

## Privacy Notice / Fair Processing Notice

### Who we are

Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) is responsible for the NHS strategic planning, resource allocation and commissioning functions and lead the improvements and integration of high-quality health and care services. This will involve collaboration and partnership working across health and care organisations and communities to ensure people live for longer in good health; gaps in healthy life expectancy between people living in the most and least disadvantaged communities will be reduced; and people's experiences of using services will be better. We need to use information about you to enable us to do this effectively, efficiently and safely.

For further information please refer to the 'What is the Integrated Care System' page here: [What is the Integrated Care System? | BOB ICB](#)

### What is this Privacy Notice about?

This Privacy Notice (also known as a Fair Processing Notice) is part of our programme to make the data processing activities that we carry out to meet our commissioning obligations, transparent.

This notice tells you about information we collect and hold about you, what we do with it, how we will look after it and who we might share it with.

It covers information we collect directly from you or receive from other individuals or organisations.

If you require any additional information or explanation requests for this should be sent to this email address: [bobicb.enquiries@nhs.net](mailto:bobicb.enquiries@nhs.net), or by post to:

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board  
Sandford Gate  
Sandy Lane West  
Oxford  
OX4 6LB

By telephone:

Buckinghamshire: 01296 587220  
Oxfordshire: 01865 336800  
Berkshire West: 0118 950 3094

### Our Commitment to Data Privacy and Confidentiality Issues

We are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the UK General Data Protection Regulation (UK GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy,

confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

BOB ICB is a Data Controller as defined under the UK GDPR. We are legally responsible for ensuring that all personal information that we process i.e. hold, obtain, record, use or share about you, is done in compliance with the Data Protection Principles as set out in Article 5 under UK GDPR.

All data controllers must notify the Information Commissioner's Office (ICO) of all personal information processing activities.

Our ICO Data Protection Registration number is ZB343068 and our entry can be found in the Data Protection Register on the [Information Commissioner's Office website](#)

Everyone working for the NHS has a legal duty to keep information about you confidential. The NHS Care Record Guarantee and NHS Constitution provide a commitment that all NHS organisations and those providing care on behalf of the NHS will use records about you in ways that respect your rights and promote your health and wellbeing.

If you are receiving services from the NHS, we share information that does not identify you (anonymised) with other NHS and social care partner agencies for the purpose of improving local services, research, audit and public health.

We would not share information that identifies you unless we have a fair and lawful basis such as:

- You have given us permission;
- To protect children and vulnerable adults;
- When a formal court order has been served upon us;

and/or

- When we are lawfully required to report certain information to the appropriate authorities e.g. to prevent fraud or a serious crime;
- Emergency Planning reasons such as for protecting the health and safety of others;
- When permission is given by the Secretary of State or the Health Research Authority on the advice of the Confidentiality Advisory Group to process confidential information without the explicit consent of individuals.

The ICB is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, or where undertaking a public function, in order to prevent and detect fraud.

All information that we hold about you will be held securely and confidentially. We use administrative and technical controls to do this. We use strict controls to ensure that only a limited amount of authorised staff are able to see information that identifies you where it is appropriate to their role and is strictly on a need-to-know basis.

All of our staff, contractors and committee members receive role appropriate and on-going training to ensure they are aware of their personal responsibilities and have contractual obligations to uphold confidentiality, enforceable through disciplinary procedures.

We will only use the minimum amount of information necessary about you. We will only retain information in accordance with the schedules set out in the [Records Management Code of](#)

## Overseas Transfers

Your information will not be sent outside of the United Kingdom where the laws do not protect your privacy to the same extent as the law in the UK. We will never sell any information about you.

## Your Rights

UK GDPR provides the following rights for individuals:

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling.

If you do not agree to certain information being processed or shared with us, or by us, or have any concern, then please let us know.

You have the right to refuse/withdraw consent to information sharing at any time. The possible consequences can be fully explained to you and could include delays in receiving care. If you wish to discuss withdrawing consent please contact the ICBs Patient Advice and Liaison Service:

### **Buckinghamshire patients:**

Tel: 0800 328 5640

Email: [bobicb-bucks.palscomplaints@nhs.net](mailto:bobicb-bucks.palscomplaints@nhs.net)

### **Oxfordshire patients:**

Tel: 0800 0526088

Email: [bobicb-ox.palscomplaints@nhs.net](mailto:bobicb-ox.palscomplaints@nhs.net)

### **Berkshire West patients:**

Tel: 0118 982 2720

Email: [bobicb-bw.palscomplaints@nhs.net](mailto:bobicb-bw.palscomplaints@nhs.net)

## What is the patient opt-out?

The NHS Constitution states "You have the right to request that your confidential information is not used beyond your own direct care and treatment and to have your objections considered".

Direct care is defined as a clinical, social or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation or suffering of an individual.

Indirect care is defined as work within the health and social care environment which does not involve the direct treatment or support of individuals e.g. research, commissioning and much of the work done in public health.

There are several forms of opt-outs available at different levels. These include for example:

- A. Information directly collected by the ICB:

Your choices can be exercised by withdrawing your consent for the sharing of information that identifies you, unless there is no overriding legal obligation.

- B. Information not directly collected by the ICB, but collected by organisations that provide

NHS services:

## **Type 1 Opt-Out**

If you do not want personal confidential information that identifies you to be shared outside your GP practice, for purposes beyond your direct care, you can register a 'Type 1 Opt-Out' with your GP practice. This prevents your personal confidential information from being used other than in particular circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease.

Patients are only able to register an opt-out at their GP practice.

Records for patients who have registered a 'Type 1 Opt-Out' will be identified using a particular code that will be applied to your medical records that will stop your records from being shared outside of your GP Practice.

## **National Data Opt-Out**

The national data opt-out was introduced on 25 May 2018 and replaces the previous 'type 2' opt-out. NHS Digital collects information from a range of places where people receive care, such as hospitals and community services. The new programme provides a facility for individuals to opt-out from the use of their data for research or planning purposes. For anyone who had an existing type 2 opt-out, it will have been automatically converted to a national data opt-out from 25 May 2018 and will receive a letter giving them more information and a leaflet explaining the new national data opt-out.

The national data opt-out choice can be viewed or changed at any time by using the online service at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters). The deadline for health and care organisations to comply with national data opt-out policy had been the end of March 2022 but has been extended until 31 July 2022. It has been extended to enable health and care organisations to focus their resources on the coronavirus (COVID-19) outbreak.

## **Complaints or questions**

We try to meet the highest standards when collecting and using personal information. For this reason, we take any complaints we receive about this very seriously. We encourage

people to bring concerns to our attention if they think that our collection or use of information is unfair, misleading or inappropriate. We would also welcome any suggestions for improving our procedures.

To make a complaint or bring concerns to our attention, please contact us in writing:

### **Buckinghamshire:**

Email: [bobicb-bucks.palscomplaints@nhs.net](mailto:bobicb-bucks.palscomplaints@nhs.net)

Freephone: 0800 328 5640

### **Oxfordshire:**

Email: [bobicb-ox.palscomplaints@nhs.net](mailto:bobicb-ox.palscomplaints@nhs.net)

Freephone: 0800 052 6088

### **Berkshire West:**

Email: [bobicb-bw.palscomplaints@nhs.net](mailto:bobicb-bw.palscomplaints@nhs.net)

Freephone: 0118 982 2720

Or by post to:

PALs and Complaints

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Sandford Gate  
Sandy Lane West  
Oxford  
OX4 6LB

The information we will require when you make a complaint will be:

- Your name, address and contact telephone number and those of the person that you may be complaining for; including their date of birth and NHS Number.
- A summary of what has happened, giving dates where possible.
- Which organisation provided the care or service.
- A list of things that you are complaining about.
- What you would like to happen as a result of your complaint

## **Subject Access Request (Exercising the Right of Access)**

Staff are now able to access our offices but generally this is in cohorts on certain days. Any electronic information held can be forwarded to a requester but paper information may take longer to provide. This may cause a slight delay in responding to SAR requests.

Individuals can find out if we hold any personal information by making a request under the Right of Access under GDPR, more commonly called a '[Subject Access Request](#)' (SAR).

If we do hold information about you we will:

- Give you a description of it;
- Tell you why we are holding it;
- Tell you who it could be disclosed to;
- Let you have a copy of the information in an intelligible form; and
- Correct any mistakes to information held

We will hold Subject Access Requests for three years after closure at which time the retention period will be reviewed on an individual basis. If a Subject Access Request has been subject to an appeal we will be required to hold your information for six years after closure at which time your information will be destroyed.

To make a request for any personal information we may hold please put the request in writing to:

Email: [scwcsu.sar@nhs.net](mailto:scwcsu.sar@nhs.net)

Telephone: 01865 336800

If we do hold information about you, you can ask us to correct any mistakes by, once again, contacting us at the details above.

## **Confidentiality Advice and Support**

The ICB has an Executive Director responsible for protecting the confidentiality of patient information. This person is called the Caldicott Guardian who oversees the arrangements for the use and sharing of patient information. The Caldicott Guardian plays a key role in ensuring that the NHS, Councils with Social Services and Public Health responsibilities and Partner Organisations satisfy the highest practical standards for handling patient information. Acting as the 'conscience' of the organisation, the Caldicott Guardian actively supports work to enable information sharing where it is appropriate to share and advises on options for lawful and ethical processing of information.

Our Senior Responsible Information Officer (SIRO) is Catherine Mountford, Director of Governance: [catherine.mountford@nhs.net](mailto:catherine.mountford@nhs.net).

Our Caldicott Guardian is Rachael Corser, Interim Chief Nursing Officer: [rachael.corser@nhs.net](mailto:rachael.corser@nhs.net).

The ICB has a Data Protection Officer (DPO) responsible for monitoring compliance with the UK GDPR and other data protection legislation, the organisations data protection policies, awareness-raising, training and audits. The DPO acts as a contact point for the ICO, our employees and the public. They co-operate with the ICO and will consult on any other matter relevant to Data Protection.

Our Data Protection Officer (DPO) is Lesley Corfield, Governance Manager:  
[lesley.corfield@nhs.net](mailto:lesley.corfield@nhs.net)

### Personal Information we collect and hold about you

As a commissioner, we do not routinely hold or have access to your medical records. However, we may need to hold some personal information about you, for example:

- If you have made a complaint to us about healthcare that you have received and you have asked us to investigate it for you
- If you ask us to provide funding for Continuing Healthcare services
- If you ask us for our help or involvement with your healthcare, or where we are required to fund specific specialised treatment for a particular condition that is not already covered in our contracts with organisations that provide NHS care
- If you ask us to keep you regularly informed and up-to-date about the work of the ICB, or if you are actively involved in our engagement and consultation activities or Service User or Patient Participation

Our records may include relevant information that you have told us, or information provided on your behalf by relatives or those who care for you and know you well, or from health professionals and other staff directly involved in your care and treatment.

Our records may be held on paper or in a computer system. The types of information that we may collect and use include the following:

TYPES OF INFORMATION	DESCRIPTION
Identifiable	This is data which contains details which can identify individuals such as name, address, telephone number, date of birth, postcode.
Pseudonymised	This is data that has undergone a technical process that replaces your identifiable information such as NHS number, postcode, date of birth with a unique identifier, which obscures the 'real world' identity of the individual patient to those working with the data.
Anonymised	This is data which does not identify individuals and where there is no risk that identification is likely to take place.
Aggregated	This is anonymised data which is grouped together so that it does not identify an individual
Personal Data	This is any information relating to an identified or identifiable natural person who can be identified, directly or indirectly.



Personal Confidential Data	This is personal information about identified or identifiable individuals which should be kept private or secret. The definition includes dead as well as living people and 'confidential' includes information 'given in confidence' and 'that which is owed a duty of confidence'.
Special Category Data	GDPR defines "special category data" as information about an individual's: Racial or ethnic origin; political opinions; religious beliefs; trade union membership; health; sexual life; alleged criminal activity; or court proceedings.

## Our Uses of Information

Although this is not an exhaustive detailed listing, the following table lists key examples of the purposes and rationale for why we collect and process information:

ACTIVITY PURPOSE	RATIONALE
<b>Complaints</b>	<p><b>Rationale</b></p> <p>We will process your personal information where it relates to a complaint where you have asked for our help or involvement. The information we will require when you make a complaint will be:</p> <ul style="list-style-type: none"> <li>• Your name, address and contact telephone number and those of the person that you may be complaining for; including their date of birth and NHS Number</li> <li>• A summary of what has happened, giving dates where possible</li> <li>• Which organisation provided the care or service</li> <li>• A list of things that you are complaining about</li> <li>• What you would like to happen as a result of your complaint</li> </ul> <p><b>Legal Basis</b></p> <p>The ICB has a duty as to the improvement in quality of services under Section 14R NHS Act 2006 and will rely on your explicit consent as the basis to undertake such activities.</p> <p><b>Complaint Process</b></p> <p>When we receive a complaint from an individual we make up a file containing the details of the complaint. This normally contains the identity of the complainant and any other individuals involved in the complaint.</p> <p>We will only use the personal information we collect to process the complaint and to check on the level of service being provided.</p> <p>We usually have to disclose the complainant's identity to whoever the complaint is about. This is inevitable where, for example, the accuracy of a person's record is in dispute. If a complainant doesn't want information identifying him or her to be disclosed, we will try to respect that. However, it may not be possible to handle a complaint on an anonymous basis.</p> <p>We will keep personal information contained in complaint files in line with NHS retention policy. It will be retained in a secure environment</p>

	<p>and access to it will be restricted according to the 'need to know' principle.</p> <p>We may use service user stories, following upheld complaints, but the individual will remain anonymous. The service user stories will provide a summary of the concern, service improvements identified and how well the complaints procedure has been applied. Explicit consent will always be sought from the service user and carer or both before we use the service user story.</p> <p>To make a complaint, please use the details on our <a href="http://www.oxfordshireccg.nhs.uk/about-us/patient-services.htm">http://www.oxfordshireccg.nhs.uk/about-us/patient-services.htm</a> page.</p> <p><b>Benefits</b></p> <p>Managing complaints enables the ICB to continuously improve the quality of the services they commission.</p> <p><b>Retention Period</b></p> <p>Information relating to complaints will be retained for 10 years after which time the information will be reviewed and if no longer necessary will be destroyed.</p>
<p><b>Individual Funding Request (IFR)</b></p>	<p><b>Rationale</b></p> <p>We will collect and process your personal information where we are requested to fund a specific treatment or service for a condition that is not routinely offered by the NHS.</p> <p>This is called an "Individual Funding Request" (IFR).</p> <p><b>Legal Basis</b></p> <p>The ICB has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as outlined in the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (SI 2012 No 2996) (Part 7-34 (1) and (2)).</p> <p>The clinical professional who first identifies that you may need the treatment will explain to you the information that we need to collect and process in order for us to assess your needs and commission your care and will ask for your informed consent for personal clinical information to be shared with the ICB.</p> <p><b>Benefits</b></p> <p>The Individual Funding Request process allows BOB ICB to look at evidence for the safety and effectiveness of any treatment and ensures that the services we pay for will give patients the greatest health gains from the finite resources we have available.</p>
<p><b>Continuing Healthcare</b></p>	<p><b>Rationale</b></p> <p>We will collect and process your identifiable information where you</p>



have asked us to undertake assessments for your continuing healthcare which is a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital but have been assessed as having a “primary health need”.

This is called “Continuing Health Care” (CHC).

### **Legal Basis**

The ICB has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as outlined in the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (SI 2012 No 2996) (Part 6-20-22).

The clinical professional who first sees you to discuss your needs will explain to you the information that they need to collect and process in order for us to assess your needs and commission your care and will ask for your informed consent for personal clinical information to be shared with the ICB.

### **Benefits**

BOB ICB can arrange a care and support package that meets your assessed needs. The ICB can determine how your needs and care will be managed, where your care will be given e.g. in your own home or in a care home and identify which organization will be responsible for meeting your needs.

### **Retention Period**

Information relating to Continuing Healthcare will be retained for 8 years after which time the information will be reviewed and if no longer necessary will be destroyed.

## **Medicines Optimisation**

### **Rationale**

Medicines Optimisation is about ensuring that the right patients get the right choice of medicine at the right time. By focusing on patients and their experiences, the goal is to help patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage of medicine and improve medicines safety. Ultimately medicines optimisation can help encourage patient to take ownership of their treatment.

To achieve the above we will process your personal data for the following purposes:

1. To carry out direct patient-facing activities on behalf of or at the request of a GP or General Practice.
2. To undertake analysis using specific criteria to identify individual patients that may benefit from a safer, more effective and / or more efficient medicinal regimes and approaches. This analysis may be carried out proactively or at the direct request of a General Practices and all lead to recommendations to the responsible clinician.
3. To carry out administrative purposes which are necessary to ensure that the right payments are made and staff are suitably trained to undertake the work safely and effectively

### **Legal Basis**

The ICB will rely on the below legal basis to process personal data for the purposes of medicines optimisation:

- Health & Social Care Act 2012 (Section 251b) (duty to share)
- NHS Act 2006 (Section 3a) (duty as to provision of certain services)
- UK GDPR Articles 6(1)(e) and 9(2)(h)

### **Retention Period**

The ICB will hold your information for a period of 5 years. Before records are destroyed we will review information held and take into account any further retention periods which may oblige us to hold the information for a further period of time.

### **Benefits**

BOB ICB can carry out Medicines Optimisation activities to ensure that patients receive prescribed items which are clinically effective and cost effective based on individual, local and national health population needs. We can also benchmark and share best practice at a practice level, locally and nationally to further improve our patients' experience of prescribed items and to the benefit of our local population.

### **Clinical Concerns**

#### **Rationale**

Clinical Concerns was developed in response to the [Francis Report 2013](#) and is a process through which the ICB works in collaboration with General Practices and other local healthcare Providers to gather intelligence about the quality and safety of local services and to facilitate learning and improvement.

Your General Practice has appointed the ICB as the Data Processor to process Clinical Concerns on their behalf and have a Data Processing Agreement in place which identifies General Practice as the Data Controller and the ICB as the Data Processor. The Data Processing Agreement details the boundaries of sharing information and is reviewed on an annual basis.

In order to facilitate the investigation of Clinical Concerns, your General Practice will provide the ICB with your NHS Number. The ICB will share this with the relevant healthcare providers involved in your care and treatment in order for them to investigate. The aim of this investigation is to resolve any outstanding issues in relation to the individual's care and treatment and to provide an opportunity to improve the quality of the service. The ICB will not use your NHS number for any other purpose.

#### **Legal Basis**

The General Practice will rely on UK GDPR Articles 6(1)(e) and 9(2)(h) and the Health & Social Care Act (duty to share) as a legal basis to raise a Clinical Concern. The General Practice will provide you with comprehensive information by way of a Fair Processing Notice which clearly details the data sharing relationship with the ICB.

	<p>The ICB will rely on the NHS Act 2006 Section 13R and 14Q as a legal basis to support their enactment of the following commissioning duties:</p> <ul style="list-style-type: none"> <li>• Information on safety of services provided by the health service</li> <li>• Duty as to effectiveness and efficiency</li> <li>• Duty as to the improvement in the quality of services</li> </ul> <p><b>Benefits</b></p> <p>To assist with the gathering of intelligence about the quality and safety of local services and to facilitate learning and improvement.</p> <p><b>Retention Period</b></p> <p>The ICB will hold your information for a period of 10 years following the closure of a clinical concern. Before records are destroyed we will review information held and take into account any serious incident retentions which may require us to hold the information for a further period of time. Each case will be reviewed on an individual basis.</p>
<p><b>Assuring Transformation</b></p>	<p><b>Rationale</b></p> <p>Assuring Transformation data is information we collect about people with a learning disability, autism or both who are getting care in hospitals for their mental health or because they have had behaviour that can be challenging.</p> <p>The ICB collects this data each month from healthcare Providers which is collected by <a href="#">NHS Digital</a>. NHS Digital will publish a monthly progress report and provide this information to NHS England. These reports do not include any personal information. There is a <a href="#">calendar</a> that tells you exactly when it will be published.</p> <p>This information informs NHS England of:</p> <ul style="list-style-type: none"> <li>• how many people are in hospital</li> <li>• how long they have been in hospital for</li> <li>• when their care and treatment is checked</li> <li>• what kind of hospital they are in</li> </ul> <p>NHS England will check this information to make sure people are not in hospital if they would be better looked after in the community.</p> <p>NHS England has produced an Assuring Transformation Easy Read Leaflet which can be obtained from your healthcare Provider.</p> <p><b>Legal Basis</b></p> <p>Assuring Transformation is a mandatory data collection of which has been approved by the Secretary of State under Regulations enabled by Section 251 of the NHS Act 2006 reference CAG 8-02(a-c)/2014.</p> <p>If you do not want your information to be included in these collections please contact us.</p> <p><b>Benefits</b></p> <p>The published report allows the public to check if the NHS is doing a good job of looking after people with a learning disability, autism or both who are in hospital and assists NHS England in determining</p>

	whether patients are getting the right care in the right place.
<b>Safeguarding</b>	<p><b>Rationale</b></p> <p>Safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is a key part of providing high-quality health and social care. The ICB will participate in Serious Case Reviews undertaken by either the local Children's Safeguarding Boards or the Adult Safeguarding Boards for continued learning, to minimize risk and to improve services. As part of delegated commissioning arrangements the Designated Adults Safeguarding Manager (DASM) will act on behalf of Primary Care and will be provided with personal confidential information specific to an individual case.</p> <p>The DASM will review this information and produce an anonymized report which is signed by the organisations Caldicott Guardian and submitted to the relevant Children or Adult Safeguarding Boards at which point personal confidential information provided to the ICB is destroyed.</p> <p><b>Legal Basis</b></p> <p>The ICB has a statutory responsibility under the Children Act 2004, Care Act 2014 and safeguarding provision within the Data Protection Act 2018 (Schedule 1, Part 2, Subsections 18 and 19) to ensure the safety of all children, and the safety of adults at risk of abuse and neglect.</p> <p><b>Benefits</b></p> <p>Safeguarding is a fundamental element of the ICBs commissioning plans and forms a core part of the commissioning assurance process.</p> <p><b>Retention Period</b></p> <p>The ICB will hold your information for a period of 8 years following the closure of a case. Before records are destroyed we will review information held and take into account any serious incident retentions which may require us to hold the information for a further period of time. Each case will be reviewed on an individual basis.</p>
<b>Risk stratification</b>	<p><b>Rationale</b></p> <p>ICBs and GPs use risk stratification tools as part of their local strategies for supporting patients with long-term conditions and to help and prevent avoidable admissions.</p> <p>Typically, this is because patients have a long-term condition such as Chronic Obstructive Pulmonary Disease. NHS England encourages ICBs and GPs to use risk stratification tools as part of their local strategies for supporting patients with long- term conditions and to help and prevent avoidable admissions.</p> <p>Knowledge of the risk profile of our population will help the ICB to commission appropriate preventative services and to promote quality improvement in collaboration with our GP practices.</p>

Risk stratification tools are used by ICBs to analyse the overall health of a population using data which is anonymised in line with the Information Commissioner's Office (ICO) Anonymisation Code of Practice. The combined ICBs Secondary Use Service (SUS) data and GP data which contains an identifier (usually NHS number) is made available to clinicians with a legitimate relationship with their patients to enable them to identify which patients should be offered targeted preventative support to reduce those risks.

For Oxfordshire area residents we do not currently undertake nor commission any other third party to do Risk Stratification.

For residents in the Buckinghamshire and Berkshire West areas we commission Graphnet Health Limited to provide risk stratification.

NHS Digital has a legal obligation to obtain data from providers of NHS care, such as the local hospital or community hospital. This data is then sent to the NHS Digital Data Services for Commissioning Regional Office (DSCRO) and amended so that only your NHS number could identify you. The data is then provided to Graphnet Health for processing in the risk stratification software. The ICB has signed a Data Sharing Contract with NHS Digital for the use of this data, called Secondary Use Services (SUS) data.

Your GP practice enables Graphnet Health, to extract data from your records which again, is only identifiable by your NHS Number. This data will only be extracted and provided to the DSCRO for those patients that have not objected to Risk Stratification or where no other type of objection to information sharing has been recorded on your record. The data, containing the same verified NHS numbers, are sent via secure transfer, directly to Graphnet Health.

Graphnet then link both sets of data using their risk stratification software. An algorithm is run on the data to generate a risk score for each Patient. The ICB can see data only after your NHS number has been removed and replaced by a pseudonymised reference. Your GP will be able to see the data with your NHS number in it so that it can identify if you require further support from them to manage your healthcare needs. The risk scores are only made available to authorized users within the GP Practice where you are registered via a secure portal managed by Graphnet.

Only aggregated, unidentifiable data is made available to the ICB. No identifiable data of any patient is seen by the ICB.

The risk scores are only made available to authorised users within the GP Practice where you are registered via either the practice clinical system or through a secure portal managed by our data processors.

This portal allows only the GPs to view the risk scores for the individual patients registered in their practice in identifiable form. The outputs can be made available if Practices are working as a locality, federation, Primary Care Network or super practice and they are involved in your care, and this access is agreed by the Caldicott Guardian for each Practice.

If you do not wish information about you to be included in our risk

stratification programme, please contact your GP Practice. They can add a code to your records that will stop your information from being used for this purpose.

Please be aware that this may limit the ability of healthcare professionals to identify if you have or are at risk of developing certain serious health conditions.

Further information about risk stratification is available from: <https://www.england.nhs.uk/ourwork/tsd/ig/risk-stratification/>

### **Legal Basis**

NHS England has gained approval from the Secretary of State, through the Confidentiality Advisory Group (CAG), for its application for the disclosure of commissioning data sets and GP data for risk stratification purposes to data processors working on behalf of GPs which provides a statutory legal basis under Section 251 of the NHS Act 2006 to process data for risk stratification purposes. We are committed to conducting risk stratification effectively, in ways that are consistent with the laws that protect your confidentiality.

The processing is compliant with the UK General Data Protection Regulation (UK GDPR), conditions applicable for processing this personal data are "Performance of a task in the public interest or the exercise of official authority" (article 6e) and for special category data "Medical and Health diagnosis, treatment or management of health or social care systems and services" (article 9h).

### **Benefits**

ICBs and GPs use risk stratification tools as part of their local strategies for supporting patients with long-term conditions and to help and prevent avoidable admissions. Typically this is because patients have a long term condition such as Chronic Obstructive Pulmonary Disease. NHS England encourages ICBs and GPs to use risk stratification tools as part of their local strategies for supporting patients with long-term conditions and to help and prevent avoidable admissions.

Knowledge of the risk profile of our population will help the ICB to commission appropriate preventative services and to promote quality improvement in collaboration with our GP practices.

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### **Invoice Validation**

### **Rationale**

The Invoice Validation process ensures that care providers who

provide you with care and treatment can be paid for the services they provide.

Care providers submit their invoices to [NHS Shared Business Services](#) (NHS SBS) who process invoices on behalf of BOB ICB. [NHS SBS](#) do not require and should not receive any patient confidential data to provide their services.

There are situations where identifiable patient personal data is required to ensure that the correct service provider is paid.

In such cases service providers are required to send identifiable patient personal data such as NHS Number to a Controlled Environment for Finance (CEfF) which is a secure restricted area within [SCWCSU](#) who process this data on our behalf and indicate which invoices we can validate (authorize) for payment. NHS England has published guidance on how invoices must be processed and Commissioners have a duty to detect report and investigate any incidents of where a breach of confidentiality has been made.

For more information

see: <https://www.england.nhs.uk/ourwork/tsd/ig/in-val/invoice-validation-faqs/>

### **Legal Basis**

The legal basis for SCWCSU to receive personal identifiable data for the purposes of invoice validation is provided by Section 251 of the NHS Act 2006.

Under UK GDPR/DPA 2018, for personal data we rely on Article (6.1.e) – it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. For special category data, we rely on Article (9.2.h) – it is necessary for the reasons of preventative medicine, medical diagnosis, the provision of health or social care or treatment.

### **Benefits**

The invoice validation process supports the delivery of patient care by ensuring that:

- service providers are paid for patients treatment,
- enables services to be planned, commissioned, managed and subjected to financial control,
- enables commissioners to confirm that they are paying appropriately for the treatment of patients for whom they are responsible
- fulfilling commissioners duties of fiscal probity and scrutiny
- enables invoices to be challenged and disputed or discrepancies resolved

### **Patient and Public Involvement**

#### **Rationale**

If you have asked us to keep you regularly informed and up to date about the work of the ICB or if you are actively involved in our engagement and consultation activities or patient participation groups, we will collect and process personal confidential data which you share with us.



This is called 'Patient and Public Involvement'.

Where you submit your details to us for involvement purposes, we will only use your information for this purpose. You can opt out at any time by contacting us using our contact details at the end of this document.

Individuals can also complete online surveys via our website in which you will be asked to agree to the Terms and Conditions of using the site and will be asked for your explicit consent for us to use your information in which we will publish survey results. We will only use your information for this purpose of which you can opt out at any time.

### **Legal Basis**

Under the NHS Act 2006 Section 14Z2, the ICB has a duty, in relation to health services provided (or which are to be provided) under arrangements made by the ICB exercising its functions, to make arrangements so as to secure that individuals to whom the services are being (or may be) provided are involved at various specified stages.

We will rely on your explicit consent for this purpose.

Where you have agreed to participate in online surveys on our website, your information will be held for 6 months following the publication of survey results after which you're your information will be deleted. If we need to keep your information for longer we will follow the ICB retention period.

### **Benefits**

If you would like to find out more information on how to get involved and how this benefits BOB ICB, please see our Getting Involved pages: <http://www.oxfordshireccg.nhs.uk/about-us/our-uses-of-information.htm#risk>

### **Records Retention**

Where you have provided us with your contact details for us to keep in touch, we will contact you periodically to ensure you are still happy for us to hold these details. If we do not hear back from you we will delete your information from our database.

## **Commissioning**

### **Rationale**

To collect NHS data about service users that we are responsible for.

### **Legal Basis**

Under the Health & Social Care Act 2012 the ICB has a statutory legal basis for collecting and processing information for the purposes of commissioning.

Under UK GDPR/DPA 2018, for personal data we rely on Article (6.1.e) – it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. For special category data, we rely on Article (9.2.h) – it is necessary for the reasons of preventative medicine, medical diagnosis,

the provision of health or social care or treatment.

### **Processing Activities**

Hospitals and community organisations that provide NHS-funded care are legally and contractually obliged to submit certain information to NHS Digital about services provided to our service users.

This information is generally known as commissioning datasets. The ICB obtains these datasets from NHS Digital and they relate to service users registered with GP Practices that are members of the ICB.

These datasets are then used in a format that does not directly identify you, for wider NHS purposes such as managing and funding the NHS, monitoring activity to understand and plan the health needs of the population, and to gain evidence that will improve health and care through research.

The datasets include information about the service users who have received care and treatment from those services that we are responsible for funding. The ICB is unable to identify you from these datasets. They do not include your name, home address, NHS number, post code or date of birth. Information such as your age, ethnicity and gender, as well as coded information about any clinic or accident and emergency attendances, hospital admissions and treatment will be included.

The specific terms and conditions and security controls that we are obliged to follow when using these commissioning datasets can also be found on the [NHS Digital website](#).

We also receive similar information from GP Practices within our ICB membership that does not identify you.

### **Benefits**

We use these datasets for a number of purposes such as:

- Performance managing contracts;
- Reviewing the care delivered by providers to ensure service users are receiving quality and cost effective care;
- To prepare statistics on NHS performance to understand health needs and support service re-design, modernisation and improvement;
- To help us plan future services to ensure they continue to meet our local population needs;
- To reconcile claims for payments for services received in your GP Practice;
- To audit NHS accounts

If you do not wish your information to be included in these datasets, even though it does not directly identify you to us, please contact your GP Practice and they can apply a code to your records that will stop your information from being included.

### **Primary and Secondary Care**

### **Rationale**

We commission a number of organisations to provide primary and

secondary healthcare services to you. These organisations may be within the NHS or outside the NHS.

Primary Care services cover GP Practices, Dental Practices, Community Pharmacies and high street Optometrists.

Secondary Care services are usually (but not always) delivered in a hospital or clinic with the initial referral being received from Primary Care.

These organisations may share identifiable, pseudonymised, anonymized, aggregated and personal confidential data information with us for the following purposes:

- To look after the health of the general public such as notifying central NHS groups of outbreaks of infectious diseases
- To undertake clinical audit of the quality of services provided
- To carry out risk profiling to identify patients who would benefit from proactive intervention
- To perform case management where the NHS offers intervention and integrated care programmes involving multiple health and social care providers
- To report and investigate, complaints, claims and untoward incidents
- To prepare statistics on our performance for the Department of Health
- To review out care to make sure that it is of the highest standard

#### **Legal Basis**

The Health & Social Care Act 2012 allows us to collect your information and is only accessed a limited number of authorised staff and not disclosed to other organisations. We will never share your personal information unless a legal basis has been identified for the different purposes of sharing or we have obtained your explicit consent.

#### **Benefits**

Through sharing information ethically and lawfully the NHS is able to improve its understanding of the most important health needs and the quality of the treatment and care provided.

#### **Cabinet Office**

#### **Rationale**

The [Cabinet Office](#) is responsible for carrying out data matching exercises. Data matching involves comparing computer records held by one body against other computer records held by the same or another body to see how far they match. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it may indicate that there is an inconsistency which requires further investigation. No assumption can be made as to whether there is fraud, error or other explanation until an investigation is carried out.

We participate in the [Cabinet Office's National Fraud Initiative](#): a data matching exercise to assist in the prevention and detection of fraud. We are required to provide particular sets of data to the Minister for the Cabinet Office for matching for each exercise, as detailed here.

	<p><b>Legal Basis</b></p> <p>The use of data by the Cabinet Office in a data matching exercise is carried out with statutory authority under Part 6 of the Local Audit and Accountability Act 2014. It does not require the consent of the individuals concerned under UK GDPR.</p> <p>Data matching by the Cabinet Office is subject to a Code of Practice.</p> <p>View further information on the Cabinet Office's legal powers and the reasons why it matches particular information:  <a href="https://www.gov.uk/government/publications/code-of-data-matching-practice-for-national-fraud-initiative">https://www.gov.uk/government/publications/code-of-data-matching-practice-for-national-fraud-initiative</a></p>
<p><b>National Registries</b></p>	<p>National Registries (such as the Learning Disabilities Register) have statutory permission under Section 251 (16/CAG/0056) of the NHS Act 2006, to collect and hold service user identifiable information without the need to seek informed consent from each individual service user.</p>
<p><b>Research</b></p>	<p>Data may be collected for the purpose of research. Research can be undertaken using information that does not identify you (anonymised). The law does not require your consent to be obtained in this case but information should be made available to you where your anonymised data is used for the purposes of research. Information can be made available either in waiting rooms, using information leaflets, published on notice boards, waiting room screens and/or an organisations website.</p> <p>Where identifiable data is needed for research, you may be approached by an organisation who has provided you with care and asked if you wish to participate in a research study. Where identifiable data is required, an organisation must obtain explicit consent. A member of the research team will discuss the research study with you and will provide you with information on what the study is about, what information they wish to collect, how to opt out and who to contact for more information.</p> <p>If you do not wish your information to be used for research, whether identifiable or non-identifiable, please let your GP Practice know. They will add a code to your records that will stop your information from being used for research.</p> <p><b>Legal Basis</b></p> <p>Your explicit consent will be obtained as the legal basis to process identifiable information for research purposes.</p> <p><b>Benefits</b></p> <p>Results from research studies can provide a direct benefit to individuals who take part in medical trials and indirect benefit to the population as a whole.</p> <p><b>Retention Period</b></p> <p>Retention periods will be included in the research study Information</p>

Leaflet related to each study.

## Support Services

The ICB will use other organisations to provide us with support services. These organisations will process information on our behalf. These organisations are known as “data processors” and will provide additional expertise to support the work of BOB ICB:

### Legal Basis

BOB ICB are committed to ensure that a legal basis is identified for all flows of personal identifiable to external organisations.

The ICB ensures that this is supported by use of an NHS Standard Contract which is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. The NHS Standard Contract covers:

- confidential information of all parties (Section: GC20),
- patient confidentiality, data protection, freedom of information and transparency (Section: GC21)

In addition a Data Sharing Framework Contract (DSFC) and Data Sharing Agreement (DSA) are in place with [NHS Digital](#) for the release of patient level data and Service Level Agreements are in place with [NHS South Central and West Commissioning Support Unit \(SCWCSU\)](#) for the services they provide.

The below tables outline the organisations we use, services they provide and ICBs legal basis for processing your information:

<b><u>NHS SOUTH, CENTRAL &amp; WEST COMMISSIONING SUPPORT UNIT (SCWCSU)</u></b>		
<b>Purpose</b>	<b>Type of Data</b>	<b>Legal Basis</b>
PALs and Complaints	<ul style="list-style-type: none"> <li>• personal</li> <li>• special category</li> </ul>	NHS Act – Section 14R / Consent
Freedom of Information Requests	<ul style="list-style-type: none"> <li>• personal</li> </ul>	GDPR & Data Protection Act / Consent
Subject Access Requests	<ul style="list-style-type: none"> <li>• personal</li> <li>• special category</li> </ul>	GDPR & Data Protection Act / Consent
Invoice Validation	<ul style="list-style-type: none"> <li>• personal</li> <li>• special category</li> </ul>	S251 NHS Act 2006
Assurance:		
<ul style="list-style-type: none"> <li>• Legal Basis identified for each data flow</li> <li>• Service Level Agreement in place between BOB ICB and SCWCSU</li> <li>• Data Processing Agreement between BOB ICB and SCWCSU</li> </ul>		

### Oxford Health NHS Foundation Trust

Purpose	Type of Data	Legal Basis
Continuing Healthcare	<ul style="list-style-type: none"><li>personal</li><li>special category</li></ul>	Health and Social Care Act 2012 / Consent
Mental Health, Learning Disability, Autism	<ul style="list-style-type: none"><li>special category pseudonymised</li></ul>	Health and Social Care Act 2012

### NHS Digital - Data Services for Commissioners Regional Offices (DSCROs)

Purpose	Type of Data	Legal Basis
Undertakes the processing of identifiable Secondary Use Service (SUS) data and local data flows to provide pseudonymised commissioning data to the ICB's 'processors'.	<ul style="list-style-type: none"><li>personal</li><li>special category</li></ul>	Health and Social Care Act 2012 / S251 NHS Act 2006

### NHS South, Central & West Commissioning Support Unit (SCWCSU)

(NHS SCWCSU uses Microsoft cloud services (MS Azure) for Cloud storage.)

Purpose	Type of Data	Legal Basis
Invoice Validation	<ul style="list-style-type: none"><li>personal</li></ul>	S251 NHS Act 2006
Risk Stratification	<ul style="list-style-type: none"><li>personal</li><li>special category</li></ul>	S251 NHS Act 2006
Secondary Use Service (SUS)	<ul style="list-style-type: none"><li>personal</li><li>special category pseudonymised</li></ul>	Health and Social Care Act 2012
Local Flows from Acute, Ambulance, Demand for Service, Diagnostic Services, Emergency Care, Experience, Quality & Outcomes, Mental Health, Population, Primary Care, Public Health Screening	<ul style="list-style-type: none"><li>personal</li><li>special category pseudonymised</li></ul>	Health and Social Care Act 2012
Mental Health Services	<ul style="list-style-type: none"><li>special category pseudonymised</li></ul>	Health and Social Care Act 2012
Improving Access to Psychological Therapy	<ul style="list-style-type: none"><li>special category pseudonymised</li></ul>	Health and Social Care Act 2012

### Bray Leino Ltd ('Bray Leino BroadCare')

Purpose	Type of Data	Legal Basis
Continuing Healthcare system (see above)	<ul style="list-style-type: none"> <li>personal</li> <li>sensitive</li> </ul>	GDPR Article 6(1)(e) Article 9(2)(h) PLUS: Health and Social Care Act 2012

### Graphnet Health Ltd

Purpose	Type of Data	Legal Basis
Risk Stratification (see above)	<ul style="list-style-type: none"> <li>personal</li> <li>sensitive</li> </ul>	GDPR Article 6(1)(e) Article 9(2)(h) PLUS: NHS Act 2006 Section 251

### NHS Shared Business Services Ltd

Purpose	Type of Data	Legal Basis
Invoice Validation (see above)	<ul style="list-style-type: none"> <li>personal</li> <li>sensitive</li> </ul>	GDPR Article 6(1)(e) Article 9(2)(h) PLUS: NHS Act 2006 Section 251

### Monmouth Partners Ltd

Purpose	Type of Data	Legal Basis
Special Auditing Requests in Berkshire West area - Processing of pseudonymised SUS data and local data flows to provide auditing services	Pseudonymised SUS data and local data flows	GDPR Article 6(1)(e) Article 9(2)(h)

### Liaison Financial Services

Purpose	Type of Data	Legal Basis
Invoice Validation (Continuing Healthcare financial reviews; reconciliation of payments and invoices)	Personal	S251 NHS Act 2006

### Optum Health Solutions (UK) Ltd

Purpose	Type of Data	Legal Basis
Optum for wave 2 data processing - pseudonymised GP and social care data for the purpose of Population Health Management  [Optum uses Amazon's Web Services (AWS) for Cloud storage]	<ul style="list-style-type: none"> <li>Pseudonymised SUS, MHSDS, CSDS data</li> </ul>	Health and Social Care Act 2012



**Additional Assurance:**

- Legal Basis is identified for data flows
- NHS National Standard Contract
- Achieved full ISO 27001 Accreditation
- Information Governance Toolkit Level 2 Compliance (ODS Code: 8GW39)
- Service Contract and Data Processing Agreement between ICBs and Optum

**Data Linkage**

Data may be de-identified and linked by organisations so that it can be used to improve health care and development and monitor NHS performance. Where data is used for these statistical purposes, stringent measures are taken to ensure individual patients cannot be identified. When analysing current health services and proposals for developing future services it is sometimes necessary to link separate individual datasets to be able to produce a comprehensive evaluation. This may involve linking primary care GP data with other data such as secondary uses service (SUS) data (inpatient, outpatient and A&E). In some cases there may also be a need to link local datasets which could include a range of acute-based services such as radiology, physiotherapy, audiology etc, as well as mental health and community-based services such as Improving Access to Psychological Therapies, district nursing, podiatry etc. When carrying out this analysis, the linkage of these datasets is always done using a unique identifier that does not reveal a person's identity as the ICB does not have any access to patient identifiable data.

**Data Retention**

Oxfordshire ICB will approach the management of its business records in line with their Records Management Policy which sets out roles and responsibilities for records management and the key operating principles for record keeping across the business and manages records in line with the [Records Management NHS Code of Practice for Health and Social Care](#) which sets the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England, based on current legal requirements and professional best practice.

The ICBs records shall not be retained indefinitely. At the end of the retention, records shall be disposed of. In most cases this will mean controlled destruction; a small percentage of records may become archived meaning that they will be retained indefinitely under the Public Records Act.

**Information Governance**

Information Governance is to do with the way organisations 'process' or handle information. It covers personal information relating to patients, service users, employees, and corporate information (financial and accounting records.)

The Organisations that we do business with are subject to the same legal rules and conditions for keeping personal confidential data and secure and are underpinned by a contract with us.

Before awarding any contract, we ensure that organisations will look after your information to the same high standards that we do. Those organisations can only use your information for the service we have contracted them for and cannot use it for any other purpose. All organisations are required to complete a Department of Health Information Governance Toolkit which draws together the legal rules and central guidance and presents them in a single standard set of information governance requirements which covers management structures and

responsibilities, confidentiality, data protection and information security. All organisations are required to achieve a Level 2 score which demonstrates that organisations can be trusted to maintain the confidentiality and security of personal information and in turn increases public confidence that the NHS and its partners can be trusted with personal data.

## Contact us

If you have any questions or concerns regarding how we use your information, please contact us at:

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board  
Sandford Gate  
Sandy Lane West  
Oxford OX4 6LB

Phone:

Buckinghamshire: 01296 587220

Oxfordshire: 01865 336800

Berkshire West: 0118 950 3094

Email: [bobicb.enquiries@nhs.net](mailto:bobicb.enquiries@nhs.net)

## Independent Advice

For independent advice about data protection, privacy and data-sharing issues, you can contact the:

Information Commissioner  
Wycliffe House  
Water Lane, Wilmslow  
Cheshire  
SK95AF

Phone: 03031231113

Website: <https://ico.org.uk/>

## Further information

Further information about the way in which the NHS uses personal confidential data and your rights in that respect can be found in:

### [The NHS Care Record Guarantee:](#)

This guarantee is a commitment that NHS organisations and those providing care on behalf of the NHS will use records about you in ways that respect your rights and promote your health and wellbeing.

### [The NHS Constitution:](#)

The Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

[To share or not to share? Information Governance Review:](#)

This was an independent review of information about service users shared across the health and care system led by Dame Fiona Caldicott and was conducted in 2012.

[NHS Commissioning Board – Better Data, Informed Commissioning, Driving Improved Outcomes: Clinical Data Sets:](#)

This provides further information about the data flowing within the NHS to support commissioning.

[NHS Digital – Guide to Confidentiality:](#)

NHS Digital are the trusted national provider of high-quality information, data and IT systems for health and social care and are responsible for collecting data from across the health and social care system.

[Information Commissioner's Office \(ICO\):](#)

The ICO is the Regulator for GDPR and offer independent advice and guidance on the law and personal data, including your rights and how to access your personal information.

[Health Research Authority:](#)

The HRA protects and promotes the interests of patients and the public in health and social care research.

February 2023