your Data Protection Officer (DPO)?	[redacted]
Describe what you are proposing to do: (Include as much background information as you can about why the new system/change in system/sharing of information/data processing is required).	GP practices have regularly supported initiatives that the Clinical Commissioning Group (CCG) has recommended in the past. However, with the increased workload in primary care GP's have fed back that there is reduced capacity to consider and focus on some of the medicines optimisation initiatives that the BOB ICB Medicines Optimisation Team (MOT) are implementing. GP practices have previously requested pharmacist resource to support initiatives and carry out the patient review work generated by the recommendations being made. The Prescribing Quality Scheme (PQS) is a package of medicines optimisation interventions which is being commissioned and will be undertaken by practices within the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Board (ICB) geography from 1st August 2022 to 31st March 2023. The PQS will be signed off by the ICB Chief Medical Officer and Executive Committee. It is designed to run alongside the Quality and Outcomes Framework (QOF) of the General Medical Services (GMS) contract, which forms part of practices' Quality, Innovation, Productivity and Prevention (QIPP) plan, and Primary Care Network (PCN) Contract Direct Enhanced Service (DES) specifications. The PQS interventions invests in and encourages a combination of evidence-based patient safety, quality and cost-effective targets that are designed to have a direct impact by improving patient outcomes and helping to improve compliance with local and national prescribing guidelines. The PQS interventions will change annually, in line with the key national and local priorities identified from sources, such as, NHSEI Medication safety team/Controlled Drugs Local Intelligence network, MHRA Drug safety updates, Central Alerting System, OpenPrescribing and NHS Business Services Authority dashboards (NHSBSA).

	The PQS is a tool that supports an improvement in patient care by incentivising reviews in specific priority areas of prescribing, for example, antimicrobial stewardship, valproate safety, items which should not be routinely prescribed in primary care including promotion of self-care, medication safety issues, cost effective prescribing. By optimising medication, reviewing patients on high-risk treatments and identifying patients who are at risk of a medication related incident this will reduce the number of adverse events that patients may experience. There is also a focus on prescribing evidence based cost-effective treatments which will offset the ongoing growth in the cost of medication. All targets in the scheme are recommendations and are not mandatory, the GPs are reminded that any intervention should be appropriate for the individual under their care. Practices are not penalised for appropriate clinical decision making. The PQS targets may not require action from all practices and will assist with targeting outliers and reduce prescribing variation. To support GP practices with the PQS the MOT, comprising of clinical pharmacists, pharmacy technicians, dieticians and a wound care nurse will be made available to GP practices that require it. The MOT will not be providing direct patient facing contact as part of the PQS. The MOT will work directly with the GP practice to identify cohorts of patients and support the review their medication in line with the PQS interventions agreed with the GP practice. This is a BOB ICB Medicines Optimisation Prescribing Scheme, however it is anticipated that the only individual place-based teams, i.e. Buckinghamshire Medicines Optimisation team, will be supporting the Buckinghamshire General Practices. The same will occur in the other 2 places.
Are there multiple organisations involved? (If yes – you can use this space to name them, and who their key contact for this work is)**.**	GP practices who are part of the BOB ICB
Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA? (If so then include the details here).	N/A
Detail anything similar that has been undertaken before?	Clinical Pharmacist Support Scheme Medicines Optimisation in Care Homes (MOCH) Project to improve prescribing of cow's milk protein allergy formula (CMPA) CCG employed staff Electronic Repeat Dispensing Prescribing Quality Scheme (Berkshire West CCG Medicines Optimisation Team)

1. Categories, Legal Basis, Responsibility, Processing, Confidentiality, Purpose, Collection and Use

1.1.

What data/information will be used? Tick all that apply.	Tick or leave blank	**Complete**
Personal Data	✓	1.2
Special Categories of Personal Data	✓	1.2 AND 1.3
Personal Confidential Data	✓	1.2 AND 1.3 AND 1.6
Sensitive Data (usually criminal or law enforcement data)	☐	1.2 but speak to your IG advisor first
Pseudonymised Data	☐	1.2 and consider at what point the data is to be pseudonymised
Anonymised Data	✓	Consider at what point the data is to be anonymised
Commercially Confidential Information	☐	Consider if a DPIA is appropriate
Other	☐	Consider if a DPIA is appropriate

1.2.

Processing has to be lawful so identify which of the following you believe justifies what you are proposing to do and include an explanation as to why in the relevant box. You must select at least one from a – f.

Article 6 (1) of the GDPR includes the following:

a) THE DATA SUBJECT HAS GIVEN CONSENT	**Tick or leave blank**
	☐

Why are you relying on consent from the data subject?

To deliver Direct Care, explicit consent is not required from the data subject, however the clinical system software will prompt the user to confirm the patient consents to the consulting practice viewing and/or adding information into their medical record. It is expected that the consent will be removed in due course in line with GDPR and the patients right not to be forgotten

IG: Consent from data subjects will not be sought and will not be the legal basis used under GDPR/DPA 2018 to process data for this work.

What is the process for obtaining and recording consent from the Data Subject? (How, where, when, by whom).
N/A

Describe how your consent form is compliant with the Data Protection requirements? (There is a checklist that can be used to assess this).
N/A

b) IT IS NECESSARY FOR THE PERFORMANCE OF A CONTRACT TO WHICH THE DATA SUBJECT IS PARTY (The contract needs to be between the Controller and the individual and not concern data being processed due to someone else having a contract with the Controller. Processing can happen before the contract is entered into e.g. processing a pre-health assessment for a private or cosmetic procedure that is a paid for service with the delivery of that care done under contract between the Patient and the Practitioner).	**Tick or leave blank**
	☐

What contract is being referred to?
N/A

c) IT IS NECESSARY UNDER A LEGAL OBLIGATION TO WHICH THE CONTROLLER IS SUBJECT	**Tick or leave blank**

(A legal obligation mandates processing of data as a task in itself where there are likely to be legal measures available if not adhered to e.g. an Employer has a legal obligation to disclose salary information to HMRC).	☐
Identify the legislation or legal obligation you believe requires you to undertake this processing. N/A	
d) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON (This will apply only when you need to process data to protect someone's life. It must be necessary and does not only relate to the individual whose data is being processed. It can also apply to protect another person's life. Emergency Care is likely to fall into this category but planned care would not. You may need to process a Parent's data to protect the life of a child. The individual concerned is unlikely to be able to provide consent physically or legally; if you are able to gain consent then this legal basis will not apply).	**Tick or leave blank** ☐
How will you protect the vital interests of the data subject or another natural person by undertaking this activity? N/A	
e) IT IS NECESSARY FOR THE PERFORMANCE OF A TASK CARRIED OUT IN THE PUBLIC INTEREST OR UNDER OFFICIAL AUTHORITY VESTED IN THE CONTROLLER (This is different to 6 c). If you are processing data using this basis for its lawfulness then you should be able to identify a specific task, function or power that is set out in law. The processing must be necessary, if not then this basis does not apply).	**Tick or leave blank** ✓
What statutory power or duty does the Controller derive their official authority from? Relying on this lawful basis requires that: It is necessary for the controller to process the personal data for those purposes (i.e it is reasonable, proportionate and cannot achieve the objectives by some other reasonable means) and The controller can point to a clear and foreseeable legal basis for that purpose under UK law (whether in statute or common) Statutory power and official authority: 1.NHS England's powers to commission health services under the NHS Act 2006 or to delegate such powers to CCGs. Common Law of Duty of Confidentiality: For direct Care on the basis of implied consent, which may also cover administrative purpose where the patient has been informed or it is otherwise within their reasonable expectations.	
f) IT IS NECESSARY FOR THE LEGITIMATE INTERESTS OF THE CONTROLLER OR THIRD PARTY (Public authorities can only rely on legitimate interests if they are processing for a legitimate reason other than performing their tasks as a public authority. See the guidance for more information about the legitimate interest test).	**Tick or leave blank** ☐
What are the legitimate interests you have? N/A	

Article 9 (2) conditions are as follows:	
a) THE DATA SUBJECT HAS GIVEN EXPLICIT CONSENT (Requirements for consent are the same as those detailed above in section 1.2, a))	**Tick or leave blank** ☐

b) FOR THE PURPOSES OF EMPLOYMENT, SOCIAL SECURITY OR SOCIAL PROTECTION (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐
c) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON WHERE THEY ARE PHYSICALLY OR LEGALLY INCAPABLE OF GIVING CONSENT (Requirements for this are the same as those detailed above in section 1.2, d))	**Tick or leave blank** ☐
d) It is necessary for the operations of a not-for-profit organisation such as political, philosophical, trade union and religious body in relation to its members	*NA*
e) The data has been made public by the data subject	*NA*
f) For legal claims or courts operating in their judicial category	*NA*
g) SUBSTANTIAL PUBLIC INTEREST (Schedule 1, part 2 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐
h) PROCESSING IS NECESSARY FOR THE PURPOSES OF 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 ON THE BASIS OF UNION OR MEMBER STATE LAW OR PURSUANT TO CONTRACT WITH A HEALTH PROFESSIONAL AND SUBJECT TO CONDITIONS AND SAFEGUARDS (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ✓
i) PROCESSING IS NECESSARY FOR REASONS OF PUBLIC INTEREST IN THE AREA OF PUBLIC HEALTH, SUCH AS PROTECTING AGAINST SERIOUS CROSS-BORDER THREATS TO HEALTH OR ENSURING HIGH STANDARDS OF QUALITY AND SAFETY OF HEALTH CARE AND OF MEDICINAL PRODUCTS OR MEDICAL DEVICES, ON THE BASIS OF UNION OR MEMBER STATE LAW WHICH PROVIDES FOR SUITABLE AND SPECIFIC MEASURES TO SAFEGUARD THE RIGHTS AND FREEDOMS OF THE DATA SUBJECT, IN PARTICULAR PROFESSIONAL SECRECY (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐
j) PROCESSING IS NECESSARY FOR ARCHIVING PURPOSES IN THE PUBLIC INTEREST, SCIENTIFIC OR HISTORICAL RESEARCH PURPOSES OR STATISTICAL PURPOSES IN ACCORDANCE WITH ARTICLE 89(1) BASED ON UNION OR MEMBER STATE LAW WHICH SHALL BE PROPORTIONATE TO THE AIM PURSUED, RESPECT THE ESSENCE OF THE RIGHT TO DATA PROTECTION AND PROVIDE FOR SUITABLE AND SPECIFIC MEASURES TO SAFEGUARD THE FUNDAMENTAL RIGHTS AND THE INTERESTS OF THE DATA SUBJECT. (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐

1.3.

If using special categories of personal data, a condition for processing under Article 9 of the GDPR must be satisfied in addition to a condition under Article 6. You must select at least 1 from a) to c) or g) to i). NOTE: d), e) and f) are not applicable

1.4.

Confirm who the Controller and Processor is/are. Confirm if the Controller/s are solely or jointly responsible for any data processed?

(Identify any other parties who will be included in the agreements and who will have involvement/share responsibility for the data/information involved in this project/activity. Use this space to detail this but you may need to ask your DPO to assist you. Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only).

Name of Organisation	Role
GP Practices across BOB ICB	Joint Controller
Buckinghamshire, Oxfordshire and Berkshire West ICB Medicines Optimisation team	Joint Controller
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.

1.5.
Describe exactly what is being processed, why you want to process it and who will do any of the processing?
Individual members of the BOB ICB MOT who have been permitted access by the practice to access their clinical system by way of an individual log in, will process the data. Only patients who are prescribed medication relevant to the work be completed will be reviewed. Minimal patient identifiers e.g., clinical system number and age, will be used to reduce risk of error or breach. Time taken to process data will vary dependant on the type of review taking place.

1.6.
Tick here if you owe a duty of confidentiality to any information. ✓

If so, specify what types of information. (e.g. clinical records, occupational health details, payroll information)
Clinical records

1.7.
How are you satisfying the common law duty of confidentiality?
Consent - Implied

If you have selected an option which asks for further information please enter it here
N/A

1.8.
Are you applying any anonymisation/pseudonymisation technique or encryption to any of the data to preserve the confidentiality of any information?
Yes

If you are then describe what you are doing.
Any data that is temporarily held during processing will only contain the clinical system number and age for the patient. Documents will be password protected and stored in restricted access folders.

If you don't know then please find this information out as there are potential privacy implications with the processing.

1.9.
Tick here if you are intending to use any information for a purpose that isn't considered as direct patient care. ✓

If so describe that purpose.

For direct Care on the basis of implied consent, which may also cover administrative purpose where the patient has been informed or it is otherwise within their reasonable expectations.

1.10.

Approximately how many people will be the subject of the processing?

Other unknown population number

1.11.

How are you collecting the data? (e.g. verbal, electronic, paper (if you need to add more selections then copy the last 'choose an item' and paste, the text has been left unlocked for you to do this.)

Other method not listed
Electronic form
Choose an item.
Choose an item.
Choose an item.

If you have selected 'other method not listed' describe what that method is.

A clinical system (e.g. EMIS Web) search will be run at each GP practice to identify patients that have received a prescription of the medication to be targeted. The search run will be standardised across BOB ICP using existing clinical system/Ardens searches or new searches written and tested by the BOB MOT.
Any relevant letters received by the GP practice will need to be viewed via Docman.
The required information will be collected from the patient's record following the process outlined in the Principles of Remote Access and Participation Agreement Form.

1.12.

How will you edit the data?

Patient information will not be deleted or altered from the original source other than for medicine switches authorised by the GP practice.

These records on the clinical system are never deleted due to requirement for historic audit of medical records.

If a user was to input incorrect information into the record, this can be deleted but remains attached to the patient record under a module call 'deleted item'. This also shows who and when the entry was deleted and can be found in the audit trail within the Clinical system.

If a user was to edit a record this is also recorded against the record in the same way as the deleted item above and is also found in the audit trail.

Clinical system records created will be subjected to storage & retention schedules under Health & Social Care records management code of practice 2016.

1.13.

How will you quality check the data?

NA

1.14.

Review your business continuity or contingency plans to include this activity. Have you identified any risks?

No

If yes include in the risk section of this template.

1.15.

What training is planned to support this activity?

Everyone involved in the MOT will have had or need to undergo:

- EMIS Enterprise and EMIS Web training.
- Other clinical system training where necessary
- Information Governance mandatory training.

2. Linkage, Data flows, Sharing and Data Opt Out, Sharing Agreements, Reports, NHS Digital

2.1.

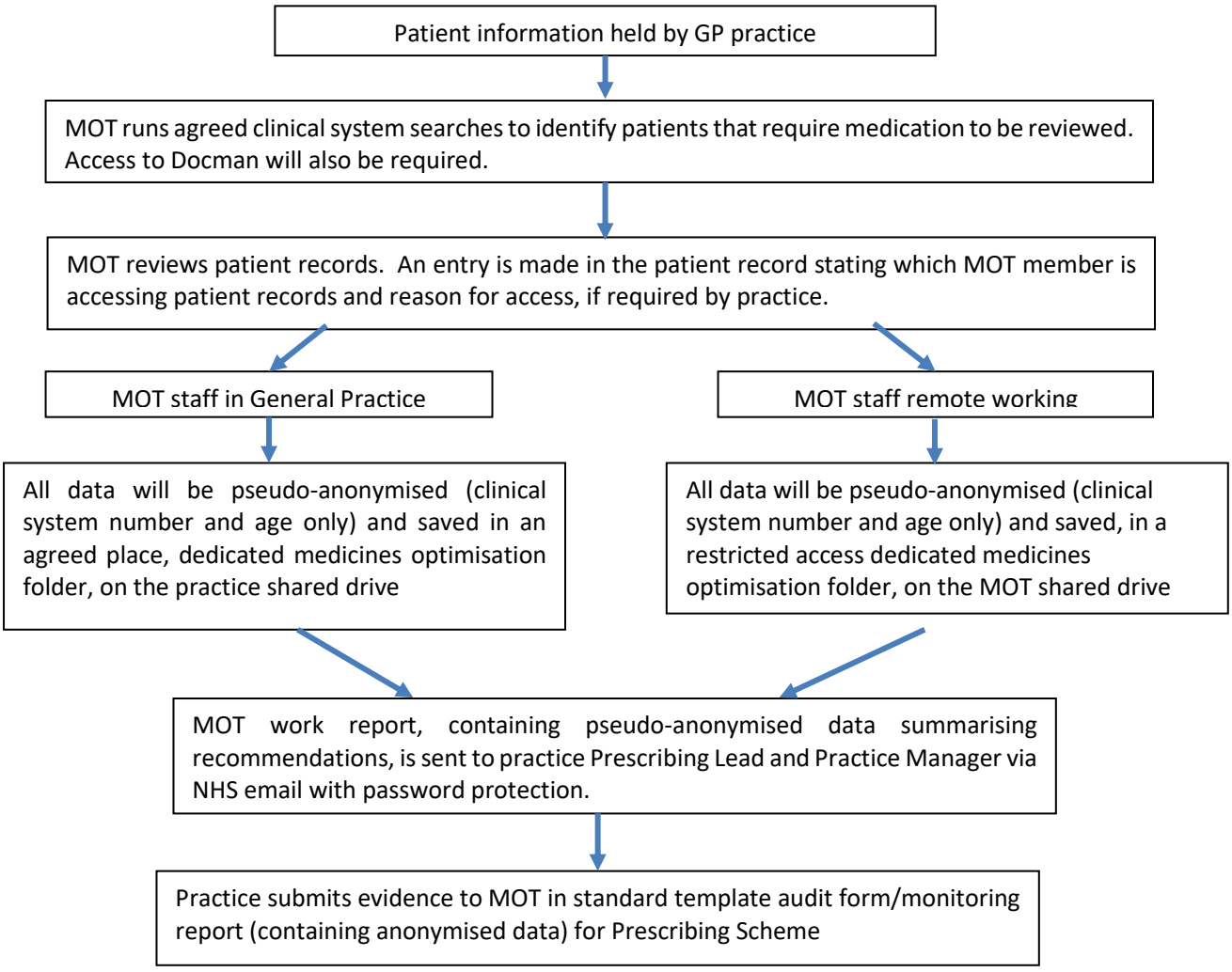
Are you proposing to combine any data sets?

No

If yes then provide the details here.

2.2.

What are the Data Flows? (Detail and/or attach a diagram if you have one).



2.3.

What data/information are you planning to share?
See 2.2

2.4.
Is any of the data subject to the National Data Opt Out?
No - it is not subject to the national data opt out

If your organisation has to apply it describe the agreed approach to this
Click here to enter text.

If another organisation has applied it add their details and identify what data it has been applied to
Click here to enter text.

If you do not know if it applies to any of the data involved then you need to speak to your Data Protection Officer to ensure this is assessed.

2.5.
Who are you planning to share the data/information with?
The GP practice where the patient is registered for the medicines optimisation intervention which is being carried out.
Anonymised data will be shared with the BOB ICB Medicines Optimisation Team.

2.6.
Why is this data/information being shared?
To support GPs and other clinicians within the practice to consider clinical interventions that have been identified as a result of the patient reviews carried out by the BOB ICB MOT. This will allow the GP practice to review and, if applicable, implement any changes to prescribing on an individual patient basis, to improve quality, reduce harm and to ensure prescribing is cost-effective.

Anonymised data will be shared for reporting on activity and benefits.

2.7.
How will you share it? (Consider and detail all means of sharing)
A report will be produced and sent to the practice summarising the work carried out, all patient related information will be removed from the report.

There will be standardised Excel templates used across the ICB MOT for auditing purposes these will have minimal patient information e.g. clinical system identifier, to enable the practice to act on any recommendations made. Excel spreadsheets will be password protected and will be shared via email using a secure format only, NHS mail.

Monitoring and reporting performance at a higher level will only include the number of patient and no specific patient information.

Tick if you are planning to use Microsoft Teams or another similar online networking/meeting solution that may have the facility to store or record conversations or related data as part of the sharing arrangements
☐

Provide details of how you have considered any privacy risks of using one of these solutions
Click here to enter text.

2.8.
What data sharing agreements are or will be in place?

- BOB 'Tier 1' Information Sharing Agreements signed by all participating organisations
- Principles of Remote Access

- Participation Agreement Form

2.9.
What reports will be generated from this data/information?
Non patient identifiable activity summary reports will be generated to support the projects KPI's, only the number of patients will be used.

2.10.
Are you proposing to use Data that may have come from NHS Digital (e.g. SUS data, HES data etc.)?
No

If yes, are all the right agreements in place?
Choose an item.

Give details of the agreement that you believe covers the use of the NHSD data
Click here to enter text.

If no or don't know then you need to speak to your Data Protection Officer to ensure they are put in place if needed.

3. Data Processor, IG Assurances, Storage, Access, Cloud, Security, Non-UK processing, DPA

3.1
Are you proposing to use a third party, a data processor or a commercial system supplier?
No

If yes use these spaces to add their details including their official name and address. If there is more than one then include all organisations. If you don't know then stop and try and find this information before proceeding.

Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.

3.2
Is each organisation involved registered with the Information Commissioner? Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	Registered	Registration details or comments if not registered
BOB ICB	Yes	ZB343068
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.

3.3

What IG assurances have been provided to you and does any contract contain IG clauses that protect you as the Controller? (e.g. in terms and conditions, their contract, their tender submission). Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	Brief description of assurances obtained
BOB ICB	All staff will have mandatory IG training in place
BOB ICB	Quality and Equality Impact Assessment approved by Quality Team
GP Practices across BOB ICB	Access to clinical data is by personised log on provided by practice
BOB ICB	Participation Agreement and Principals of Remote Access in place
BOB ICB	All staff have signed confidentiality agreement as part of their terms of service.
Click here to enter text.	Click here to enter text.

3.4

What is the status of each organisation's Data Security Protection Toolkit?

DSP Toolkit

Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	ODS Code	Status	Published date
BOB ICB as Buckinghamshire CCG	14Y	Standards Exceeded	24/6/2022
BOB ICB as Oxfordshire CCG	10Q	Standards Exceeded	24/6/2022
BOB ICB as Berkshire West CCG	15A	Standards Exceeded	23/6/2022
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

3.5

How and where will the data/information be stored? (Consider your answer to 2.7 and the potential storage of data in any online meeting or networking solution).

The MOT records the required data to enable a medication review of each patient, this will be stored in an agreed place on the practice shared drive.

Where the team is working remotely information will be stored temporarily whilst the MOT is undertaking the review activity. This information will be stored in a restricted access dedicated medicines optimisation folder, on the MOT shared drive. Documents containing PID of any nature will also be password protected.

3.6

How is the data/information accessed and how will this be controlled?

The MOT member will only be granted access to view patient information via the clinical system, Docman and the practice network by the GP Practice. MOT members must not use another MOT members log in or view patient data from a practice that has not authorised them to access.

Practice Manager/Data Controller are responsible for ensuring the MOT is only accessing patient records associated with the project are being viewed.

EMIS Clinical Services allows users (with appropriate RBAC / PBAC codes) to view the records of a patient

- Role based access; access is by user name and password.
- The system used to access data have audit trail facility.

Access to all clinical systems is by username and password. Users will be attributed appropriate RBAC codes when creating user accounts within the system.

- Periodical system access audit reports will be made.

Data stored in the BOB ICB MOT shared drives will be restricted access to only those in the team who need to process the data. Review of access rights will be carried out annually and individuals removed from having access when they leave the organisation or change roles.

Data is confidentially destroyed as soon as it is no longer required.

3.7
Is there any use of Cloud technology?
No

If yes add the details here.

3.8
What security measures will be in place to protect the data/information?
See 2.2 and 3.6

Is a specific System Level Security Policy needed?
No

If yes or don't know then you need to speak to your Data Protection Officer to ensure one is put in place if needed.

3.9
Is any data transferring outside of the UK? (you must determine this so only select don't know if you have further investigations to make but the DPIA will not be approved without this information)
No

If yes describe where and what additional measures are or will be in place to protect the data.
Click here to enter text.

3.10
What Data Processing Agreement is already in place or if none, what agreement will be in place with the organisation and who will be responsible for managing it?
This information is outlined in the Principles of Remote Access and the Participation Agreement Form

4. Privacy Notice, Individual Rights, Records Management, Direct Marketing

4.1
Describe any changes you plan or need to make to your Privacy Notice and your proposed completion date? (There is a checklist that can be used to assess the potential changes required or if you wish for it to be reviewed then add the link below).
BOB ICB Fair Processing Notice cross references to data flow mapping/data sharing agreement log would summarise this piece of work. GP practices would also be requested to update their Fair Processing Notices when agreeing to participate in the scheme.

4.2
How will this activity impact on individual rights under the GDPR? (Consider the right of access, erasure, portability, restriction, profiling, automated decision making).
GP practices are the data controllers and will be responsible for responding to right of access requests.

4.3
How long is the data/information to be retained?
GP practices are the data controllers. If BOB ICB MOT process any data, this will be retained as per Health & Social Care Records Management code of practice 2016.

4.4
How will the data/information be archived?
No data will be archived

4.5
What is the process for the destruction of records?
If BOB ICB MOT process any data, the Medicines Optimisation Team shall destroy the data as a result of this sharing in accordance with BOB ICB record management policy, based on Health & Social Care records management code of practice 2016.

4.6
What will happen to the data/information if any part of your activity ends?
If BOB ICB MOT process any data, the Medicines Optimisation Team shall destroy the data as a result of this sharing in accordance with BOB ICB record management policy, based on Health & Social Care records management code of practice 2016.

4.7
Will you use any data for direct marketing purposes? (you must determine this so only select don't know if you have further investigations to make but the DPIA will not be approved without this information)
No

If yes please detail.
Click here to enter text.

5. Risks and Issues

5.1
What risks and issues have you identified? The DPO can provide advice to help complete this section and consider any measures to mitigate potential risks.

Describe the source of risk and nature of potential impact on individuals. (Include associated compliance and corporate risks as necessary and copy and paste the complete bottom row to add more risks (the text has been left unlocked in both tables to enable you to do this)).	**Likelihood of harm**	**Severity of harm**	**Overall risk**
Patient identifiable information could be removed from the practice.	Possible	Significant	Low
Errors in processing data leading to inappropriate recommendations	Possible	Significant	Medium
Unauthorised access to records and data	Remote	Significant	Low
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

5.2

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in 5.1				
Risk	**Options to reduce or eliminate risk**	**Effect on risk**	**Residual risk**	**Measure approved (SIRO)**

Patient identifiable information could be removed from the practice.	BOB Data Sharing Protocol for Health and Social Care written for this project. Information Governance mandatory training completed	Reduced	Low	Choose an item.
Errors in processing data leading to inappropriate recommendations	Follow MOT processes for extraction and use templates designed. Avoid manipulating data unnecessarily. Practice is responsible for checking recommendations made are appropriate for patients.	Reduced	Low	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

5.3
What if anything would affect this piece of work?
If practices do not wish to provide MOT members with access to their clinical system, then MOT will not be able to support them in identifying patients who might require medication interventions.

5.4
Please include any additional comments that do not fit elsewhere in the DPIA?
If there is a personal data breach the GP practices/BOB ICB internal incident procedure will be followed to notify data subjects.

6. Consultation

6.1
Have you consulted with any external organisation about this DPIA?
No

If yes, who and what was the outcome? If no, detail why consultation was not felt necessary.
Access to the patient information is controlled by the practice and hence they will ultimately decide if they wish to give permission to access. If this is not granted the MOT will not access the clinical system to review the data.

6.2
Will you need to discuss the DPIA or the processing with the Information Commissioners Office? (You may need the help of your DPO with this)
No

If yes, explain why you have come to this conclusion.
Click here to enter text.

7. Data Protection Officer Comments and Observations

7.1 Comments/observations/specific issues	The GP DPO has given approval to this DPIA

8. Review and Outcome

Based on the information contained in this DPIA along with any supporting documents, you have determined that the outcome is as follows:
A) There are no further actions needed and we can proceed

If you have selected item B), C) or D) then please add comments as to why you made that selection
Click here to enter text.

We believe there are
Choose an item.

If you have selected item B) or C) then list these in the amber boxes below and then consider additional measures you could take and include these in the green boxes below

Residual risks and nature of potential impact on individuals. (Include associated compliance and corporate risks as necessary and copy and paste the complete bottom row to add more risks (the text has been left unlocked in both tables to enable you to do this)).	**Likelihood of harm**	**Severity of harm**	**Overall risk**
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Additional measures you could take to reduce or eliminate residual risks identified as medium or high risk above (B and C)

Risk	**Options to reduce or eliminate risk**	**Effect on risk**	**Residual risk**	**Measure approved (SIRO)**
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Signed and approved on behalf of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Name: [redacted]

Job Title: Data Protection Officer

Signature: [redacted] Date: 09/08/2022

Signed and approved on behalf of Click here to enter text. Name: Click here to enter text. Job Title: Click here to enter text. Signature: Click here to enter text. Date: Click here to enter a date.
Please note: You should ensure that your Information Asset Register and Data Flow Mapping Schedules are updated where this is relevant. This DPIA can be disclosed if requested under the Freedom of Information Act (2000). If there are any exemptions that should be considered to prevent disclosure detail them here: Click here to enter text.