THE QUEST FOR A SHARED CGA ON A SHARED IT SOLUTION ACROSS PROVIDERS:

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IT SYSTEMS GDPR AND DATA SHARING

Dr David Attwood
GP Partner and GPwSI Older People at Pathfields Medical Group
Dep Hon Sec at BGS and GeriGP Committee Member

LEARNING OUTCOMES

- To understand how data sharing could transform care for older people

- To be convinced that a pan-provider CGA on a shared or highly inter-operative and versatile IT solution can be delivered in our time

- To have a deep enough understanding of GDPR to robustly and gently win over any blockers and spoilers

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AT THE MICRO LEVEL: WHY IS THIS IMPORTANT?

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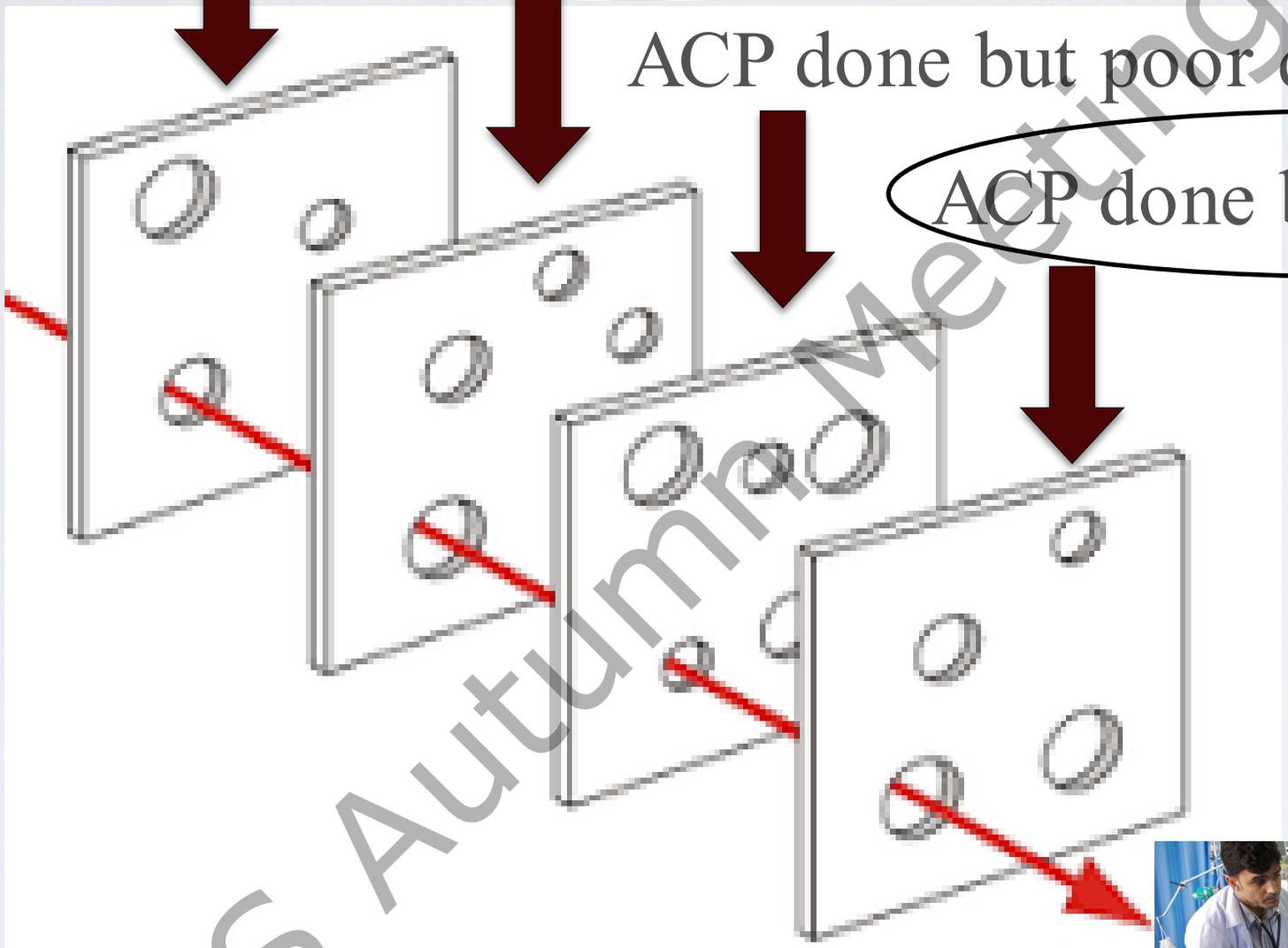
WHY IS IT IMPORTANT?

Failure to identify

ACP not done

ACP done but poor quality

ACP done but not shared



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AT THE MACRO LEVEL: WHY IS THIS IMPORTANT?

- 12 million older people in UK
- We have 25% frailty prevalence (37% mild, 39% moderate, 24% severe)
- This equates to 3 million older people with frailty (1.11M mild, 1.17M moderate, 720,000 severe)

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AT THE MACRO LEVEL: WHY IS THIS IMPORTANT?

- Number of older people increasing
- Number of unplanned admissions rising by 3.2%/year

<u>BOTTOM LINE</u>: WE CAN'T AFFORD TO KEEP DOING MORE OF THE SAME

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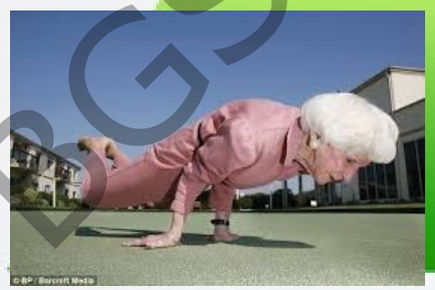
NEW TACTICS

IDENTIFICATION



Severe frailty

Moderate frailty

Mild frailty

Fit and well

MANAGEMENT

Deliver a CGA

Proactive care

Early in day joined up reactive care

Minimise the time spent developing hospital associated morbidity

Social prescriber referral?

Physical exercise

Public Health

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NEW TACTICS 2:

CGA

Holistic Medical Review

- Review of LTC's
- Medications review and de-prescribing
- Advanced care planning
- Patient goals

Assessment of function

- Mood and cognition
- Social situation
- Mobility and falls
- ADL's
- Skin
- Hearing
- Vision
- Nutrition
- Continence

QOF

Annual review

Care and support plan shared with patient and out of hours providers (GP and ambulance)

Hospital admission

DN's

Admission documents

Social care

Community providers

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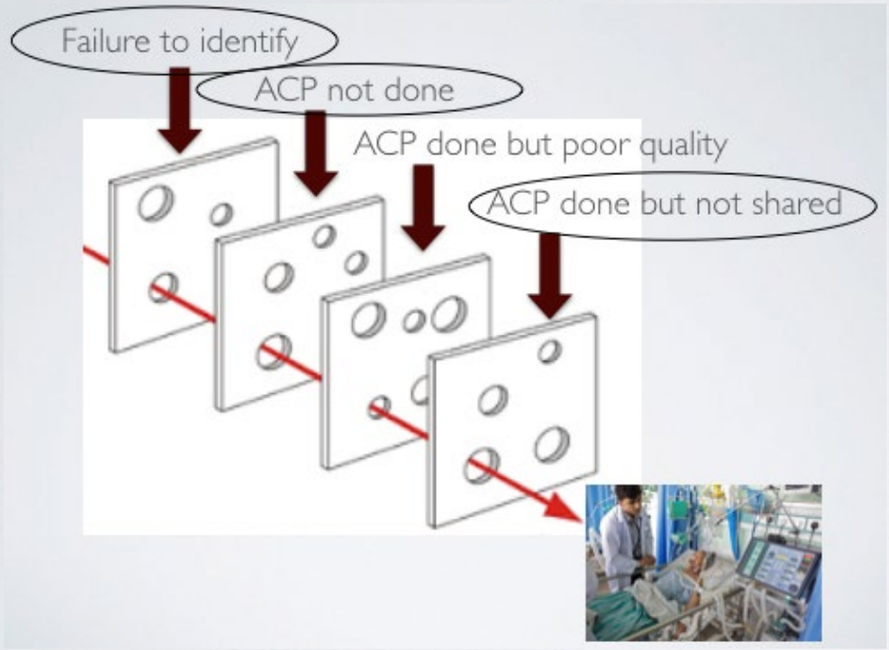
HOW CAN INFORMATION SHARING AND A VERSATILE SHARED IT SOLUTION HELP?

Micro level:



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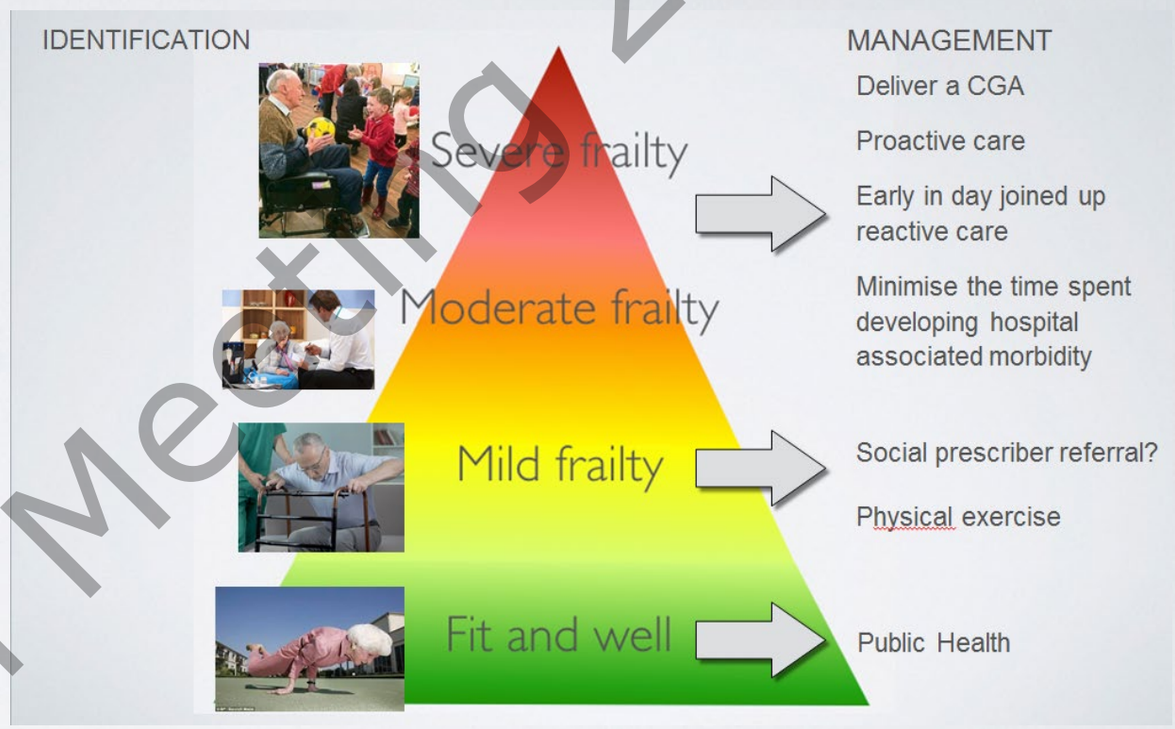

Identification:

- EFI (with augmentation)
- Ambulance services
- Hospital admission/discharge summaries
- Firemen
- Social services

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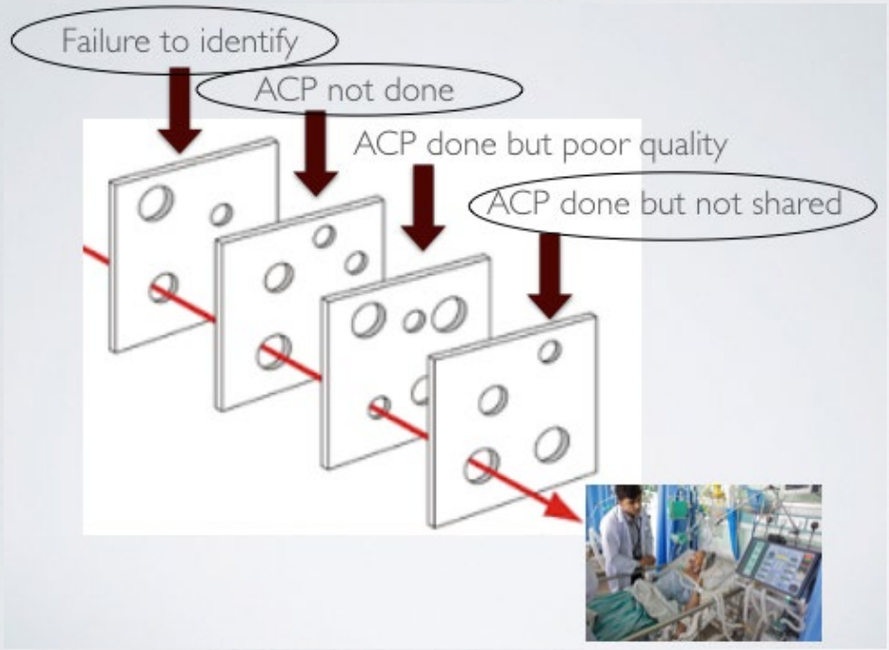
HOW CAN INFORMATION SHARING AND A VERSATILE SHARED IT SOLUTION HELP?

Micro level:



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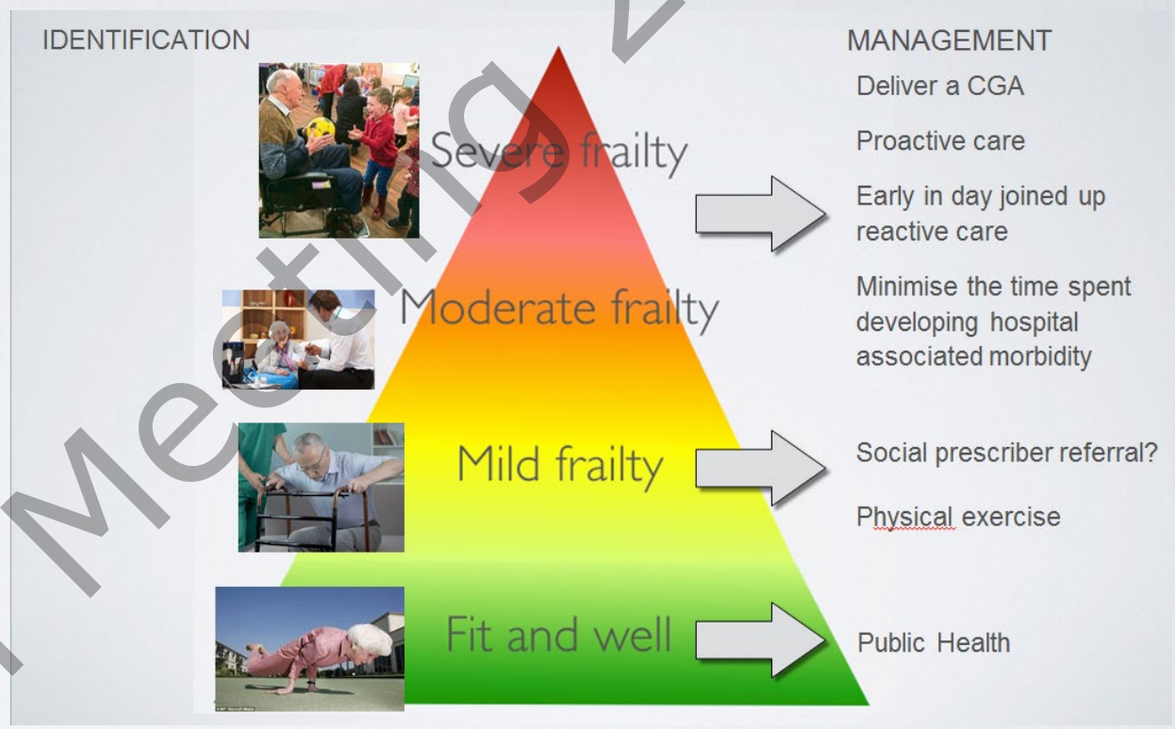

Getting ACP done: targeting the right patients

- It's all about read codes…
- …and using patient searches to get the IT to do the work for you!

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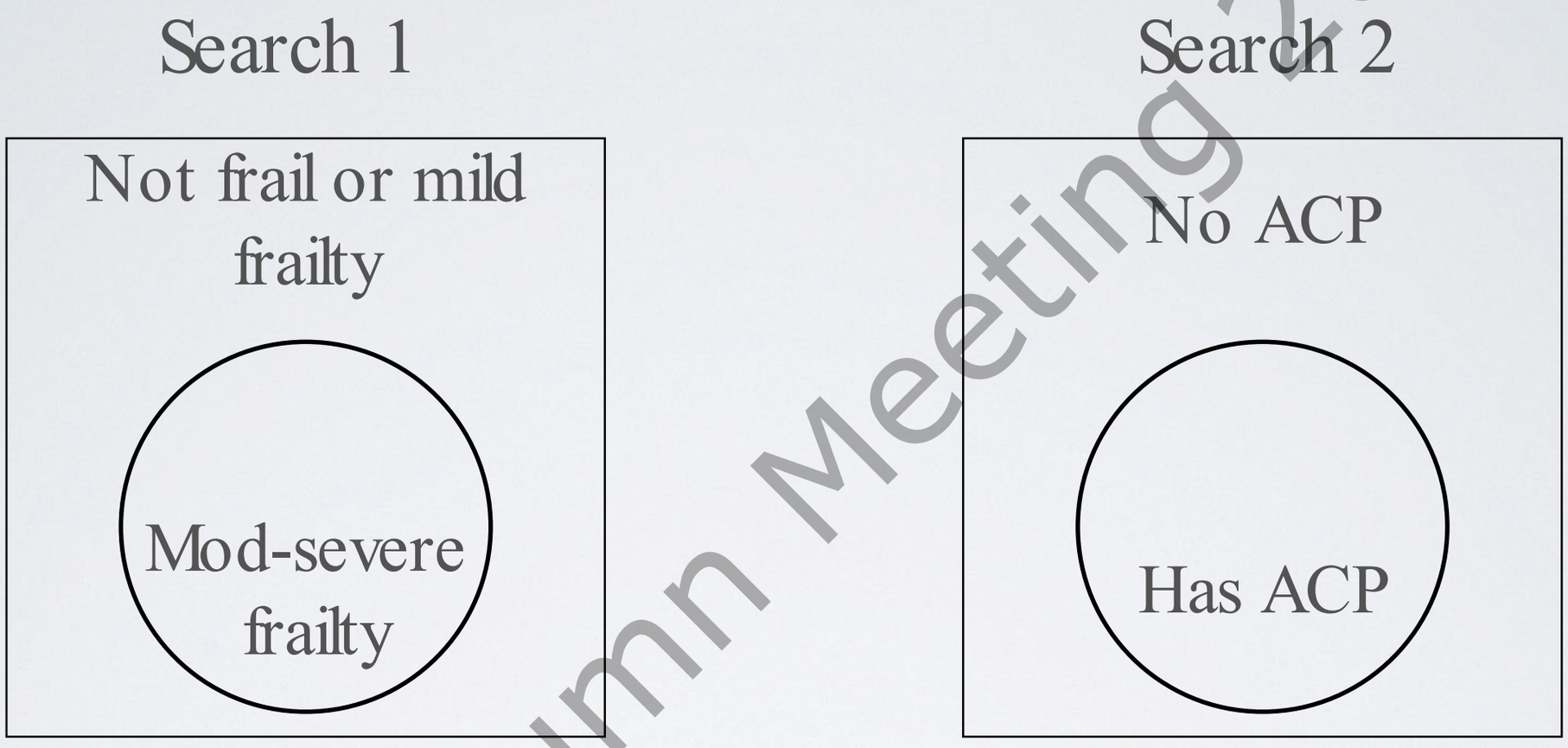
IT'S EASY!



- Run a search on all patients with read code moderate and severe frailty in your practice
- Run a search on all patients with read codes pertaining to ACP (eg. not for resus, advance care plan etc)

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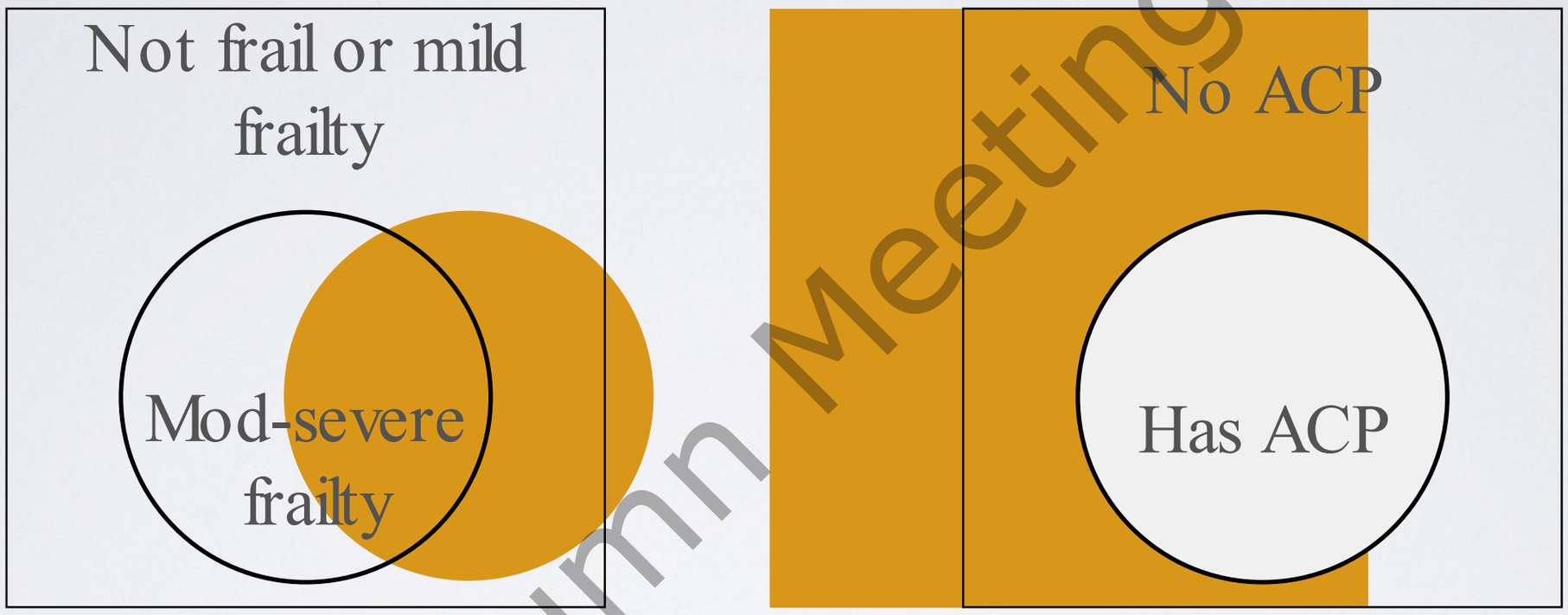
IT'S EASY!



- Combine both searches
- Ask IT to look for patients mod-severe frailty group that do not have an advance care plan
- You then get a list of all patients with mod-severe frailty without ACP's

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GETTING THE ACP DONE

Patients with mod-severe frailty and no ACP

WARNING!!

This patient has mod-severe frailty and no ACP!

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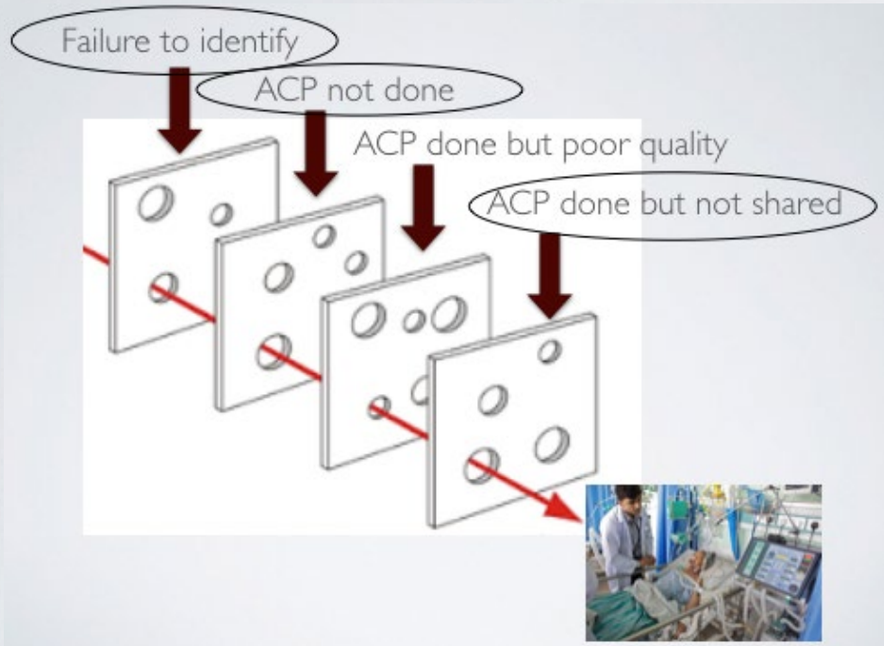
HOW CAN INFORMATION SHARING AND A VERSATILE SHARED IT SOLUTION HELP?

Micro level:



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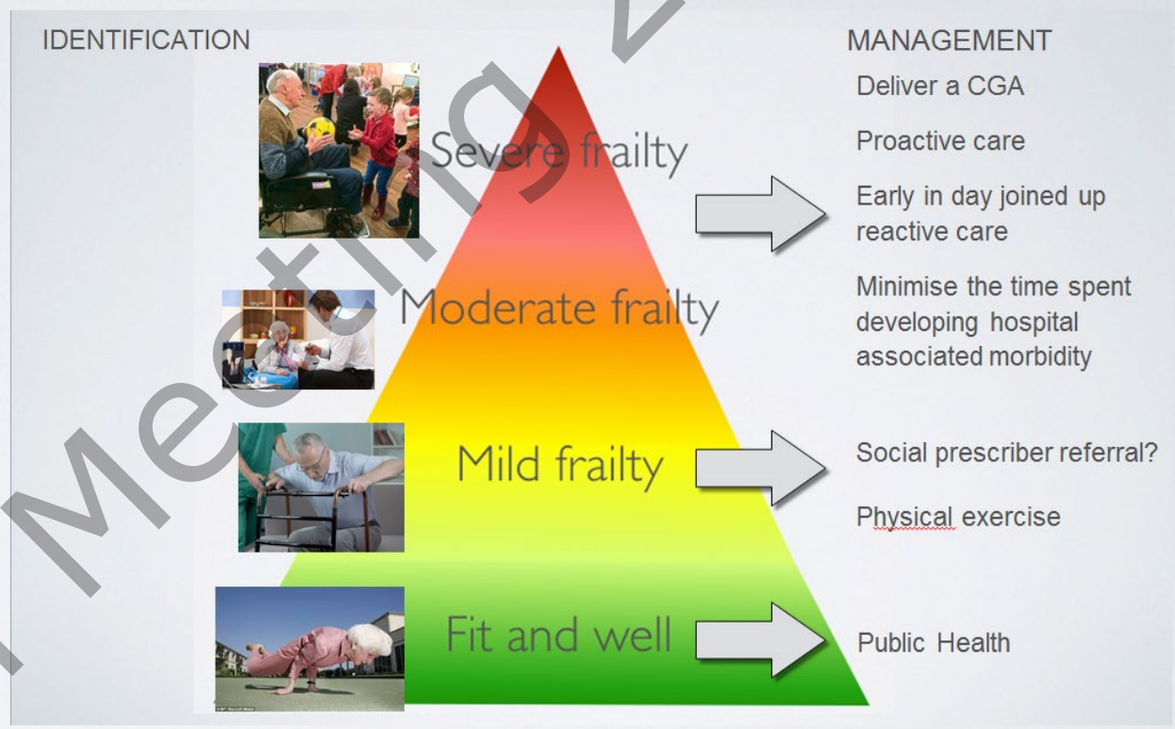

Getting ACP shared

- Needs to be shared with patient, primary care, OOHGP and ambulance as a minimum
- You could triplicate the information or…

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Care home LES - Proactive review Pathfieds version

Other Details... | Exact date & time | Thu 24 Oct 2019 | 10:05

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button Hide Warning

Advanced Care Planning | MDT meeting

Proactive Review:

Please complete the following:

1. Patient Goals
2. LTC and deprescribing
3. ACP conversation
4. Functional Assessment
5. Consent for record sharing
6. Sharing the ACP

EOL meds:

ver

ly syringe driver

Question

Confirmation!

Admin have been sent a task to notify OOH, ambulance providers and send patient the care plan.

DON'T FORGET TO PREVIEW THE CARE PLAN AND SAVE IT TO RECORDS
(otherwise they have nothing to send!)

Thanks for the reminder and exit | Pause

Important readcodes (ti

Not for resuscitation ☐
Not for future hospital admissions (unless for comfort) ☐
LPA for property and affairs ☐
Lasting power of attorney personal welfare ☐

Dementia advance care plan ☐

Add acute review

Other outcomes (Ongoing Episode)

Care home LES - Patient Goals V2

Launch the care home protocol 2 protocol

D ATTWOOD on 21 Oct 2019 11:50
Care home visit for follow-up patient review (Xaaia)

☑ Show recordings from other templates
☐ Show empty recordings

Information | Print | Suspend | Ok | Cancel | Show Incomplete Fields

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SystmOne GP: ATTWOOD, David (Dr) (Clinical Practitioner Access Role) at Pathfields Practice Plympton - Patient Record

Patient Appointments Reporting Audit Setup Links Dispensing Clinical Tools Workflow User System Help

Search Save Discard Resume Sch Task Task LabelTr... Path Req Results Recepti... Appts Free Slot Home Panic

XXATESTPATIENTAAAI, Ebsnine (Sir) 01 Jan 1920 (99 y) M
Merafield View, Underlane, Plympton, Plymouth PL7 1ZB
Mobile (preferred): 07536 078937
649 843 1962 Pathfields Practice Plympton

Next Event | Event Details | Pathology | Drawing | Auto-Consultation | Settings

Clinical | Administrative

- Patient Home
- Sensitivities & Allergies (5)
- Appointments, Visits & Tasks
  - Attendance Counts
  - Appointments
  - Visits
  - Tasks
  - Scheduled Tasks
  - eWorkflows
  - Waiting Lists
- SMS Messages (102)

- Quick Glance
- Major Active Problems (20)
  - Termination of pregnancy (
  - Chronic kidney disease sta
  - Type II diabetes mellitus (X4
  - Depression NOS (XaB9J) (
  - Chronic depression (E2B1
  - Treatment Escalation Plan (
  - Lives in care home (XaMFC
  - Type I diabetes mellitus (X4
  - Type I diabetes mellitus (X4
  - Type I diabetes mellitus (X4
  - Severe frailty (Xabdd) (1)
  - Severe frailty (Xabdd) (1)
  - Lives in care home (XaMFC
  - Subject of comprehensive

No problems linked to this section

History: Ambulance service notified of patient on EoL care register (XaZmb)
Examination:
Diagnosis: Subject of comprehensive geriatric assessment plan (XaZlv)
Intervention: No interventions recorded
Plan: Has end of life advance care plan (XaRFF)
Sharing ACP decisions with out of hours service (XabXC)
OOH providers (GP and ambulance teams) made aware of advanced care planning conversations.
Advance care plan sent to patient

New Section | Merge | Delete

More readcodes (evaluation)

Task sent to admin

Tas | History | Pending Tasks

Thu 24 Oct 20:07 - ATTWOOD, David (Dr)
Hey guys,

A few things to do:

1. Please attach the care plan saved in notes and send the following email to swasnt.clinical-alerts@nhs.net:

Dear colleagues in Ambulance Services,
This [insert patient's full name] at [insert patient's full address] has an advanced care plan and TEP in place which can be found with the patient. Please find the care plan attached. Sadly we are not able to attach the TEP as it is with the patient but the decisions are captured in the care plan. Please read this before considering further treatment and admission and please do take both into hospital if the patient is going.

Yours sincerely,
The Pathfields Medical Group Care Home Team

2. Send the same care plan to the patient, ideally via email. Please include the message below as a cover letter for the care plan:
Dear patient and carers,

Search features

0 63 5 5 73 | 487 1 | 0 0 0 0 | 0 0 0 | 5 0 | 9 9 17

20:10
24/10/2019

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Clinical | Administrative

- Quick Glance
- Major Active Problems (19)
  - Atrial fibrillation (G5730) (1)
  - Essential hypertension (XE0Uc) (1)
  - Chronic obstructive lung disease (H3...) (7)
  - Benign prostatic hyperplasia (XE0e6) (1)
  - Angina (G33..) (2)
  - Abdominal aortic aneurysm (X204N) (4)
  - Duodenitis (J157.) (2)
  - Diabetes mellitus (C10..) (5)
  - Vascular dementia (XE1Xs) (1)
  - Diverticular disease (X304P) (1)
  - Prosthetic cemented hemiarthroplasty of hip (XE0
  - Cerebrovascular accident (X00D1) (8)
  - Peripheral vascular disease NOS (G73z.) (2)
  - Treatment Escalation Plan (XacZx) (2)
  - Mild frailty (XabdY) (1)
  - [D]Septic shock (R0555) (6)
  - Subject of comprehensive geriatric assessment p
  - Severe frailty (Xabdd) (2)
  - Not for resuscitation (Xa9tT) (1)
- Minor Active Problems (2)
  - Delirium (XE1Xv) (6)
  - Abdominal aortic aneurysm (X204N) (5)
- Inactive Problems (16)
  - Major Inactive Problems (11)
    - Cerebrovascular accident (X00D1) (6)
    - Acute exacerbation of chronic obstructive air

Search features

Patient Home

Continue | Configure

!! High Priority Reminders

Not for resuscitation

Consider admission /fluids /feeding on a case by case basis depending on clinical condition Cancel More

Question

This patient has had a Comprehensive Geriatric Assessment. They will almost certainly have a Care and Support Plan and a TEP.

If you are contemplating a hospital admission they must go in with this for continuity of care.

View now and print?

Yes | No | Pause

19 Sep 2019 Stroke/TIA Review 12 months Pending Seen Cancel Awaiting Results Follow-on / Supersede More

19 Sep 2019 Diabetes Review 12 months Pending Seen Cancel Awaiting Results Follow-on / Supersede More

20 Sep 2019 Repeat Blood Test Pending Urea and electrolytes;Plasma C-reactive protein level serum lipids Seen Follow-on / Supersede More

Special Notes

Special Note: Known to LTC Matrons 434332

Patient Plan

1 Entitled to Flu Vac-Over 65
2 Diabetic-Entitled to Flu Vac
3 Please update medications with sick day rules

09:30 24/10/2019

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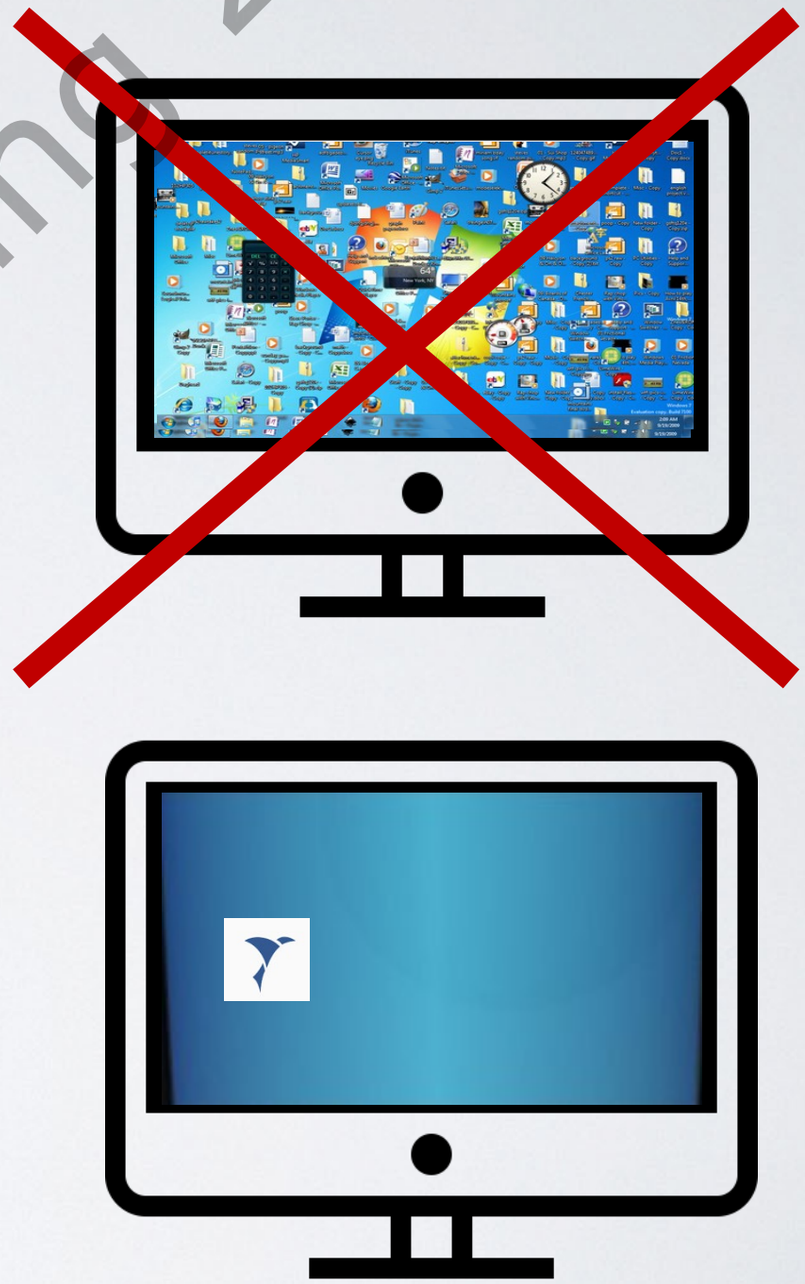
QUESTION 1:

Single point of information recording/access:

Put your hand down if your IT system **can't** do the following:

- One point of access to PMHx, DHx, allergies and all clinic letters
- Record a patient encounter
- Prescribe medication
- Request tests eg pathology and radiology



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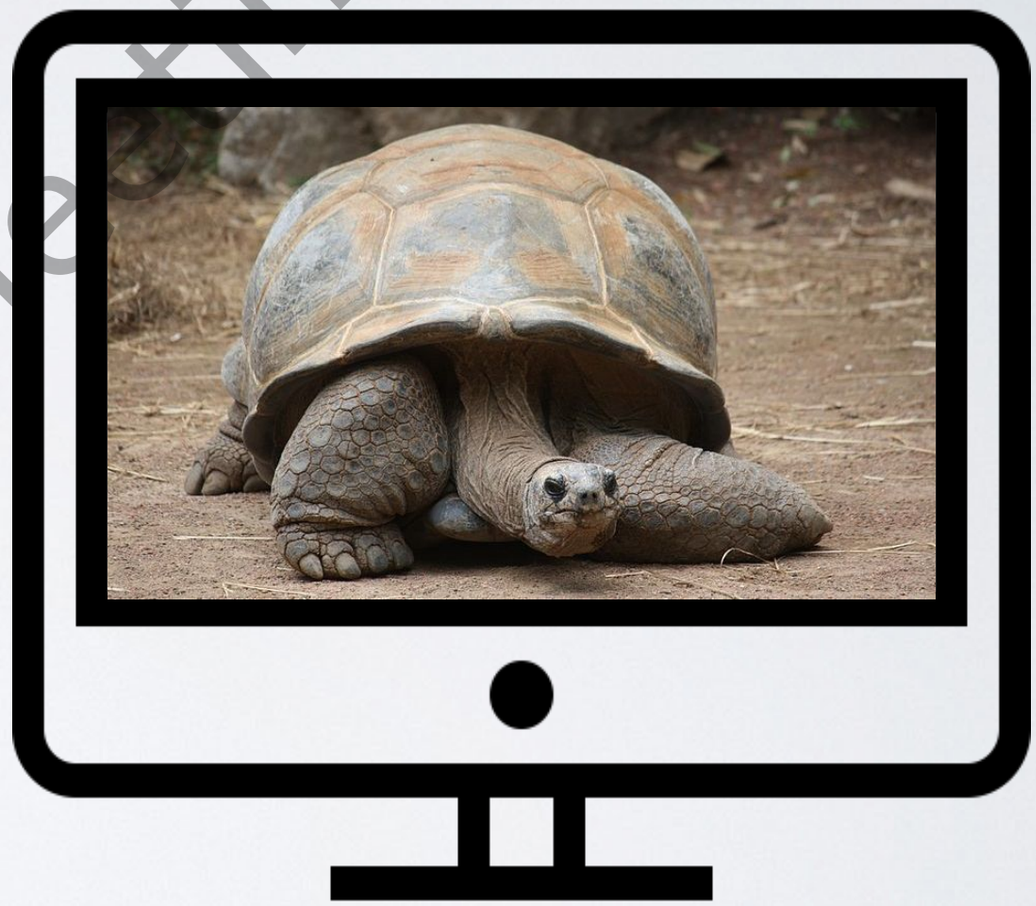
QUESTION 2:

Efficiency and speed:

Put your hand down if doing things on your IT system takes longer than doing it by hand



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QUESTION 3:

Safety:

Put your hand down if your IT doesn't warn you about contraindications, drug-drug interactions, and pre-existing allergies as you are about to prescribe

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QUESTION 4:

Managing workflow/audit trails:

Put your hand down if your IT does not allow you to:

- Communicate with teams in other buildings/providers
- Assign workflow (good audit trail of communication)

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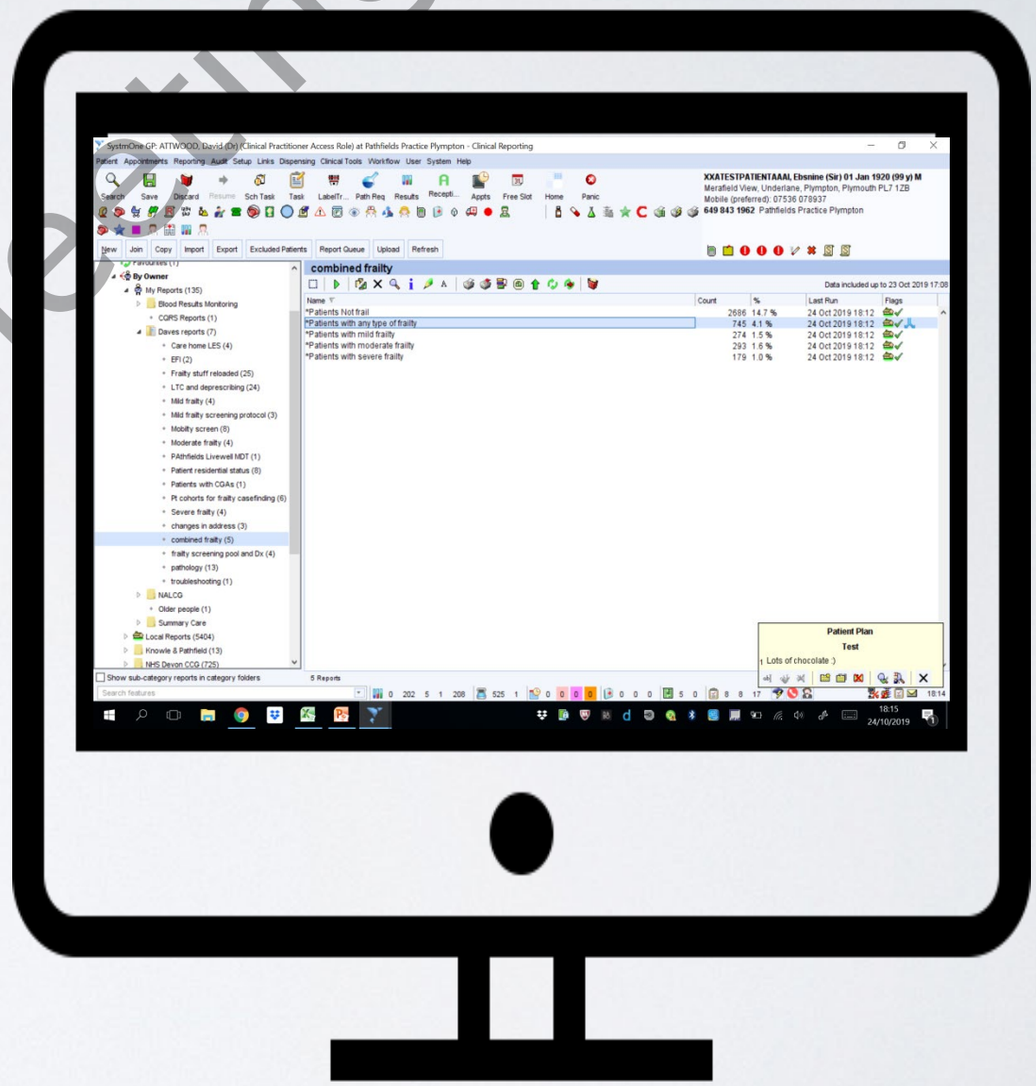
QUESTION 5:

Audit/QI work:

Put your hand down if your IT does not allow you to:

- Do population/hospital based reporting



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QUESTION 6:

Customisability:

Put your hand down if you can't adapt your IT to augment your intelligence and bend it to your will

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QUESTION 7:

Miscellaneous:

Put your hand down if your IT cant do the following:

1. Manage your rota
2. Book your followup appointments
3. Process your tests and letters that you send/receive
4. Communicate with other provider organisations

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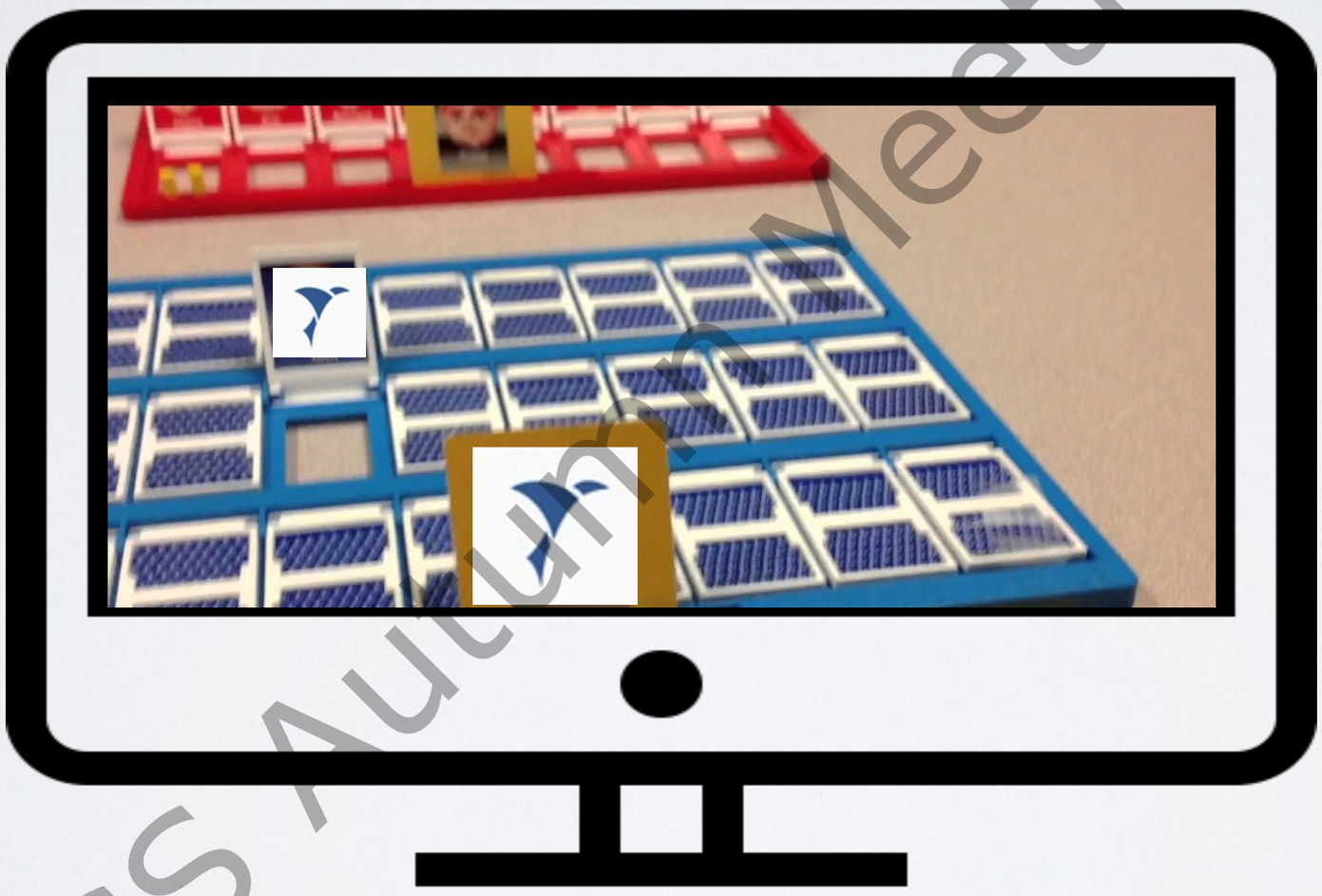
QUESTION 8:

Is your IT…



Primary care IT (EMIS, S1 etc)?

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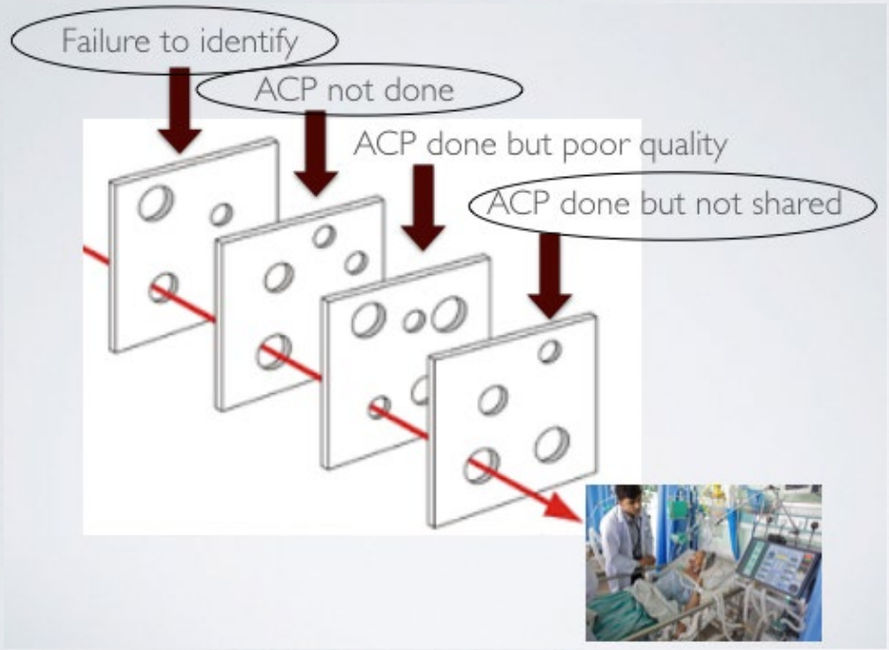
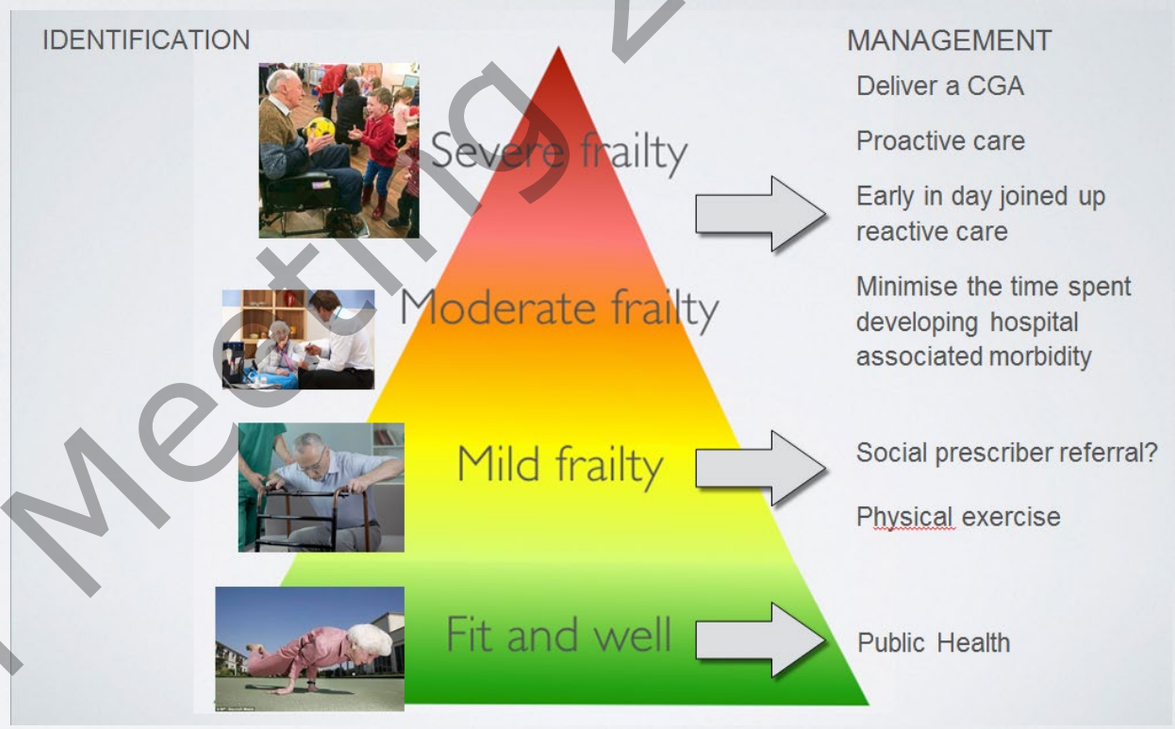
THE STORY SO FAR

Micro level:



Macro level:



- Importance of data sharing
- Collaboration across providers
  - Identification
  - Shared working
  - Delivery of a shared CGA across providers
- Horizon scanned for versatile IT systems available

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ENGAGING STAKEHOLDERS….

Consent for data sharing?

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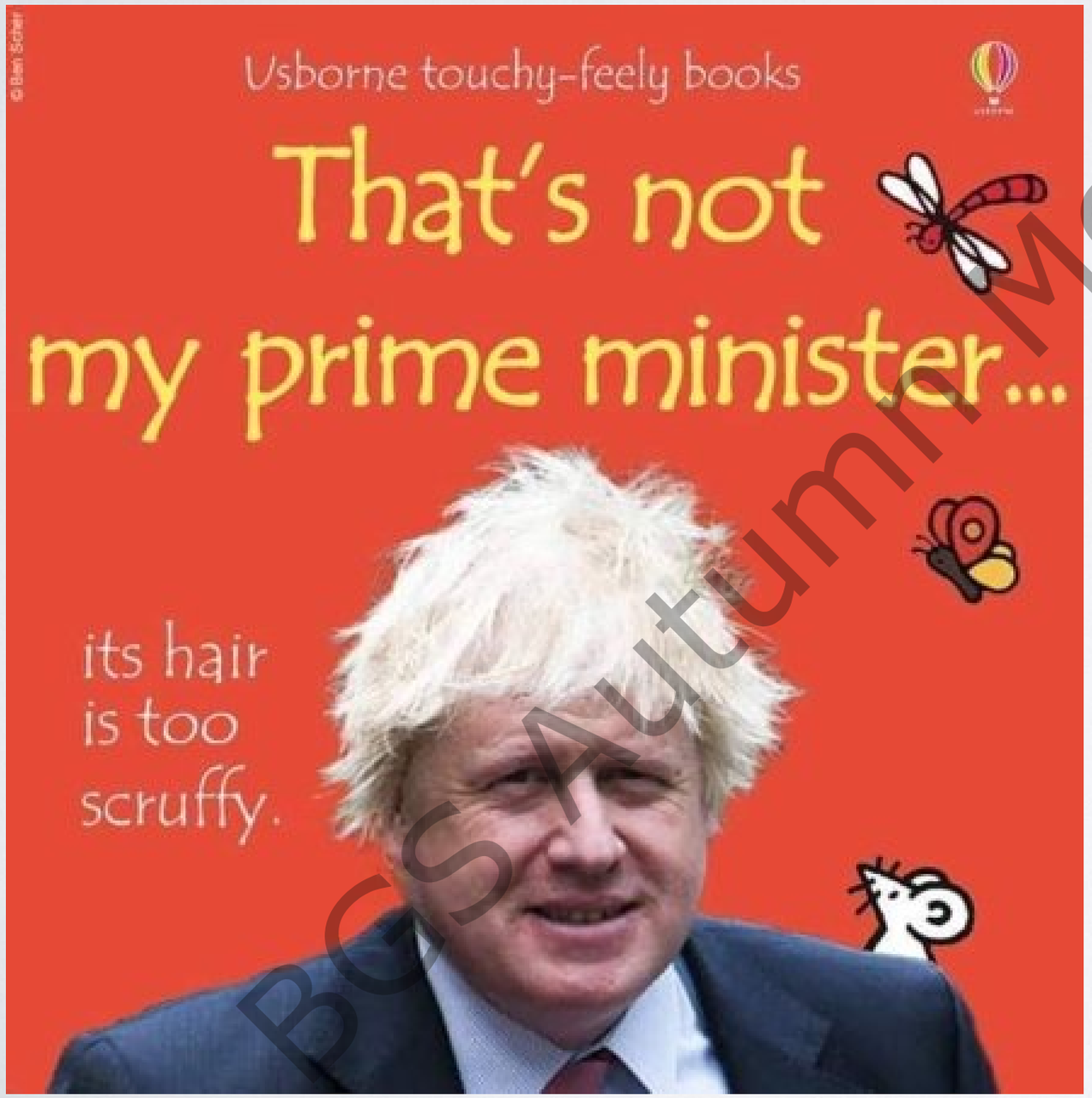
PRINCIPLES OF GDPR AND INFORMATION SHARING



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GLOSSARY OF TERMS

GDPR language	Lay person language
Data controller	Someone who has control of a patients data and determines how/who it will be shared with. Livewell, GP surgeries UHP etc all DC's
Processing data	obtaining, recording, sharing, holding patient data

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GDPR

General
Data
Protection
Regulation

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GDPR

- Much tighter list of conditions to satisfy for legally valid consent

- Article 9: processing of all patient data is strictly prohibited…

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…UNLESS IT IS FOR THE PROVISION OF HEALTH AND SOCIAL CARE

SECTION 9(2)(H)

"(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…"

GDPR

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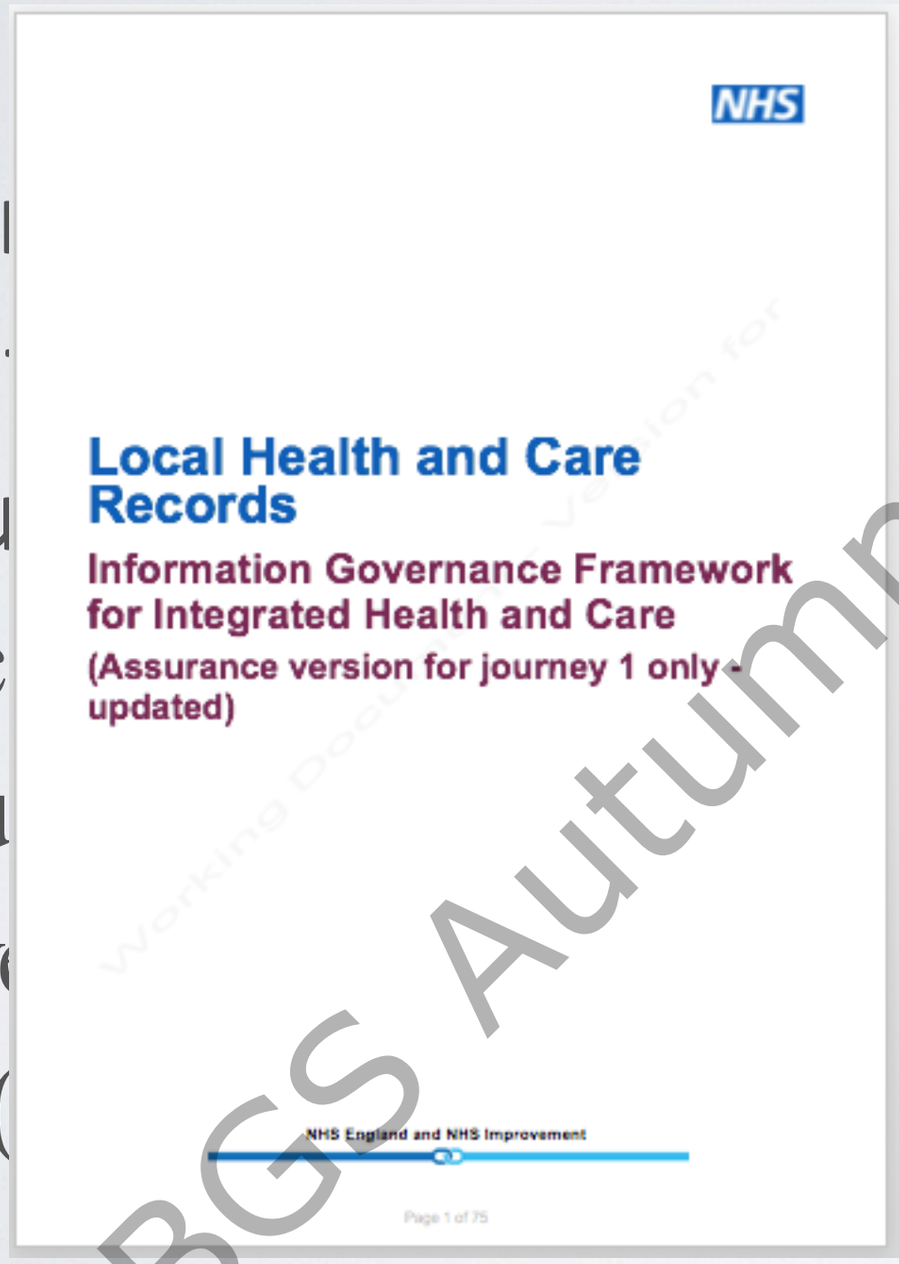
GDPR WORDING

“Do … c… sing to
mee… …ptional
circu… t a… lawful
proc… e t… d/or
statu… l c… the
deliv… is … Article
9(2)(… ata…


NHS

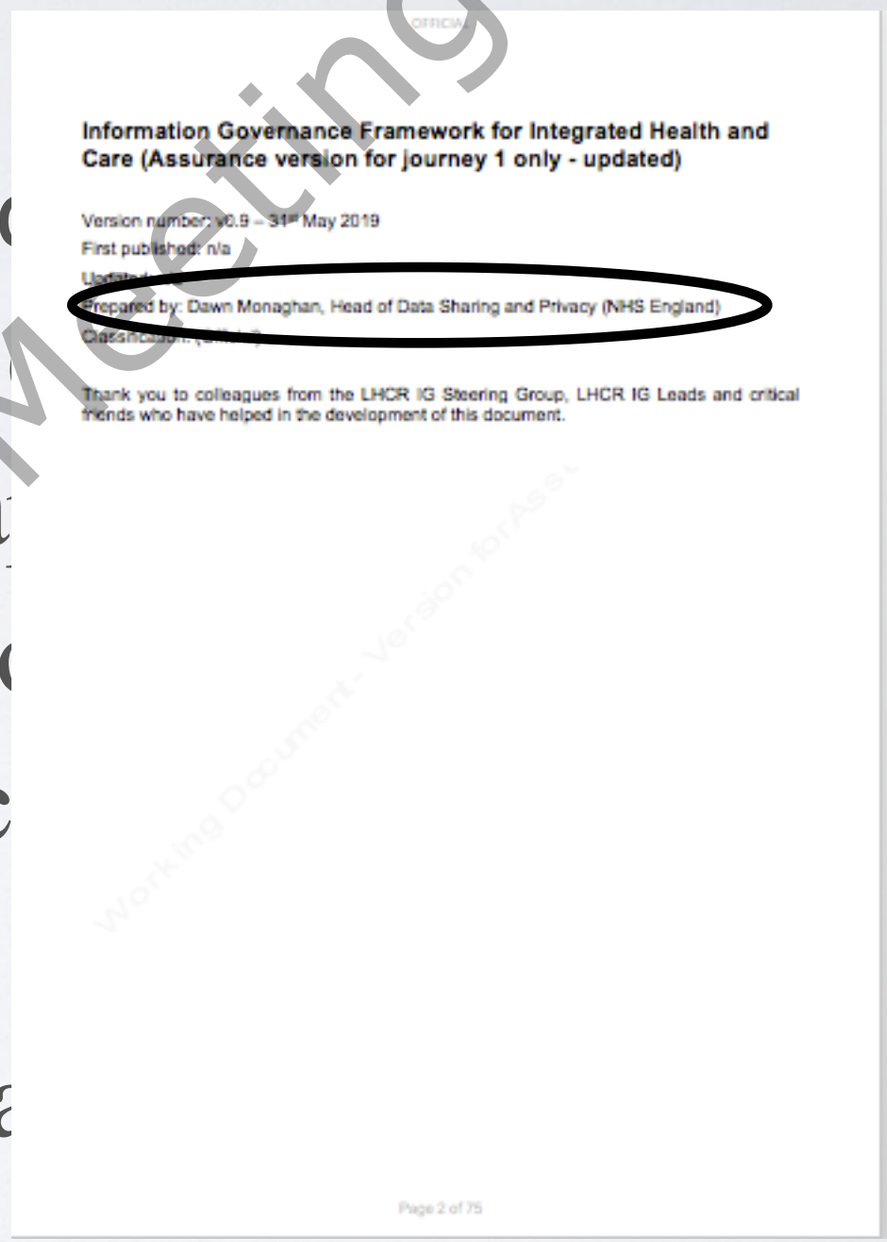
Local Health and Care Records

Information Governance Framework for Integrated Health and Care

(Assurance version for journey 1 only - updated)

NHS England and NHS Improvement

Page 1 of 75


Information Governance Framework for Integrated Health and Care (Assurance version for journey 1 only - updated)

Version number: v0.9 – 31st May 2019

First published: n/a

Prepared by: Dawn Monaghan, Head of Data Sharing and Privacy (NHS England)

Thank you to colleagues from the LHCR IG Steering Group, LHCR IG Leads and critical friends who have helped in the development of this document.

Page 2 of 75

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TRANSLATION

- "For health and social care you don't need to use consent anymore
- "Do not use consent as a condition for processing to meet GDPR/DPA requirements, unless in exceptional circumstances. The most appropriate basis for lawful processing that is available to publicly funded and/or statutory health and social care organisations in the delivery of their functions is Article 6(1)(e) and Article 9(2)(h) special category data…."
- Under GDPR you have a lawful basis for processing and sharing personal data because it is necessary 'for the performance of a task carried out in the public interest' i.e., you need to process data to perform your job

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BUT...

- To comply with GDPR, if you are ever thinking about sharing information your need to do the following:
  - Only relevant data shared - Role Based Access
  - A Data Protection Impact Assessment (DPIA)
  - Patients still need to have the right to opt out
  - A Privacy Notice
  - Record of processing activities

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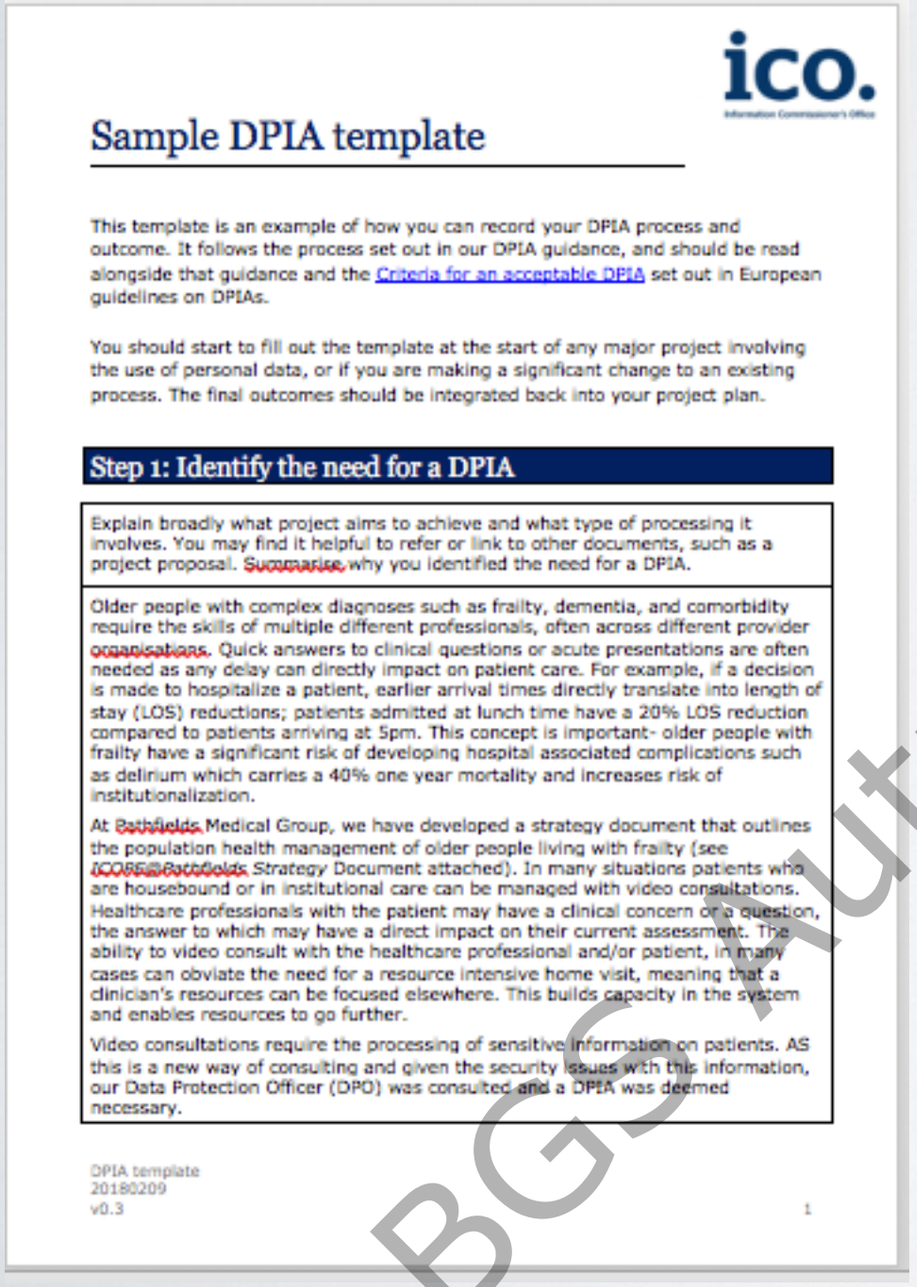
WHAT DOES A DPIA LOOK LIKE?



ico.
Information Commissioner's Office

Sample DPIA template

This template is an example of how you can record your DPIA process and outcome. It follows the process set out in our DPIA guidance, and should be read alongside that guidance and the Criteria for an acceptable DPIA set out in European guidelines on DPIAs.

You should start to fill out the template at the start of any major project involving the use of personal data, or if you are making a significant change to an existing process. The final outcomes should be integrated back into your project plan.

Step 1: Identify the need for a DPIA

Explain broadly what project aims to achieve and what type of processing it involves. You may find it helpful to refer or link to other documents, such as a project proposal. Summarise why you identified the need for a DPIA.

Older people with complex diagnoses such as frailty, dementia, and comorbidity require the skills of multiple different professionals, often across different provider organisations. Quick answers to clinical questions or acute presentations are often needed as any delay can directly impact on patient care. For example, if a decision is made to hospitalize a patient, earlier arrival times directly translate into length of stay (LOS) reductions; patients admitted at lunch time have a 20% LOS reduction compared to patients arriving at 5pm. This concept is important- older people with frailty have a significant risk of developing hospital associated complications such as delirium which carries a 40% one year mortality and increases risk of institutionalization.

At Bathfields Medical Group, we have developed a strategy document that outlines the population health management of older people living with frailty (see *ICOREBathfields Strategy* Document attached). In many situations patients who are housebound or in institutional care can be managed with video consultations. Healthcare professionals with the patient may have a clinical concern or a question, the answer to which may have a direct impact on their current assessment. The ability to video consult with the healthcare professional and/or patient, in many cases can obviate the need for a resource intensive home visit, meaning that a clinician's resources can be focused elsewhere. This builds capacity in the system and enables resources to go further.

Video consultations require the processing of sensitive information on patients. AS this is a new way of consulting and given the security issues with this information, our Data Protection Officer (DPO) was consulted and a DPIA was deemed necessary.

- 6-8 page document
- Basically a risk assessment
- Needs DPO sign off

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THE PRIVACY NOTICE

- Needs to be in a language understandable to patients
- Explains how their data is shared and with whom
- Offers them how to opt out and contact details
- Needs to be “easily available to the public”
  - On the website and on posters in waiting room (NHSE clarified this as a minimum requirement)

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A NOTE FROM DR PAUL CUNDY (BMA GP IT POLICY LEAD) ON DATA PROTECTION OFFICERS (DPO)

- DPOs advise us data controllers on IG/GDPR
- Provide advice, when requested
- Needed whenever undertaking a DPIA
- Anyone can be a DPO… GDPR says they should have "the necessary level of expert knowledge……"
- DPOs are in advisory role only. You can go against the advice of your DPO but you'd better have a good reason!
- Liability for breaches lies with the data controller, not the DPO

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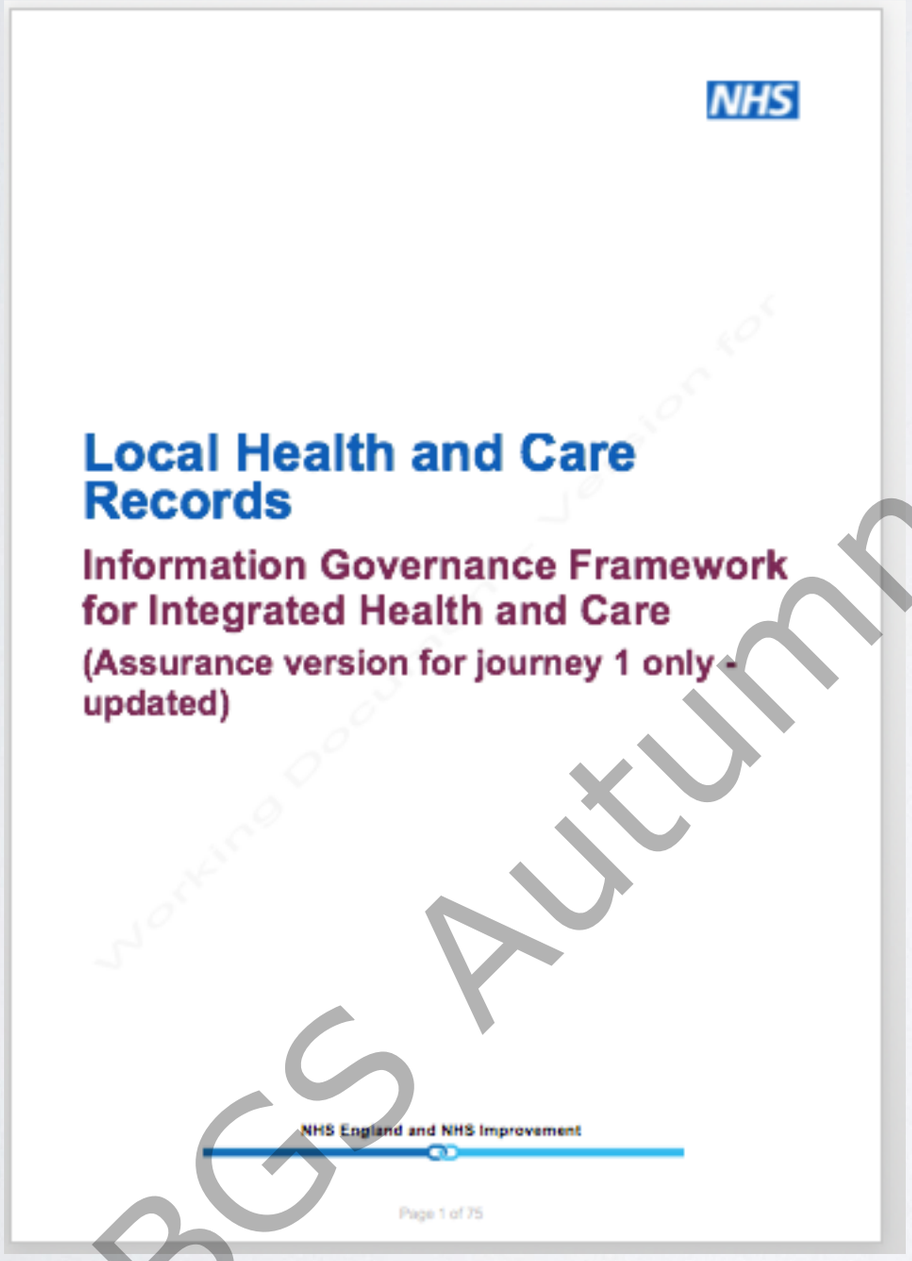
THE FUTURE: IG FRAMEWORK FOR AN INTEGRATED LOCAL HEALTH AND CARE RECORD?



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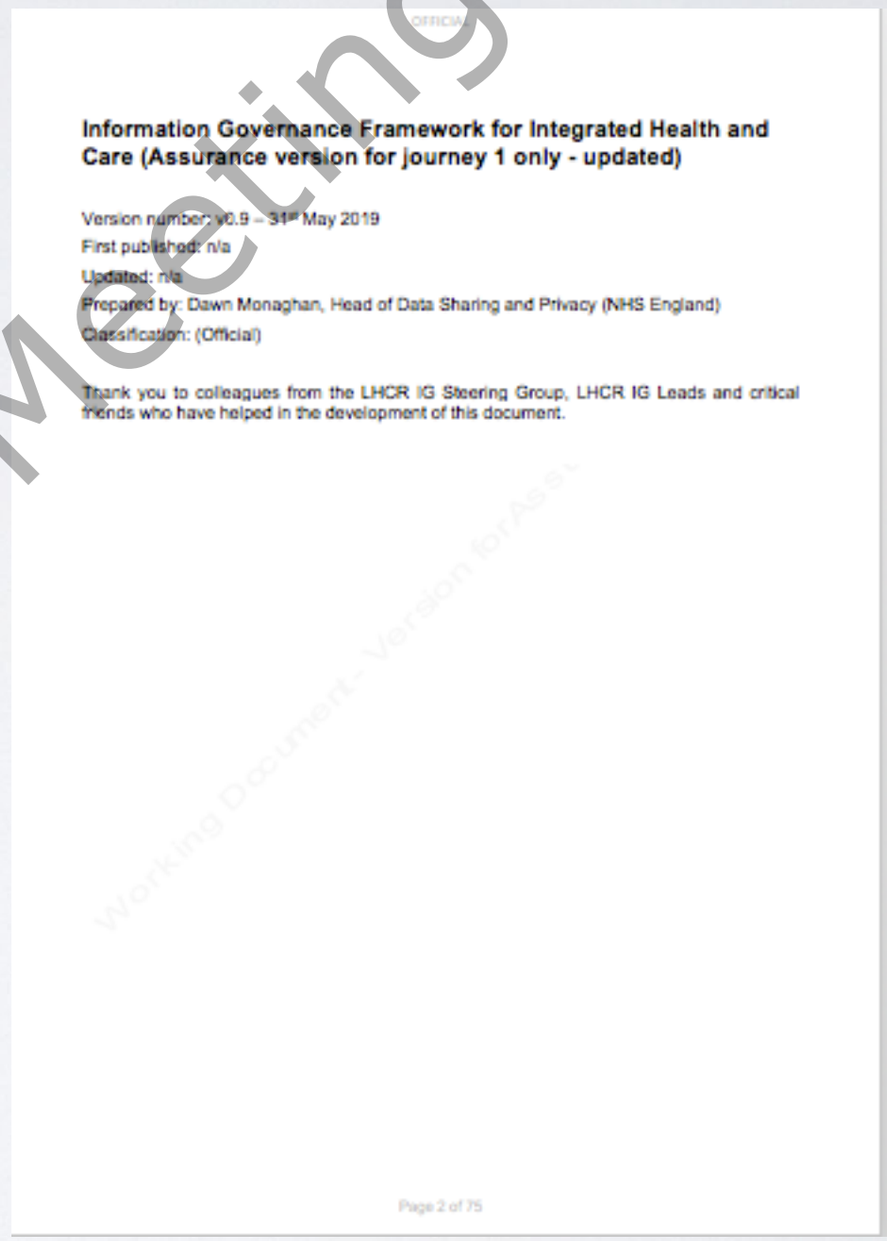
NHS England and NHS Improvement

Page 1 of 75



Information Governance Framework for Integrated Health and Care (Assurance version for journey 1 only - updated)

Version number: v0.9 – 31st May 2019
First published: n/a
Updated: n/a
Prepared by: Dawn Monaghan, Head of Data Sharing and Privacy (NHS England)
Classification: (Official)

Thank you to colleagues from the LHCR IG Steering Group, LHCR IG Leads and critical friends who have helped in the development of this document.

Page 2 of 75

BGS Autumn Meeting 2019

LHCR 2:

Appendix H – Supporting Tools and Templates (Information Governance Framework v0.10)

Please find below links to national/ statutory guidance, tools and templates (both national and local examples) which are presented in the table below. These are aligned to the content of the framework. This is not an exhaustive list however, it is provided as a resource to support LHCRs meet these requirements.

How to use: The table should be read across from left to right (items within the same row relate to the same requirement).

Section 2.1 Secondary Use Data Governance Tool (SUDGT)			
Requirement	National / Statutory Guidance	Other Tools	Local Examples
The SUDGT is being developed by NHS England to implement robust governance processes to support the use of data for secondary purposes	Link to SUDGT - https://data.england.nhs.uk/sudgt/		
Section 4.1 The Importance of Good Information Governance Practice for LHCRs			
Requirement	National / Statutory Guidance	Other Tools	Local Examples
Key requirements for Data Protection Officer responsibilities	1. **(ICO):** https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-officers/ 2. **(IGA):** https://digital.nhs.uk/binaries/content/assets/legacy/pdf/1/o/iga_-_guidance_on_the_gdpr_dpo_v1_final.pdf 3. **(NHS Digital – key roles and DPO Guide):** https://www.dsptoolkit.nhs.uk/Help/Attachment/61 4. **(Skills for Care):** https://www.skillsforcare.org.uk/Documents/Topics/Digital-working/The-role-of-the-Data-Protection-Officer.pdf **European Commission** 5. Data Protection Officer Responsibilities: https://edps.europa.eu/data-protection/data-protection/reference-library/data-protection-officer-dpo_en 6. https://ec.europa.eu/info/law/law-topic/data-protection/reform/rules-business-and-organisations/obligations/data-protection-officers_en	**Data Security and Protection Toolkit – where applicable to your organisation** **Assertion:** There is senior ownership of data security and protection within the organisation. (**Evidence Code: [1.1.6]** "Name of Appointed Data Protection Officer.") DPO JD template	Brief descriptions provided: 1.(One London) South East London NHS_ The DPO Role definition summary SEL DPO Role 2.(High level description **(see p 14)** Surrey ISA

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ADDITIONAL READING

- Dr Paul Cundy's blogs on GDPR http://www.llrlmc.co.uk/gdprinformationpack

- **My dropbox account**
  - Has sample DPC and DSA
  - NHSx IG framework documents
  - Appendix H and loads more
  - https://www.dropbox.com/sh/84x5o0ethw8jnn1/AACYPf-B9FZ-ccNFgrYANaypa?dl=0

- The NHSE Data Sharing and Privacy Unit
- Local Health and Care Record Exemplars (Greater Manchester, Wessex, One london, Yorkshire and the Humber, Thames Valley and Surrey)

Sample Privacy notices:
BMA and Dr Cundy's website

- https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/general-data-protection-regulation-gdpr/gdpr-and-practice-privacy-notices-ppns
- http://www.llrlmc.co.uk/gdprinformationpack

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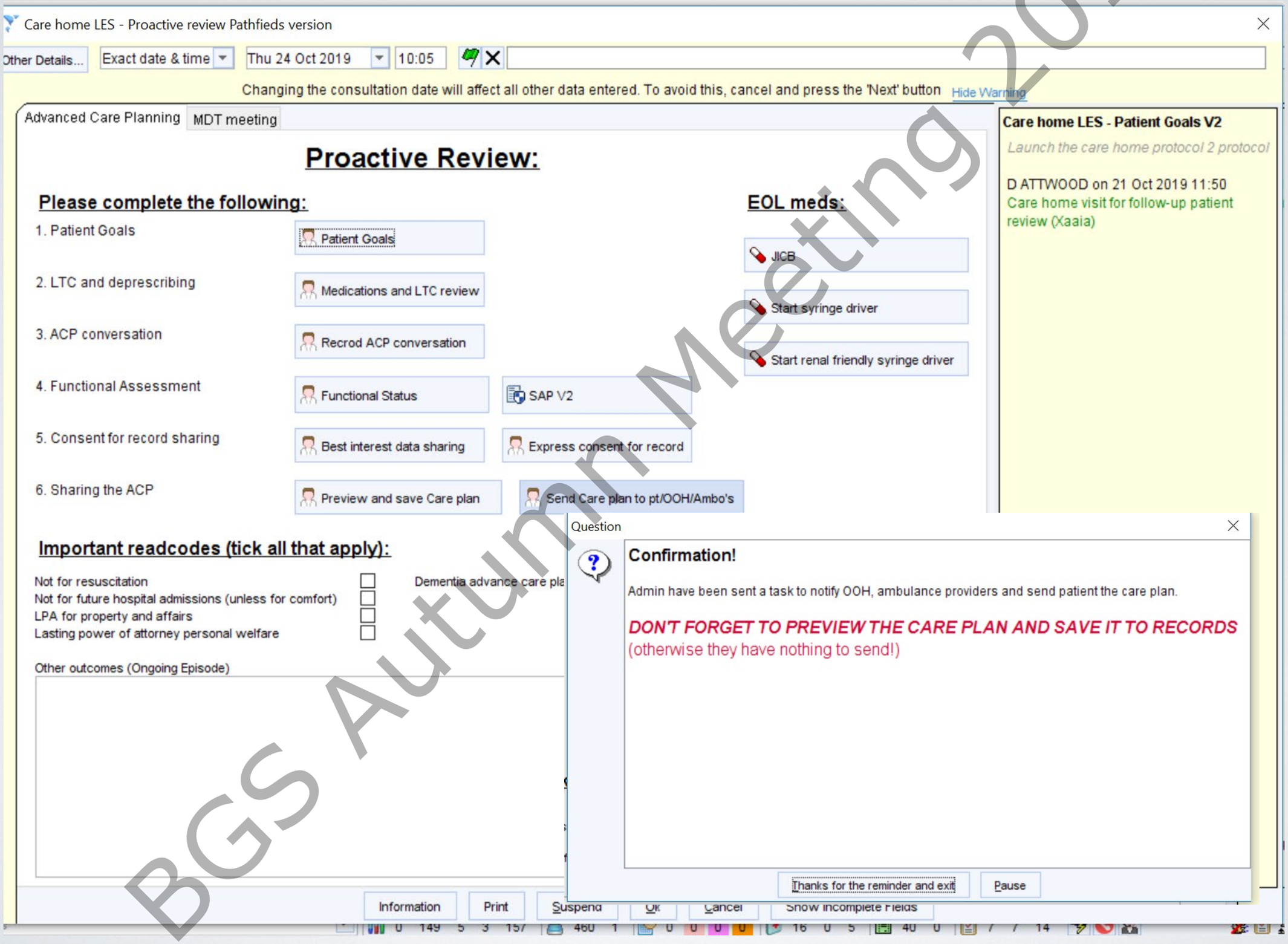
HAPPY TO DO DEMO'S



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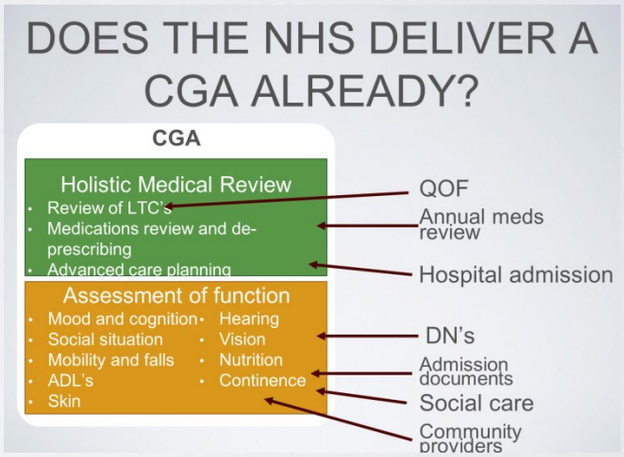
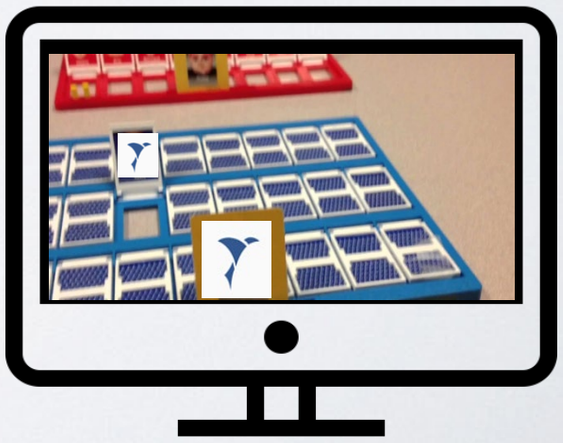
SUMMARY

- Sharing is caring
- ~~Implied consent? explicit consent?~~
- We have a lawful basis for processing…
- …subject to certain conditions
- Frailty is a systems problem… but the solutions also lie in the system
- We have it within our grasp to deliver a pan provider CGA on a highly versatile, shared IT solution





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