Heywood, Middleton and Rochdale Clinical Commissioning Group

HMR CCG Privacy Notice

Protecting Your Data

Introduction

This privacy notice explains in detail the type of information (including personal data) that we, Heywood, Middleton and Rochdale Clinical Commissioning Group (CCG), process about you. The CCG is a Data Controller which is responsible for determining how the data will be processed and used within the CCG and with others who we share data with. We are legally responsible for ensuring that all personal data that we hold and use is done so in a way that meets the data protection principles under the General Data Protection Regulation (GDPR) and Data Protection Act 2018. This notice also explains how we handle that data and keep it safe.

The CCG also has a Caldicott Guardian who is a senior person within a health and social care organisation. They are usually a health professional, who ensures that personal information is used legally, ethically and appropriately and that confidentiality is maintained. The Caldicott Guardian for the CCG is Dr Chris Duffy (HMR CCG Chair).

To contact Dr Duffy please email: hmrccg.caldicott@nhs.net

We will continually review and update this privacy notice to reflect changes in our services and to comply with changes in the law. When such changes occur, we will revise the date and version status in the footer of this document.

For access to our covid-19 (corona virus) supplementary privacy notice, please visit here

What do we do?

Heywood, Middleton & Rochdale Clinical Commissioning Group is an NHS commissioning organisation. We are responsible for planning, buying and monitoring (also called commissioning) health services from healthcare providers, such as hospitals and GP practices, for our local population to provide the highest quality of healthcare.

Accurate, timely and relevant information is essential for our work. This helps us design and plan current and future health and care services, evidence and review our services and manage budgets.

We also have a performance monitoring role of these services, which includes responding to any concerns or complaints (or if appropriate referring you to NHS England) for our patients regarding the services we offer.

Definitions of data types processed at the CCG

We use the following types of information / data:

Personal Data

This contains details that identify individuals, even from one data item or a combination of data items. The following are demographic data items that are considered identifiable such as name, address, NHS Number, full postcode, date of birth. Under GDPR, this now includes location data and online identifiers.

Special Categories of Personal Data (previously known as Sensitive Data)

This is personal data consisting of information as to race, ethnic origin, political opinions, health, religious beliefs, trade union membership, sexual life and previous criminal convictions. Under GDPR, this now includes biometric data and genetic data.

Personal Confidential Data

This term came from the Caldicott review, undertaken in 2013 and describes personal information about identified or identifiable individuals which should be kept private or secret. It includes personal data and special categories of data, but it is adapted to include dead as well as living people and 'confidential' includes both information 'given in confidence' and 'that which is owed a duty of confidence'.

Pseudonymised Data or Coded Data

Individual-level information, where individuals can be distinguished by using a coded reference which does not reveal their 'real world' identity. When data has been pseudonymised, it still retains a level of detail in the replaced data by use of a key / code or pseudonym that should allow tracking back of the data to its original state.

Anonymised Data

This is data about individuals but with all identifying details removed. Data can be considered anonymised when it does not allow identification of the individuals to whom it relates, and it is not possible that any individual could be identified from the data by any further processing, including processing it together with other information.

Aggregated Data

This is statistical information about multiple individuals that has been combined to show general trends or values, without identifying individuals within the data.

Data Controller

A Data Controller determines the purposes and means of processing personal data.

Data Processor

A Data Processor acts on instruction by a Data Controller and processes data on behalf of the controller.

The CCG receives the following datasets from providers:

Primary Care Data

As many people's first point of contact with the NHS, around 90 per cent of patient interaction is with primary care services. In addition to GP practices, primary care covers dental practices, community pharmacies and high street optometrists. Primary Care Data relates to information which has been received from these types of services.

Secondary Care Data

Secondary Care means treatment and care of a specialised medical service by clinicians. For example, specialist doctors and nurses within a health facility or hospital, on referral by a primary care clinician such as your GP. Secondary Care data relates to information which has been received from these types of services.

Secondary Uses Service (SUS) Data

The Secondary Uses Service (SUS) is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services. When a patient or service user is treated or cared for, information is collected which supports their treatment. SUS data is useful to commissioners and providers of NHS-funded care for 'secondary' purposes – this use of data is other than for direct or 'primary' clinical care.

For further information about SUS, please visit:
https://digital.nhs.uk/services/secondary-uses-service-sus

Community Care / Social Care Data

Community care data includes data from social care services covering both adults and children.

Our data processing activities

The law on data protection under the GDPR sets out several different reasons for which personal data can be processed. The law states that we must inform you what the legal basis is for processing personal data and if we process special category data such as health data, what the condition is for processing it.

The types of processing we carry out in the CCG, the legal basis and conditions we use to do so are outlined below:

NHS Continuing Healthcare (CHC) applications

Type of data	Personal Data – Demographics Special category of data – Health Data
Source of Data	Primary Care and Secondary Care
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(e) - Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority Article 9(2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems
Common Law Duty of Confidentiality basis	Implied Consent

If you make an application for NHS Continuing Healthcare (CHC) funding, we will use the information you provide and where needed request further information from care providers to identify eligibility for funding. If agreed, arrangements will be put in place to provide and pay for the agreed funding packages with appointed care providers.

This process is nationally defined; we follow a standard process and use standard information collection tools when assessing eligibility for CHC applications.

Individual Funding Requests

Type of data	Personal Data – demographics Special category of data – Health data
Source of Data	Primary and Secondary Care
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(e) - Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority Article 9(2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems
Common Law Duty of Confidentiality basis	Implied Consent

You or your doctor can make an Individual Funding Request (IFR) for a treatment that is not routinely commissioned. We use the information you provide and, if necessary, request further information from primary care and secondary care providers to identify eligibility for funding. This process is carried out by a data processor who acts on our behalf, following our instructions. The Data Processor for this purpose is Greater Manchester Shared Services - Effective Use of Resources Team. Please note this does not include IFR's for mental health, these are processed by the CCG directly.

For further information about Individual Funding Requests processed by the GMSS EUR, please contact: gmifr.gmcsu@nhs.net

Or see: https://www.hmr.nhs.uk/index.php/services/effective-use-of-resources

For further information about Individual Funding Requests for Mental Health, please contact the CCG at: HMRCCG.MHIFRTAG@NHS.NET

Safeguarding

Type of data	Personal Data – Demographics Special category of data – Health Data
Source of Data	Primary Care, Secondary Care and Community Care
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(e) - Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority Article 9 (2)(b) - Processing is necessary for the purposes of carrying out the obligations and exercising the specific rights of the controller or the data subject in the field of …social protection law
Common Law Duty of Confidentiality basis	Overriding Public Interest / Statutory legalisation for adult and children safeguarding

Information is provided to care providers to ensure that adult and children's safeguarding matters are managed appropriately. Access to personal confidential data will be shared, in some limited circumstances, where it's legally required for the safety of the individuals concerned.

For the purposes of safeguarding children and vulnerable adults, personal and healthcare data is disclosed under the provisions of the Children Acts 1989 and 2006 and Care Act 2014.

Incident Management – Serious Incidents

Type of data	Personal Data – demographics Special category of data – Health data
Source of Data	Primary Care, Secondary Care and Community Care
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(e) - Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority Article 9(2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems
Common Law Duty of Confidentiality basis	Statutory – Serious Incident Framework 2015

HMR CCG is accountable for effective governance and learning following all Serious Incidents (SI's). We work closely with all provider organisations as well as commissioning staff members to ensure all SI's are reported and managed appropriately.

The Francis Report (February 2013) emphasised that commissioners should have a primary responsibility for ensuring quality, as well as providers.

Supporting Medicines Optimisation

Type of data	Personal Data – demographics Special category of data – Health data
Source of Data	Primary Care
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(e) - Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority Article 9 (2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems
Common Law Duty of Confidentiality basis	Implied Consent

The Medicines Optimisation Team works with GP practices to provide advice on medicines/prescribing queries and review prescribing of medicines to ensure that it is safe. In some cases, to ensure clinical safety, this may require the use of personal confidential data.

In cases where personal confidential data is required, this is done with the practice agreement. No data is removed from the practice's clinical system and no changes are made to patient's records without permission from the GP. Patient records may sometimes be viewed remotely, via secure encrypted laptops.

Where specialist support is required, for example, to advise community pharmacists to order drugs that comes in solid, gas or liquid form, HMR CCG medicines optimisation pharmacists will provide advice, on behalf of a GP, to support your care. Personal confidential data is used for this purpose.

Personal confidential data is also used by our medicines optimisation team to review and authorise (if appropriate) requests for high cost drugs which are not routinely funded. In cases where personal confidential data is used, this is done with permission from the GP.

Secondary use of data

Secondary use of data in the NHS is when patient data is not used for direct care but for other secondary purposes such as commissioning, risk stratification, financial and national clinical audit, healthcare management and planning, research and public health surveillance.

Disclosure of anonymised, pseudonymised or aggregated data will often satisfy a number of secondary uses and must be used in preference to patient / personal confidential data. Consent for disclosure of effectively de-identified data is not required. De-identification or pseudonymisation processes must occur before data leaves the source organisation. If a request is for identifiable data and the source organisation feels that de-identified data would suffice, clarification is obtained as to why identifiable data is required other than,

exceptionally, where mandated by law such as under a Section 251 approval as per the NHS Act 2006 (see section below) or patient consent is obtained. Patients have the right to object from the disclosure of their personal confidential data for secondary purposes unless the law compels disclosure.

Section 251 of the NHS Act 2006

Section 251 of the NHS Act 2006 provides a mechanism which can enable the use of confidential information for certain purposes where it is unreasonable for consent to be obtained or that would otherwise be unlawful (e.g. information from NHS Digital on Commissioning, Risk Stratification and Invoice Validation) through an application made to the Confidentiality Advisory Group (CAG).

The CAG assesses applications against the Health Service (Control of Patient Information) Regulations 2002 and provides independent expert advice to the Health Research Authority (HRA) and the Secretary of State for Health on whether an application to process patient information without consent should be approved.

The use of data for which an application is made, must be for a medical purpose as defined in section 251 (12) of the NHS Act 2006. This includes medical research and the management of health and social care services. Further information can be found on the Health Research Authority website – see the Links section below.

NHS Digital / Data Services for Commissioners Regional Office (DSCRO)

The law provides some NHS bodies, particularly NHS Digital, ways of collecting sensitive personal data directly from care providers for secondary purposes, such as evaluating care provided at population level.

NHS Digital is the national information and technology partner for the health and care system. The NHS Digital systems and information help doctors, nurses and other health care professionals improve efficiency and make care safer. We:

- provide information and data to the health service so that it can plan effectively and monitor progress
- create and maintain the technological infrastructure that keeps the health service running and links systems together to provide seamless care
- develop information standards that improve the way different parts of the system communicate

They are able to disseminate data to commissioners under the Health and Social Care Act (2012). The act provides the powers for NHS Digital to collect, analyse and disseminate national data and statistical information. To access this data, organisations must submit an application and demonstrate that they meet the appropriate governance and security requirements which the CCG has completed.
NHS Digital, through its Data Services for Commissioners Regional Offices (DSCROs), is permitted to collect, hold and process Personal Confidential Data (PCD). This is for purposes beyond direct patient care (secondary use) to support NHS commissioning organisations and the commissioning functions within local authorities

Data regarding health care treatment can only be shared with commissioning organisations where a formal Data Sharing Framework Contract (DSFC) is in place, alongside a Data Sharing Agreement (DSA). This places a clear obligation on the receiving organisation to only use the supplied information for the agreed purposes. This data cannot be shared with others, unless specified within the DSA.

Data may be linked by these special bodies so that it can be used to improve health care, development and monitor NHS performance. 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 and audiology, as well as mental health and community-based services such as Improving Access to Physical Therapies, District Nursing and Podiatry.

There is a data sharing agreement with DSCRO and the following CCG's to provide assurance regarding the security processes for pseudonymisation and for sharing such data as part of collaborative working:

- NHS Bury Clinical Commissioning Group
- NHS Oldham Clinical Commissioning Group
- NHS Manchester Clinical Commissioning Group
- NHS Stockport Clinical Commissioning Group
- NHS Trafford Clinical Commissioning Group
- NHS Tameside & Glossop Clinical Commissioning Group
- NHS Wigan Clinical Commissioning Group
- NHS Salford Clinical Commissioning Group
- NHS Bolton Clinical Commissioning Group

The dataset collected from secondary care providers, for example hospitals, by NHS Digital is referred to the Secondary Uses Service (SUS). It is the single, comprehensive repository for healthcare data in England which enables reporting and analysis to support the NHS deliver healthcare services. When a patient or service user is treated or cared for, information is collected which supports their treatment. For further information, please visit NHS Digital's website: http://digital.nhs.uk/sus

The following are the types of organisations NHS Digital receives data from and then forwards on to our data processor in an anonymised format or a de-identified format (with NHS Number) in order to link and analyse the data.

Where data is used for these statistical purposes, stringent measures are taken to ensure individuals cannot be identified.

Types of organisations and types of information we receive:

- Acute Trusts – Hospitals we receive anonymised acute data such as A&E attendances, waiting times, diagnosis, treatments, follow ups, length of stay, discharge information and next steps.
- Community trusts or community organisations - we receive anonymised community data such as outpatient information, waiting times, diagnosis, treatments, referrals, next steps, domiciliary, district nursing (which includes home visits) and community rehabilitation units.

- Mental Health Trusts or Mental Health organisations - we receive anonymised mental health data such as rehabilitation and outpatient attendances, waiting times, diagnosis, treatment, length of stay, discharge, referrals and next steps.
- Primary Care organisations, for example your local GP practice. We receive anonymised primary care data such as attendances, diagnosis, treatment, GP or GP practice visits, referrals, medication/prescriptions information and follow-ups.

We may also contract with other organisations to process this data. We ensure external data processors that support us are legally and contractually bound to operate this process. They have security arrangements to maintain confidentiality where data that could or does identify a person is processed. The external data processor we work with to do this is NHS Arden and GEM Commissioning Support Unit (CSU).

The types of secondary use processing we do in the CCG are:

Risk Stratification

Type of data	Pseudonymised / Anonymised / Aggregate Data
Source of Data	Primary Care, Secondary Care and Community Care
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(c) - Processing is necessary for compliance with a legal obligation Article 9(2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems Section 251 NHS Act 2006

NHS England encourages CCG's 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 helps the CCG to commission appropriate preventative services and to promote quality improvement in collaboration with our GP practices.

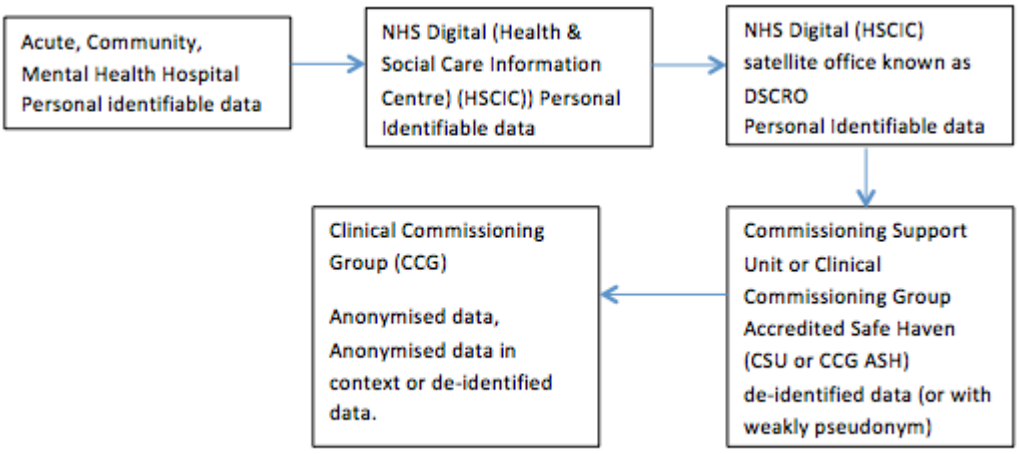
Risk stratification tools use various combinations of historic information about patients, for example, age, gender, diagnoses, patterns of hospital attendance and admission and primary care data collected in GP practice systems.

Risk stratification is a process which applies computer-based algorithms, or calculations to identify those patients who are most at risk from certain medical conditions and who will benefit from clinical care to help prevent or better treat their condition. To identify those patients individually from the patient community would be a lengthy and time-consuming process which would, by its nature, potentially not identify individuals quickly enough and increase the time to improve care. A GP / health professional at your GP Practice reviews this information before a decision is made.

There are two types of risk stratification:

- **Risk Stratification for case-finding** identifies/ manages patients who are at high risk of emergency hospital admission or to reduce the risk of certain diseases developing. This is called Risk Stratification for case-finding.
- **Risk Stratification for Commissioning** allows the CCG to understand the health needs of the local population in order to plan and commission the right services.

For risk stratification, there is a Section 251 approval in place which allows NHS Digital to receive personal confidential data. They process this via DSCRO who then send pseudonymised data to the CCG. This is detailed in the flow chart below.



The CCG also use a system / tool called Qlikview provided by Caci Ltd to undertake anonymous / pseudonymised analysis.

The National Data Opt-Out and objections to processing for secondary care purposes

The National Data Opt-Out Policy was introduced by NHS Digital in May 2018 following the recommendations made by the National Data Guardian in her 'Review of Data Security, Consent and Opt-Outs". The aim of the review was to give patients and the public more control over how their confidential patient information is used.

The national data opt-out allows a patient to choose if they want their confidential patient information to be used for purposes beyond their individual care and treatment such as for research and planning. By 31st March 2021, all health and care organisations must have measures in place to respect a patient opt out.

The CCG have reviewed the areas where we process personal data and can confirm compliance with the national opt-out. The CCG predominately processes non-identifiable data and we do not use personal data for any purpose other than individual care and treatment. Therefore, at present, the National Data Opt-Out does not apply to HMR CCG.

For more information on how to opt out see: https://www.nhs.uk/your-nhs-data-matters/ and https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/

For further information on the national data opt-out policy please see:
https://digital.nhs.uk/services/national-data-opt-out-programme/compliance-with-the-national-data-opt-out

https://digital.nhs.uk/services/national-data-opt-out-programme/understanding-the-national-data-opt-out

If you have a query about the data we process about you, please contact the Data Protection Officer at: hmrccg.dpo@nhs.net

Invoice Validation

Type of data	Personal Data – demographics Pseudonymised – coded health care data
Source of Data	GP Practice and other care providers
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(c) - Processing is necessary for compliance with a legal obligation Article 9(2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems Section 251 NHS Act 2006, NHS Constitution (Health and Social Care Act 2012)

There may be times where one healthcare organisation will need to invoice another for treatment given to a patient. This can occur, for example, when you need hospital treatment while away from home on holiday. The hospital at which you were seen may need to invoice us for the treatment you received.

Before paying the invoice, we will need to be sure that we, and not another CCG, are responsible for your treatment costs as well as checking to ensure that the amount you are being billed for is correct. A limited amount of information about you needs to be processed Information such as your NHS Number and details of treatment. This information may be passed on to enable the billing process to proceed. This process is known as invoice validation.

These details are held in a secure environment and kept confidential. This information will only be used to validate invoices and will not be shared for any further commissioning purposes.

CCGs and NHS England, which includes Commissioning Support Units and Greater Manchester Shared Service, do not have a legal right to access personal confidential data (PCD) for the purpose of validating invoices. There is a section 251 approval in place for personal data to be used to validate invoices lawfully, without the need to obtain explicit consent from the individual patient at a local level. This data and the invoice validation process for HMR CCG is undertaken by Greater Manchester Shared Service (GMSS) who are registered as a Controlled Environment for Finance (CEfF). This ensures that procedures and systems for managing invoices on behalf of the CCG are in

line with national requirements as set out in the "Who Pays? – Determining responsibility for payments to providers" issued by NHS England (August 2013).

NHS Shared Business Services – Finance and Accounting Services

Some provider invoices for patient care submitted to Clinical Commissioning Groups for payment are processed via NHS Shared Business Services. They provide support services for the NHS, providing finance and accounting solutions. NHS SBS also use offshore service provider called Sopra Steria who are based in India. Both NHS SBS and Sopra Steria have met the necessary information governance standards to process data overseas.

Purposes where consent is required

There are also other areas of processing undertaken where consent is required from you. Under GDPR, consent must be freely given, specific, you must be informed and a record must be made that you have given your consent, to confirm you have understood.

Patient and public involvement

Type of data	Personal Data – demographics
Source of Data	Data Subject
Legal basis for processing Personal Data under GDPR	Article 6 (1)(a) – Consent

If you have asked us to keep you regularly informed and up to date about the work of the CCG, 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 consent to and share with us.

Where you submit or publish your details to us for involvement purposes, we will only use your information for this purpose and only with your written consent. You can contact us at any point to withdraw your consent for us to use your photograph, film and words for any new purposes.

Please remember that once an article is published and in circulation it may be copied and used by others (especially online). If you ask us to stop using your photo, film or words in the future we will comply with your request, but we cannot guarantee that other parties will do so.

To opt out of receiving updates or to withdraw your consent please contact us at:

Email: hmrcommunications@nhs.net

Subject Access Requests

Type of data	Personal Data – demographics
Source of Data	Data Subject

Legal basis for processing Personal Data under GDPR	Article 6 (1)(a) – Consent

If you have asked us for a copy of your data, we will need your (or your legal representative's) explicit consent before we proceed.

Special Allocation Scheme

Type of data	Personal Data – demographics
Source of Data	Data Subject
Legal basis for processing Personal Data under GDPR	Article 6 (1)(a) – Consent

The CCG do not hold any personal information about patients referred to the scheme. The Primary Care Services England (PCSE) refer cases onto the scheme provider directly, but the CCG doesn't have access to patient identifiable information (PID) at this stage. No PID is shared with us at any point during a patient's experience of using the service. If the patient wishes to make an appeal, at this point we would ask you to provide personal information to assist us with the appeal. As part of the appeals process, no personal data is shared with the appeals panel, just the circumstances surrounding the removal from the GP Practice. As part of the information gathering exercise, we will ask the GP Practice to share their version of events, but we always gain the patients consent to discuss the appeal with the Practice first. You can contact the Primary Care Commissioning Manager at sarah.hickman1@nhs.net

Complaints relating to the CCG

Type of data	Personal Data – demographics
Source of Data	Data Subject
Legal basis for processing Personal Data under GDPR	Article 6 (1)(a) – Consent

You can contact the Patient Services team at: hmrccg.complaints@nhs.net

Complaints relating to CCG commissioned services

Type of data	Personal Data – demographics Special category of data – Health data
Source of Data	Data Subject, Primary Care and Secondary Care and Community Care
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(a) – Consent Article 9 (2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of

	health and social care or treatment or the management of health and social care systems Common law duty of confidentiality – explicit consent

When we receive a complaint from a person about a commissioned service, we hold information about the complaint in our electronic files. This normally includes the identity of the complainant and any other individuals involved in the complaint. It may include special category data about individuals' heath care.

We usually must 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.

Before we proceed with handling a complaint, we will obtain the explicit written consent of the patient involved. We ensure they are aware of how and whom their data may be shared with, including if they have a representative, they wish us to deal with on their behalf.

You can contact the Patient Services team at: hmrccg.complaints@nhs.net

Other Partner Organisations

We contract with other organisations (as listed in the table below) to provide us with additional expertise to support the work of the CCG. On some occasions, they may access personal data, for example, IT Services may have to access computer systems to fix a fault. We ensure the external data processors that support us are legally and contractually bound to operate this process via contracts / Information Sharing Agreements. These reinforce their responsibilities as data processors to ensure your data is securely protected.

Currently, the external data processors we work with to provide services are:

Purpose	Data Processor
To provide IT and Recruitment Services	NHS Greater Manchester Shared Services (GMSS) Ellen House Waddington Street Oldham OL9 6EE
People Services (HR)	Rochdale Borough Council Number One Riverside 3rd Floor, Smith Street Rochdale, OL16 1XU

Purpose	Data Processor
To provide confidential waste management	This is via a contract with Rochdale Council Shred Station UK (Head Office) Wendover Road Norwich NR13 6LH
To provide off-site storage management	Restore plc Unit 5 Redhill Distribution Centre Saltbrook Road Salfords Surrey RH1 5DY

Using anonymous or aggregate information

This type of data is used to help assess the needs of the general population and / or in the area and surrounding areas of Heywood, Middleton and Rochdale. This helps us make informed decisions and prepare reports on the services we commission to assess:

- The quality and efficiency of the health services we commission;
- To work out what illnesses people will have in the future, so we can plan and prioritise services and ensure these meet the needs of patients in the future; and
- To review the care being provided to make sure it is of the highest standard.

Where information is used for statistical purposes, secure measures are taken to ensure individuals cannot be identified. Anonymous information may also be passed to neighbouring CCGs and councils as part of integrated working.

How we protect your personal data

We are committed to protecting your privacy and will only process personal data in accordance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018, the Common Law Duty of Confidentiality and the Human Rights Act 1998.

All information is subject to rigorous measures and procedures to make sure it cannot be seen, accessed or disclosed to any inappropriate persons. We have an Information Governance Framework that explains the data security governance within the CCG.

Access to electronic data is password protected on secure network and / or online systems and paper documentation is filed securely in lockable storage cabinets or is archived securely off-site.

Our IT Services provider, Greater Manchester Shared Services, regularly monitor our system for potential vulnerabilities and attacks and look to always ensure security is strengthened.

Everyone working for the NHS has a legal duty to keep information about you confidential and comply with the common law duty of confidentiality and other NHS guidance.

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

We have incident reporting and management processes in place for reporting any data breaches or incidents. We learn from such events to help prevent further issues and inform data subjects of breaches when required.

How long do we keep your personal data?

Whenever we collect or process your data, we will only keep it for as long as is necessary for the purpose it was collected. In the NHS, all commissioners and providers apply retention schedules in accordance with the Records Management Code of Practice for Health and Social Care

https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care

This code is based on current legal requirements and professional best practice and sets the required standard of practice in the management of records for those who work within or contract to NHS organisations in England.

Destruction

Destruction of data will only happen following a "review" of the information at the end of its retention period. Where data has been identified for disposal, we have the following responsibilities:

- To ensure that information held in manual form (regardless of whether originally or printed from the IT systems) is destroyed using a crosscut shredder or subcontracted to a reputable confidential waste company that complies with European Standard EN15713.
- To ensure that electronic storage media used to hold or process information are destroyed or overwritten to current national cyber security standards.
- To ensure that any arrangement made to sub-contract secure disposal services from another provider, complies with the NHS Standard Contract and with assurance that the sub-contractor's organisational and technical security measures comply with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.

Who we share your data with?

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 you have given us permission (consent). However, there are certain circumstances where we will process / share personal information without your consent and where there is another legal statute or law allowing us to do this which are:

- To protect children and vulnerable adults;
- When a formal court order has been served upon us;
- 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 (see section on Section 251 of the NHS Act 2006).

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 secondary care 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 and audiology, as well as mental health and community-based services such as district nursing and podiatry. When carrying out this analysis, the linking of these datasets is always done using a pseudonym. This means that the data is coded, and individuals are not identifiable.

Mersey Internal Audit Agency (MIIA) – Local Counter Fraud Services

Data Processor	MIAA - Local Counter Fraud Services
Type of data	Personal Data – Demographics
Source of Data	CCG / Staff
Legal basis for processing Personal Data under GDPR	Article 6 (1)(c) – For compliance with a legal obligation

MIAA work in partnership with the CCG to embed an organisation wide culture of fraud prevention and fraud risk management. They assess our organisation's specific fraud risks and investigate any alleged instances thoroughly. HMR CCG is under a duty to protect the public funds it administers, and to this end may use your personal information i.e. name, address, DOB you have provided to the CCG upon appointment for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see Fraud in the NHS or contact your Local Anti-Fraud Specialist.

Contact details are:

Lynne Doherty, Anti-Fraud Specialist, Mersey Internal Audit Agency,
Lynne.Doherty@miaa.nhs.uk Lynne.Doherty@nhs.net

T. 0161 743 2037, M. 07551 137267

The Greater Manchester Care Record

Type of data	Personal Data – demographics Special category of data – Health data
Source of Data	GP Practice and other care providers
Legal basis for processing Personal Data and Special Category of data under GDPR	Article 6 (1)(e) - Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority Article 9 (2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems
Common Law Duty of Confidentiality basis	Implied Consent

Sharing your patient information is critical in supporting your care and treatment, especially in situations such as the COVID-19 pandemic. This is where the Greater Manchester Care Record (GMCR) comes in.

Health and care organisations across Greater Manchester have accelerated the deployment of the GMCR for all citizens to provide frontline professionals with vital information in the fight against COVID-19.

The GM Care Record allows workers in health or social care easy access to patient information that is critical to support decision-making about patient care and treatment.

It shares important information about your health and care including:

- Any current health or care issues
- Your medications
- Allergies you may have
- Results of any recent tests that you may have had
- Details on any plans created for your care or treatment
- Information on any social care or carer support you may receive

The GMCR pulls patient information from several important areas of health and care including:

- primary care e.g. GP practices
- community services
- mental health services
- social care
- secondary care e.g. hospitals
- specialist services e.g. NWAS

It's an extension of our existing Share for You integrated care records that are already live across the North East Sector of Greater Manchester. However, the GMCR collates patient information from across the whole of Greater Manchester into one place, making it easily accessible for health and care workers to inform direct care from across geographies and organisations.

It means that patients won't have to keep repeating their medical history to each professional in different organisations, care plans will be followed consistently, and clinicians will be better equipped to identify patterns and plan care more effectively to meet the patients' needs.

The amount of data that the GMCR holds is increasing all the time. Data is constantly being added, so that a combined record can be developed for all our citizens to help better decision making and more informed care and treatment.

In response to the pandemic, the GMCR also includes information about when a patient has been diagnosed with COVID-19 and whether they are self-isolating at home or have been hospitalised. This ensures continuity of care across different care settings and alternatives such as digital support can be put in place.

The project has been overseen by Health Innovation Manchester and the GM Health and Social Care Partnership, working on behalf of GM's devolved health and care partners. For further information on the GMCR, please refer to the GMCR privacy notice

Where is your data processed?

Your data is processed within the CCG and by other third parties as stated above who are UK based.

Processing outside of the UK

As detailed in the invoice validation section, NHS Shared Business Services use an offshore service provider called Sopra Steria who is based in India. NHS SBS have confirmed that Sopra Steria have met the necessary information governance standards to process data overseas.

We will not disclose any health information without an appropriate lawful principle, unless there are exceptional circumstances such as when the health or safety of others is at risk, where the law requires it, or to carry out a statutory functions i.e. reporting to external bodies to meet legal obligations.

What are your rights over your personal data?

As citizens, you have certain rights over your data that we hold and these are explained in detail in A Guide to Individual Rights.

Complaints / Contacting the Regulator

If you feel that your personal data we hold at the CCG has not been handled correctly or you are unhappy with our response to any requests you have made to us regarding the

use of personal data, please contact our Data Protection Officer at the following contact details. Under GDPR all public bodies must nominate a Data Protection Officer. The DPO is responsible for advising on compliance, training and awareness is the main point of contact with the Information Commissioner.

Karen Hurley (Director of Operations and Executive Nurse)
Email: hmrccg.dpo@nhs.net
Postal address: NHS HMR CCG, PO Box 100, Rochdale, OL16 9NP

If you are not satisfied with our responses and wish to take your complaint further, you have the right to lodge a complaint with the Information Commissioner's Office (ICO).

You can contact them by calling 0303 123 1133

Or go online www.ico.org.uk/concerns

Further Information / Contact Us

We hope that this privacy notice has been helpful in setting out the way we handle your personal data at the CCG and your rights to control it. If you have any queries / or would like further information, please visit the useful websites below and / or contact us at the following contact details.

NHS HMR CCG

PO Box 100

Rochdale

OL16 9NP

Website contact us page: Get in touch

Telephone Number (Reception): 01706 664170

Please note the contact us page and post are monitored by various staff members. If uploading / sending personal data, you do so at your own risk**.**

Links

If you would like to find out more useful information on the wider health & care social system approach to using personal information, please see the links below:

- Information Commissioners Office (ICO)
- Information Governance Alliance
- NHS Constitution
- NHS Care Record Guarantee
- NHS Digital Guide to Confidentiality in Health and Social Care
- Health Research Authority
- Health Research Authority Confidentiality Advisory Group (CAG)
- NHS Digital

- Records Management Code of Practice for Health & Social Care
- Secondary Uses Service (SUS)
- National Data Opt Out