Cheshire and Merseyside Health and Care Partnership

Integrated Care Systems (ICS)

Data into Action (DiA)

Combined Intelligence for Population Health Action (CIPHA):

Data Sharing Agreement (Tier Two)

Workstream: Population Health

Federated Data Platform (FDP)

Pilot with GP Practices in Cheshire & Merseyside

Document Reference: ICSIGDOC-ID00005: FDP Annex v2.0
Date agreed: 27th June 2022 for Population Health
Date updated: July 2026 for FDP pilot
Next review date: July 2027 for FDP pilot

Summary of document changes, since previous approved document version	
Section	**Change**
2. Parties to the Agreement	• Inserted a table of organisations who flow data into the CIPHA platform, and/or access data
DPIA	• Updated DPIA inserted
VIII. Other none-health Data to be Shared	• Other data sets being shared added
Annex	• **Federated Data Platform** (FDP) Incubator added for pilot in Warrington Place
Annex	• **Federated Data Platform** (FDP) Incubator added for pilot in **Cheshire & Merseyside**

Contents

Data Sharing Agreement Tiered Framework

There are three tiers to the Data Sharing Agreement Tiered Framework:

1. Tier Zero Memorandum of Understanding

Overarching Memorandum of Understanding which sets out an organisations agreement in principle to share information with the partner organisations in a responsible way. The tiered approach provides a governance framework to standardise procedures and processes when sharing confidential personal information between partners where there is a lawful basis to do so. The Tier Zero is signed by a Chief Executive (or equivalent) and commits to their organisation operating within the agreed framework of data sharing. Only one Tier Zero needs to be signed regardless of the number of Tier Two documents beneath it.

2. Tier One Data Sharing Agreement - Standards

These are the overarching standards which outline the agreed procedures for sharing confidential information. The document recognises that not all organisations which are party to the agreement will have the same assurance requirements (such as the Data Security and Protection Toolkit) and therefore sets the minimum standard of each of the participating organisations. The document sets the standards for obtaining, recording, holding, using and sharing of information and outlines the supporting legislation, guidelines and documents which govern information sharing between partners. The Tier One is signed by the designated responsible officer for each partner organisation, for the whole C&M Health and Care Partnership.

3. Tier Two Data Sharing Agreement

The Tier Two provides a template for the safe sharing of personal data. The agreement shows what information should be shared and how, under what circumstances and by whom, and is tailored to individual partnerships/projects. Each Tier Two Data Sharing Agreement will need to be signed off by each participating organisation. Tier Two Data Sharing Agreements could be for all partners at Tier Zero, or a selected cohort of partners who are participating in a specific project. Each Tier Two is signed by the Senior Information Risk Owner (SIRO) and/or Caldicott Guardian (CG), alternatively the Chief Executive or equivalent if there is no SIRO/CG, for each of the partner organisations.

Clause

Sharing agreements negotiated prior to the commencement of the Tiered framework and related documentation are not terminated or otherwise varied by the implementation of this documentation.

The Cheshire and Merseyside Health and Care Partnership recognise that each partner organisation will have their own local policies and procedures regarding information security and confidentiality and to make clear that this Tier Two, and the Tier Zero and Tier One documents, are not designed to negate or supersede existing local policies, but to enhance them by facilitating cross-boundary dialogue and agreement.

Tier Two - Data Sharing Agreement

1. Title and Reference Code

Programme	Combined Intelligence for Population Health Action (CIPHA)
Workstream	Population Health:

This Tier Two Data Sharing Agreement is for:

Combined Intelligence for Population Health Action (CIPHA Programme): Population Health

This Data Sharing Agreement (DSA) covers the sharing of data across Cheshire and Merseyside Health and Care Partnership to support a set of Population Health analytics designed to inform both population level planning and support the targeting of direct care for populations.

2. Parties to the Agreement

The table below sets out the organisations who are part of this Data Sharing Agreement.

Data Sharing Agreement Owner	Cheshire and Merseyside Integrated Care Board (ICB)
Data Controllers/ Providing Organisations	• Cheshire and Merseyside Integrated Care Board (ICB) • Cheshire and Merseyside GP Practices • Cheshire and Merseyside NHS Trusts • Cheshire and Merseyside Local Authorities ○ The Liverpool City Region Combined Authority (LCRCA) are also parties to this Agreement – they are the following 6 local authorities in the LCRCA: Liverpool, Wirral, Knowsley, Sefton, Halton, St Helens.
Data Processors	• Graphnet Limited/System C (system supplier) • Arden and Greater East Midlands Commissioning Support Unit (AGEMCSU) - Data access or provisioned via the Arden & GEM Azure data management environment (DME) • Midlands and Lancashire Commissioning Support Unit (MLCSU)
Receiving Organisations	• Cheshire and Merseyside ICB employed staff of those with Honorary contracts • Cheshire and Merseyside GP Practices • Cheshire and Merseyside NHS Trusts – see table below • Cheshire and Merseyside Local Authorities – see table below ○ The Liverpool City Region Combined Authority (LCRCA) are also parties to this Agreement – they are the following 6 local

	authorities in the LCRCA: Liverpool, Wirral, Knowsley, Sefton, Halton, St Helens. • Primary Care Networks (PCN) – although PCNs are not legal entities, they will receive data for the geographical area that they represent
Partner Organisations	Cheshire and Merseyside Integrated Care Board (ICB) Cheshire and Merseyside Integrated Care Systems (ICS) Arden and Greater East Midlands Commissioning Support Unit (AGEMCSU) Midlands and Lancashire Commissioning Support Unit (MLCSU)
FDP Strategic Commissioning Tool Partner Organisations	Pilot with Cheshire & Merseyside GP Practices **NHS England**, Deputy Chief Executive Directorate: Federated Data Platform (FDP) Programme Incubator site: C&M ICB DIA Population Health (For further FDP details please see **Annex A**, which also includes FDP specific embedded documents).

In addition to the C&M GP Practices, the table below shows the organisations who flow data into the CIPHA platform, and/or access data:

ICO Registration Number	Organisation Name	Organisation Category
Z1435601	Alder Hey Children's NHS Foundation Trust	Acute Trust
Z5225526	Cheshire and Wirral Partnership NHS Foundation Trust	Mental Health Trust
Z7367711	Clatterbridge Cancer Centre NHS Foundation Trust	Acute Trust
Z6903413	Countess of Chester Hospital NHS Foundation Trust	Acute Trust
Z7573067	East Cheshire NHS Trust	Acute Trust
Z4762537	Liverpool Heart and Chest NHS Foundation Trust	Acute Trust
Z9553640	Liverpool University Hospitals NHS Trust (Aintree Royal & LCL)	Acute Trust
Z7119932	Liverpool Women's NHS Foundation Trust	Acute Trust
ZB567937	Mersey and West Lancashire Teaching Hospitals NHS Trust	Acute Trust
Z6634416	Mersey Care NHS Foundation Trust	Mental Health Trust
Z4846564	Mid Cheshire Hospitals NHS Foundation Trust	Acute Trust
Z9603234	North West Ambulance Service	NHS Trust
Z6052598	Walton Centre NHS Foundation Trust	Acute Trust
Z5654134	Warrington and Halton Hospitals NHS Foundation Trust	Acute Trust
Z1092834	Wirral University Teaching Hospital NHS Foundation Trust	Acute Trust
Z5339626	East Cheshire Hospice	Hospice

ZA915029	Hospice of the Good Sheppard	Hospice
Z5082264	St Lukes Hospice	Hospice
Z5006126	Wirral St Johns Hospice	Hospice
Z9410058	Primary Care 24 (Merseyside) Limited	NHS Support Agency
Z1543115	Cheshire East Council	Local Authority
Z1542890	Cheshire West and Chester Council	Local Authority
Z4803991	Halton Borough Council	Local Authority
Z5775143	Knowsley Borough Council	Local Authority
Z7624756	Liverpool City Council	Local Authority
Z6451588	Sefton Council	Local Authority
Z5666620	St Helens Council	Local Authority
Z4794892	Warrington Borough Council	Local Authority
ZA222838	Wirral Council	Local Authority
Z5616967	Liverpool University John Moores	University
Z6390975	University of Liverpool.	University
Z5265461	Edge Hill University	University

3. Amendment of the Agreement

Additional Data Processors may be added over time, such as when additional software is needed to support the programme for Secure Data Environment for Research. Access may also be given to other Data Controllers over time, so that data will be available to those who have a legitimate reason to access the Secure Data Environment for Research. If Data Controllers or Data Processors are added to this Data Sharing Arrangement, there will be a period of consultation and data controllers will be required to agree to the data sharing arrangement again by way of signature on an updated DSA document.

Datasets may be added to the agreement. If additional datasets are added to the agreement the data sharing agreement will be updated and re-circulated to all controllers. Only the data controller of the dataset will be asked to sign the agreement again.

4. Terms of the Agreement

Start Date	30 June 2021
End Date	Current position: October 2026 – FDP pilot

C&M ICB accesses national data under a separate DSA with NHS England. Sub-licencing has been implemented to allow for access to these national data assets by organisations across the ICB. Please note, this is not a sub-licence to the data covered by this agreement, but is referenced here for information.

5. Purpose of the Data Sharing

Purpose for Data Sharing	The overarching purpose for data sharing is to support a set of Population Health analytics for population level planning and improvement of outcomes and also the targeting of direct care to vulnerable populations in need. There are four main purposes, which can be described as follows:- **Use Case 1: Epidemiology Reporting: Understanding health needs of populations, wider determinants of health and inequality for the improvement of outcomes:** The data would be used to create intelligence, with the aim of understanding and improving physical and mental health outcomes, promote wellbeing and reducing health inequalities across an entire population. Specific types of analysis that may be undertaken include: Health needs analysis understanding population's health outcomes and deficits; Demographic forecasting, disease prevalence and relationships to wider determinants of health; Geographic analysis and mapping, socio-demographic analysis and insight into inequalities. **Use Case 2: Predicting outcomes and population stratification of vulnerable populations:** The data will be used to predict the risk of outcomes for individuals in order that services can be targeted proactively to those most vulnerable. The data will be re-identified for the purposes of direct care. **Use Case 3: For planning current services and understanding future service provision:** The data would be used to create intelligence on service provision to understand current service capacity and demand and forecasting future service demand to ensure enough provision is available for populations in need. This may include forecasting disease and prevalence and understanding how it impacts on service provision. **Use Case 4: For evaluation and understanding causality:** The data would be used to evaluate causality between determinants of health and outcomes. Also, used to understand effectiveness of certain models of care across the health and care system.

6. Data Protection Impact Assessment

The DPIA for the **Population Health Data Sharing Agreement (Tier Two) - Workstream: Population Health**, can be found embedded below:

ICS%20DPIA%20Population%

7. Data Details

Data to be Shared	**Annex B** provides the categories of data to be shared from GP; Acute; Mental Health; Community; and Social Care (children and adult and non-health data flows. The table incudes a brief description of the data categories and the use case(s) within which the data will be used. The specific data items will only be coded (structured) data, that is to say no free text (unstructured) data. AGEMCSU will also provide a set of data to the CIPHA programme for linkage with the above via consistent pseudonym. The datasets being linked to include those listed in the DSA agreement with NHS Digital, which is inclusive of, but not limited to SUS (secondary care), CSDS (Community care), MHMDS (Mental Health), GDPPR (General Practice), NWAS (Ambulance), COVID Testing and COVID Vaccinations.
Access to data	**Personnel to have access to the data as Data Processors** **Graphnet supplying Care Centric** People directly employed by Graphnet for the purposes of managing Care Centric and CIPHA, where the data is held. **Care Centric/Graphnet Data Processing Agreement**  Graphnet Data Procesing Agreement
Governance	The programme will maintain and strictly enforce a Data Access and Data Asset matrix to ensure requests to use the CIPHA regional data sources ensure full compliance with the purposes laid out in Section 5: Purpose of the Data Sharing and that data is securely shared and appropriated.

The matrix details projects undertaken with the data from the ICB and is made available on the Data into Action to parties within this data sharing agreement on a monthly basis, so they are informed of the specific uses of the data.

This process is governed through the Cheshire and Merseyside regional Data Asset and Access Group (DAAG), which draws its membership from the ICB and other NHS providers of clinical and non-clinical services, together with patient representation.

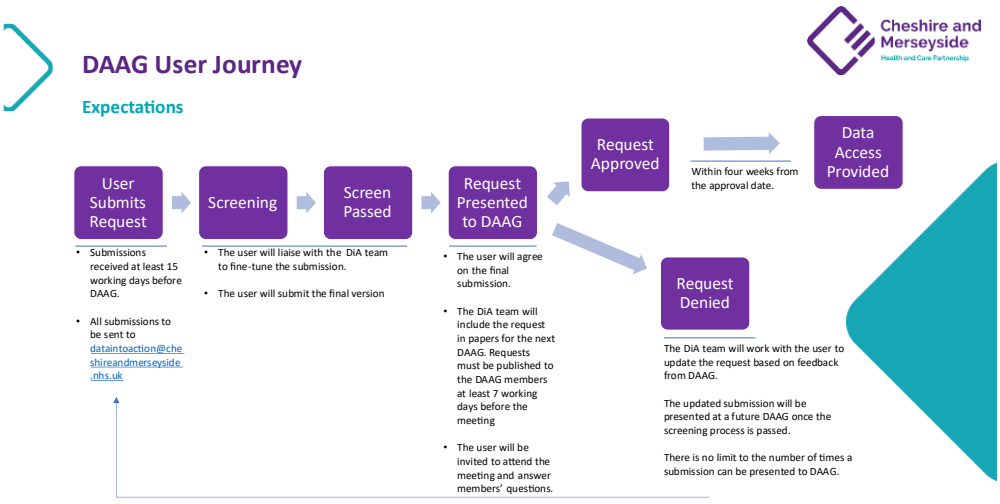
Access is governed by the Data Asset and Access Group (DAAG).

Access is granted and managed by the ICB Analytical Team.

Access is reviewed by the ICB Analytical Team routinely with regular reporting and oversight by the Data Access and Asset Group (DAAG).

Access is revoked by the ICB Analytical Team under the oversight of the Data Asset and Access Group (DAAG).

The Cheshire and Merseyside Data Access request process is detailed below. Those requesting access to the data need to submit the Data Access Request Form (DARF) to obtain permission to access the data for the specified purpose, which will be approved via this route.



Data Access Request Form (DARF)

Data%20access%20request%20form%20t

Data Asset and Access Group (DAAG) Terms of Reference

DIA_Data%20Access%20and%20Asset%2(

Data Usage Register

The ICB Analytical Team and those with honorary contracts are required to submit a data usage register monthly to DAAG for projects undertaken.

The provider teams and the ICB analytical teams are required to submit a data usage register monthly to DAAG for projects undertaken. This includes:

- Application Number
- Project Name
- Organisation making the request
- Project Start Date
- Project End Date
- Project description
- Project Values/Uses
- Datasets used

No other parties other than those listed in the data receiving originations within Section 2: parties to this agreement will have access to this pseudonymised data.

This Data Sharing Agreement does not allow use of the data for research. Uses of the data for research are governed by a separate Tier Two DSA.

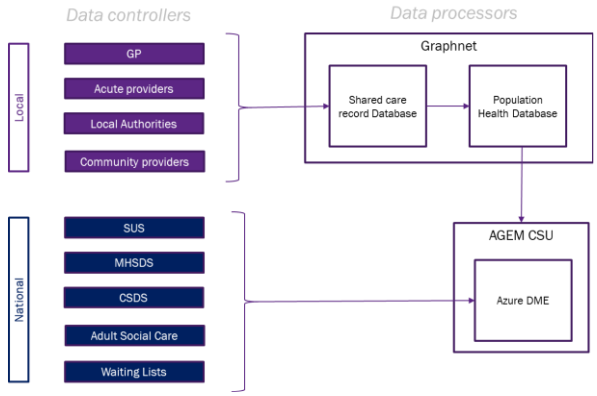
De-identification, data minimisation, and handling of restricted/ sensitive codes	**De-identification of Patient Identifiable Data** To satisfy the ***Confidentiality: NHS Code of Practice***, all data for purposes other than direct care will be de-identified. **Anonymised Data** Anonymised data will meet the ICO standards for anonymisation including small number suppression. **Sensitive Codes** Sensitive data excluded from retrieval follows the recommendations made by The Royal College of General Practitioners (RCGP) ethics committee and the Joint GP IT Committee: • Gender reassignment. • Assisted conception and in vitro fertilisation (IVF) • Sexually transmitted diseases (STD) • Termination of pregnancy
Right to object and Data Opt Out	The right to object under S21 of the General Data Protection Regulation 2016, as enacted, is relevant. Patients and service users have a right to object to their medical information being used for purposes other than direct care. All registered **National Data Opt-outs** and **Type 1 Opt-outs** will be respected. Further details on Opt Out are set out in the DPIA, which can be found above embedded in section: **6 Data Protection Impact Assessment**
Fair Processing	Organisations party to this agreement will comply with fair processing guidelines ensuring Privacy Notices accurately reflect the uses of data for their organisation.
Details of retention and destruction	The data will be retained for as long as the purpose(s) described above remains valid or a new legal purpose agreed, and in line with the: **NHS Records Management Code of Practice 2021**

CIPHA Workstream: Population Health

The schematic below describes the model to support the information flows for the use cases. Use cases are captured in data sharing register.

Data Flow Diagram

CIPHA Workstream: Population Health



Each use case is specified in the Data Access & Asset Group (DAAG) data sharing register.

8. Legal Basis

General Data Protection Regulation (GDPR)

The following Conditions are engaged:

6 (1) (e) Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller

9(2)(h) Necessary for the reasons of preventative or occupational medicine, for assessing the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management of health or social care systems and services on the basis of Union or Member State law or a contract with a health professional

Common Law Duty of Confidentiality

For Population Health the Common Law Duty of Confidentiality requires that there should be no use or disclosure of any confidential patient information for any purpose other than the direct clinical care of the patient to whom it relates, unless:

- The patient explicitly consents to the use or disclosure;
- The disclosure is required by law;
- The disclosure is permitted under a statutory process that sets aside the duty of confidentiality.

Appropriately pseudonymised or aggregated data is not owed a duty of confidentiality. Under this Data Sharing Agreement the Common Law Duty of Confidentiality does not apply, as the data is pseudonymised, and presented as aggregate data.

Anyone using aggregate data must not attempt to re-identify any individual, by using the aggregated data, and to do so would be a breach of the terms of use.

For patient identifiable data used for direct patient care the Common Law Duty of Confidentiality is addressed by implied consent. “Section 251B [of the Health and Social Care Act 2012 (as amended by the Health and Social Care (Safety and Quality) Act 2015)] and implied consent under CLDC will together provide the lawful basis to share in most cases of direct care. In these cases, and any cases of direct care based on explicit consent, the national data opt-out will not apply.” https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document/appendix-2-definitions

The right to object under S21 of the General Data Protection Regulation 2016, as enacted, is also relevant. Patients and service users have a right to object to their medical information being used in order to provide safe and effective care, and have the right to register this objection in writing, or verbally, to the clinician concerned.

9. Signatory Sheet: FDP

Workstream: Combined Intelligence for Population Health Action (CIPHA)
Population Health
Data Sharing Agreement (Tier Two)

Federated Data Platform (FDP)
Pilot with GP Practices in Cheshire & Merseyside

Each party to this Data Sharing Agreement (Tier Two) is required to complete & sign below.

Data Sharing Agreement Owner – Host Organisation – Cheshire & Merseyside ICB

Signed for and on behalf of:	Cheshire & Merseyside ICB
Signature:	
Date:	
Your name:	Dr Fiona Lemmens
Your Job Title / Role:	Caldicott Guardian
Your email address:	Fiona.Lemmens@cheshireandmerseyside.nhs.uk

Party to the Data Sharing Agreement – Partner Organisation

Signed for and on behalf of:	
Signature:	
Date:	
Your name:	
Your Job Title / Role:	
Your email address:	

Please return to: infogov.cmicb@miaa.nhs.uk

Annex A: Federated Data Platform (FDP)

Cheshire and Merseyside ICB are an incubator site for FDP Population Health Strategic Commissioning Tool. The ICB is the data controller of an FDP tenant with a Local Analytical Hub (LAH) within which the strategic commissioning product is situated.

The FDP LAH will be piloted with Cheshire & Merseyside GP Practices:

Summary of the Federated Data Platform (FDP)

The future of our NHS depends on improving how we use Data NHS England » NHS Federated Data Platform to:

- care for our patients;
- improve population health;
- plan and improve services; and
- find new ways to deliver services.

A 'Data platform' refers to software which will enable NHS organisations to bring together Data – currently stored in separate systems – to support staff to access the information they need in one safe and secure environment so that they are better able to coordinate, plan and deliver high quality care.

A 'federated' Data platform means that every hospital trust and integrated care board (ICB) (on behalf of the integrated care system (ICS)) will have their own platform which can connect and collaborate with other Data platforms as a "federation" making it easier for health and care organisations to work together.

A digitised, connected NHS can deliver services more effectively and efficiently, with people at the centre, leading to:

- Better outcomes and experience for people
- Better experience for staff
- Connecting the NHS

Attention is drawn to the references in the **FDP Product Data Protection Impact Assessment** and **Part 2 – Form of Annex: Specific Processing Instructions** (both embedded documents below) to the inclusion of the following data processors and sub processors: Palantir Technologies UK Ltd, IQVIA Ltd, and Amazon Web Services, Inc – Cloud hosting and infrastructure, alerting and encrypted notification services.

Further details are set out in the **FDP Product Data Protection Impact Assessment – Local Analysis Workspaces**, which is embedded below:

Loc

The Operational Local NHS-PET DPIA is embedded below:

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Please also see an Annex to the Data Processing Agreement between the Controller and the Processor **Part 2 – Form of Annex: Specific Processing Instructions,** which is embedded below:

CM%20LAH%20Annex%20II%20

The **Local Analytical Hub (LAH) FDP Product Privacy Notice** is embedded below:

LAH

FDP National Strategic Commissioning Tool

- FDP Product Data Protection Impact Assessment Local Template – Strategic Commissioning Tool
- Part 2 – Form of Annex: Specific Processing Instructions

GP Practice data items to be shared for the FDP strategic commissioning tool will be restricted to fulfil only the FDP use case

- *Activity data (e.g. appointments and referrals)*
- *Patient diagnosis (e.g. conditions)*
- *Lifestyle information (e.g. smoking status, alcohol status)*
- *Risk scores (e.g. QRISK scores)*
- *Observations (e.g. BMI)*
- *Medications*

The data processing use cases for the FDP LAH pilot with Cheshire & Merseyside GP Practices in:

This is taken from **Annex B – Data to be shared**

Item	Field Name	Description	Use Case	Data Class
6.1	**GP COVID-19/Advance Care Planning**	• GP COVID-19 Status • GP Advance Care Planning • Alerts	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	**Patient Diagnosis**
6.2	**Allergies Summary**	-		**Patient Diagnosis**
6.3	**GP Medications Issued**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	**Medications**
6.4	**GP Repeat Medications**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	**Medications**

6.5	**GP Problems**	• Active Problems • Past Problems • Additional Problems	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	**Patient Diagnosis Lifestyle Information**
6.6	**GP Results**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	**Observations**
6.7	**GP Vitals and Measurements**	Latest height/weight; latest blood pressure; latest physiological function result ordered by date descending.	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	**Observations**
6.8	**GP Lifestyle**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only	**Lifestyle Information**

			Use Case 3: Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	
6.9	**Additional GP Information**	• GP Encounter • Vaccinations & Immunisations • Contraindications • OTC and Prophylactic Therapy • Family History • Child Health • Diabetes Diagnosis • Chronic Disease Monitoring • Medication Administration • Pregnancy, Birth and Post Natal • Contraception and HRT • GP Imaging • Other Investigations • Investigations Administration • Operations • Obstetric Procedures • Other Diagnostic Procedures • ECG • Other Preventative Procedures • Other Therapeutic Procedures • Recent Test Results (last 12 months)	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality	**Activity data** **Observations** **Lifestyle Information**
6.10	**Data Categories**	• Active Problems • Administration • Alcohol Exercise and Diet • Allergy • Blood Chemistry • Blood Pressure • Cervical Cytology • Child Health • Chronic Disease Monitoring • Contraception and HRT • Contraindications • Diabetes Diagnosis • ECG Pulmonary • Encounters • Family History	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision	*Activity data* *Patient diagnosis* *Lifestyle information* *Risk scores* *Observations* *Medications*

		• Full Problems List • Glucose/hba1c • Haematology • Height and Weight • Imaging • Investigations Admin • Medications Administration • Medication Issues • Microbiology • Obstetric Procedures • Operations • OTC Prophylactic Therapy • Other Cytology/Pathology • Other Diagnostic Procedures • Other Investigations • Other Preventative Procedures • Other Therapeutic Procedures • Past Problems • Physiology Function Tests • Pregnancy, Birth and Post Natal • Recent Tests • Referrals and Admissions • Repeat Medication • Smoking • Social History • Unmatched • Urinalysis • Vaccination and Immunisations	**Use Case 4:** Evaluation and Causality	

FAQs

FDP Frequently Asked Questions (FAQs) are available on the C&M ICB website at:

Privacy Notices: Digital and Data Programmes - NHS Cheshire and Merseyside

C&M ICB ICS Tiered Framework documents

The Information Governance Tiered Framework documents and Privacy Notices, together with additional approved associated DPIAs to the IG Tiered Framework documents, are available on the C&M ICB website at:

Privacy Notices: Digital and Data Programmes - NHS Cheshire and Merseyside

Annex B – Data to be shared

N.B. this is for the full Population Health ongoing workstream programme.

The specific data items will only be coded (structured) data, that is to say no free text (unstructured) data. As noted in the section on access controls the data will be strictly governed as anonymised/aggregate, pseudonymised, and only as person identifiable for the purpose of direct care. Additionally, for use cases beyond those given in this agreement there is the additional governance of the Data Asset and Access Group (DAAG) to ensure full compliance with the parameters of this data sharing agreement.

This Annex provides the categories of data to be shared from GP; Acute/Trust; Mental Health; Community; and Social Care (children and adult). The table incudes a brief description of the data categories and the use case(s) within which the data will be used for:

Use Case 1: Epidemiology Reporting

Use Case 2: Predicting outcomes and population stratification of vulnerable populations

Use Case 3: For planning current services and understanding future service provision

Use Case 4: For evaluation and understanding causality

I. Social Care: Children

NOTE: no free text will be extracted. Only coded data.

Item (data spec doc cross reference)	Field Name	Description	Use Case
1.1	**Extract Identifier**	Reference data item	Reference data item
1.2	**Person Core**	Patient Identifiable Data	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
1.3	**Person Extended**	Patient Identifiable Data	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
1.4	**Referral**	**Open referrals** and **referrals** that have closed since a predefined number of months prior to go live of the export.	**Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
1.5	**Event**	The data range of active events or which have an end date after the predefined number of months prior to go live of the export: • Assessment • Meetings • Case Notes **This does not include the free text associated with the event**	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
1.6	**Alert**	**Alerts** of the following types that are still active or have an end date after the predefined number of months prior to go live of the export: • Child Protection • Child in Need • Child Looked After • Missing Person • Hazard • MARAC	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 4:** Evaluation and Causality **Proposal: due to sensitive nature of codes this category may be excluded from the extract**
1.7	**Disability**	**Disabilities** that are still active or have an end date after the predefined number of months prior to go live of the export.	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only

			Use Case 3: Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
1.8	**Related Person**	**Relationship Types** and **Relationship Flags**	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
1.9	**Practitioner (staff type)**	Only those **Practitioner** involvements that are still active or have an end date after the predefined number of months prior to go live of the export.	**Use Case 3:** Planning and Future Service Provision
1.10	**Classification**	**Primary Support Reasons** that are still active or have an end date after the predefined number of months prior to go live of the export: may include: • Physical support – Access and mobility • Social support – Substance misuse • Sensory support • Mental Health support • Learning Disability support	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality

II. Social Care: Adults

Item	Field Name	Description	Use Case
2.1	**Extract Identifier**	Reference Data Item	Reference Data Item
2.2	**Person Core**	Patient Identifiable Data	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
2.3	**Person Extended**	Patient Identifiable Data	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
2.4	**Referral**	**Open referrals** and **referrals** that have closed since a predefined number of months prior to go live of the export.	**Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
2.5	**Event**	Consider the data range of active events or which have an end date after the predefined number of months prior to go live of the export: • Assessment • Safeguarding • Organisational Safeguarding Case • Deprivation of Liberty Safeguards (DOLS)	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
2.6	**Alert**	**Alerts** that are still active or have an end date after the predefined number of months prior to go live of the export. • Risks • Special Factors	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 4:** Evaluation and Causality **Proposal: due to sensitive nature of codes this category may be excluded from the extract**
2.7	**Disability**	**Disabilities** that are still active or have an end date after the predefined number of months prior to go live of the export.	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
2.8	**Related Person**	**Relationship Types** and **Relationship Flags**	**Use Case 2:** Predicting Outcomes and Population

			Stratification. Re-id for direct care purposes only
2.9	**Practitioner (staff type)**	Only those **Practitioner** involvements that are still active or have an end date after the predefined number of months prior to go live of the export.	**Use Case 3:** Planning and Future Service Provision
2.10	**Classification**	**Primary Support Reasons** that are still active or have an end date after the predefined number of months prior to go live of the export: may include: • Physical support – Access and mobility • Social support – Substance misuse • Sensory support • Mental Health support • Learning Disability support	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
2.11	**Care Plan**	Care plans linked to referrals that have been exported in the Referral data file that are still active or have an end date after the predefined number of months prior to go live of the export.	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
2.12	**Service Provision**	All service provisions linked to care plans that have been exported in the Care Plan data file should be included. Those that are still active or have an end date after the predefined number of months prior to go live of the export should be exported.	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
2.13	**Care Plan Need and Outcome**	All needs and outcomes linked to care plans and service provisions that have been exported in the Care Plan data file.	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality

III. Acute

Item	Field Name	Description		Use Case
3.1	**Demographics**	Data items supported as part of the MPI Load. • Surname • NHS Number (and validation status) • DOB • Sex • Address • Postcode • Death Status and Death Date • Ethnic Group		**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
3.2	**Medications**	-		**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
3.3	**In-Patient**	Unique Identifier (Event ID) Admission Date Stay Type Ward Specialty Admission Type Admission Category Admission Source Diagnosis	Consultant Admitting Doctor Attending Doctor Transfer Date Transfer Reason Discharge Date Discharge Method Discharge Destination Procedures	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
3.4	**Out-Patient**	Unique Identifier (Event ID) Originating Referral ID Referral Date Referral Outcome Referral Priority	Referral Disposition Referral Type Referral Category Speciality	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision

				Use Case 4: Evaluation and Causality
3.5	**A&E**	Unique Identifier (Event ID) Attendance Date Discharge Date Discharge Method Diagnosis	Discharge Destination Location Consultant Referring Doctor Procedures	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
3.6	**ICE/Pathology Results**	Pathology Results Direct from Labs or from the ICE system		**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 4:** Evaluation and Causality

IV. Community (Individual Spec document for each item)

Item	Field Name	Description	Use Case
4.1	**Demographics**	Data from the demographics CSV will be used for creating or updating the demographics of a patients.	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
4.2	**Referral**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
4.3	**Alerts**	When providing Alert information, each message will need to contain all the current available Alerts for a patient i.e. the file would not be expected to contain historic alerts (inactive/ended)	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 4:** Evaluation and Causality Proposal: due to sensitive nature of codes this category may be excluded from the extract
4.4	**Community Health**	• Immunisations • Care Plan • Problems • Interventions • Encounters & Appointments • Diagnosis • Medications	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
4.5	**Allergies**	-	-
4.6	**Contacts**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality

V. Mental Health (Individual Spec document for each item)

Item	Field Name	Description	Use Case
5.1	**Demographics**	Data from the demographics CSV will be used for creating or updating the demographics of a patients.	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
5.2	**Referral**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
5.3	**Alerts**	When providing Alert information, each message will need to contain all the current available Alerts for a patient i.e. the file would not be expected to contain historic alerts (inactive/ended)	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 4:** Evaluation and Causality **Proposal: due to sensitive nature of codes this category may be excluded from the extract**
5.5	**Care Programme Approach (CPA)**	• Diagnosis • Mental Health Act • Risk Assessment • Risk Scores • Risk Plans • Early Intervention in Psychosis (EIP) **Free text will not be included.**	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
5.6	**Contacts**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality

VI. General Practice

Item	Field Name	Description	Use Case
6.1	**GP COVID-19/Advance Care Planning**	• GP COVID-19 Status • GP Advance Care Planning • Alerts	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.2	**Allergies Summary**	-	
6.3	**GP Medications Issued**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.4	**GP Repeat Medications**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.5	**GP Problems**	• Active Problems • Past Problems • Additional Problems	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.6	**GP Results**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only

			Use Case 3: Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.7	**GP Vitals and Measurements**	Latest height/weight; latest blood pressure; latest physiological function result ordered by date descending.	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.8	**GP Lifestyle**	-	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.9	**Additional GP Information**	• GP Encounter • Vaccinations & Immunisations • Contraindications • OTC and Prophylactic Therapy • Family History • Child Health • Diabetes Diagnosis • Chronic Disease Monitoring • Medication Administration • Pregnancy, Birth and Post Natal • Contraception and HRT • GP Imaging • Other Investigations • Investigations Administration • Operations • Obstetric Procedures • Other Diagnostic Procedures • ECG • Other Preventative Procedures • Other Therapeutic Procedures • Recent Test Results (last 12 months)	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
6.10	**Data Categories**	• Active Problems • Administration • Alcohol Exercise and Diet • Allergy • Blood Chemistry	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population

		• Blood Pressure • Cervical Cytology • Child Health • Chronic Disease Monitoring • Contraception and HRT • Contraindications • Diabetes Diagnosis • ECG Pulmonary • Encounters • Family History • Full Problems List • Glucose/hba1c • Haematology • Height and Weight • Imaging • Investigations Admin • Medications Administration • Medication Issues • Microbiology • Obstetric Procedures • Operations • OTC Prophylactic Therapy • Other Cytology/Pathology • Other Diagnostic Procedures • Other Investigations • Other Preventative Procedures • Other Therapeutic Procedures • Past Problems • Physiology Function Tests • Pregnancy, Birth and Post Natal • Recent Tests • Referrals and Admissions • Repeat Medication • Smoking • Social History • Unmatched • Urinalysis • Vaccination and Immunisations	Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality

VII. General Practice - TPP

Item	Field Name	Description	Use Case
7.1	**Medications**	• Repeat Medications • Medications Issued	**Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality
7.2	**GP Problems**	• Active Problems • Past Problems • Additional Problems • GP Results • GP Lifestyle • Blood Pressure • Additional GP Information • GP Encounters/Administration • GP Encounters • GP Administration • Referrals • Radiology • Operations • Investigations • Contraception and HRT • Pregnancy, Birth & Post Natal • GP Family History • Contraindications • Vaccinations and Immunisations	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. Re-id for direct care purposes only **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality

VIII. Other Data (health and non-health) to be Shared

Item	Field Name	Description	Use Case
8.1	**Docobo / Telehealth** Data Controller: **Mersey Care**	• Organisation • Patient • Patient Package	**Use Case 1: Epidemiology** **Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only** **Use Case 3: Planning and Future Service Provision** **Use Case 4: Evaluation and Causality**
8.2	**Household into Work, Ways to Work** Data Controller: **Liverpool City Region Combined Authority**	• Employment data	**Use Case 1: Epidemiology** **Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only** **Use Case 3: Planning and Future Service Provision** **Use Case 4: Evaluation and Causality**
8.3	**Life Rooms** Data Controller: **Mersey Care**	• Life Rooms data	**Use Case 1: Epidemiology** **Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only** **Use Case 3: Planning and Future Service Provision** **Use Case 4: Evaluation and Causality**
8.4	**Housing Retrofit Data** Data Controller: **Liverpool City Region Combined Authority**	• UPRN level housing retrofit indicators.	**Use Case 1: Epidemiology** **Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only** **Use Case 3: Planning and Future Service Provision** **Use Case 4: Evaluation and Causality**
8.5	**Liverpool Citizens**	• Liverpool Citizens Support Scheme data.	**Use Case 1: Epidemiology**

	Support Scheme Data Controller: **Liverpool City Council**		**Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only** **Use Case 3: Planning and Future Service Provision** **Use Case 4: Evaluation and Causality**
8.6	**Other non-health datasets for linkage** Data controller: **Liverpool City Council**	• Discretionary Housing Payments • Benefits Maximisation	**Use Case 1: Epidemiology** **Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only** **Use Case 3: Planning and Future Service Provision** **Use Case 4: Evaluation and Causality**