Cheshire and Merseyside Health and Care Partnership

Integrated Care Systems (ICS)

Data Sharing Agreement (Tier Two)

Work Stream: Combined Intelligence for Population Health Action (CIPHA)

Secure Data Environment (SDE):

Sharing Data for Research with

Academia

Document Reference: ICSIGDOC-ID00009
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Data Sharing Agreement Tiered Framework

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

- **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.

- **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.

- **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 ICB 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

This Data Sharing Agreement is subject to the controls set out in the Cheshire and Merseyside Health and Care Partnership Tier One Data Sharing Agreement – Standards.

1. Title and Reference Code

Project	Cheshire and Merseyside Health and Care Partnership
Workstream	Combined Intelligence for Population Health Action (CIPHA): Secure Data Environment for Research (SDE)
Reference	ICSIGDOC-ID00009

This Data Sharing Agreement (DSA) covers the sharing of data across the Cheshire and Merseyside Integrated Care System (ICS), to support the Cheshire and Merseyside Secure Data Environment for Research with academia (SDE), which is a secure space for researchers to access health and care data to enable them to do data driven research, utilising the knowledge, techniques, and experience of academics to improve health.

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) • Midlands and Lancashire Commissioning Support Unit (MLCSU)
Receiving Organisations	• 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.
Other Receiving Organisation(s)	**Researchers in Academia** Organisations who submit an application, Data Access Request Form (DARF), to the CIPHA Data Asset and Data Access Group (DAAG) and are approved to access data for research purposes. Please see the Data Protection Impact Assessment (DPIA) for further details.

*Data access or provisioned via the Arden & GEM Azure data management environment (DME).

The Cheshire & Merseyside organisations listed in the Tier Zero Memorandum of Understanding are partners to this agreement.

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	March 2024
End Date	This agreement will be routinely reviewed on an annual basis by the C&M ICS Information Governance Strategy Committee.

5. Purpose of the Data Sharing

Purpose for Data Sharing	The overarching purpose for data sharing is to support the Cheshire and Merseyside Secure Data Environment for Research (SDE), which is a secure space for researchers to access health and care data, enables them to do data driven research, utilising the knowledge, techniques, and experience of academics to help improve health. Below are some use cases that are examples of the research that could be done: **Use Case 1: Epidemiology Reporting: Understanding health needs of populations, wider determinants of health and inequality to aim to improve outcomes:** The data could be used to create intelligence, with the aim of understanding and improving physical and mental health outcomes, promote wellbeing and hopefully 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 can be used to help predict the risk of outcomes for cohorts of patients in order that services can be targeted proactively to those most vulnerable.

Use Case 3: For planning current services and understanding future service provision: The data could 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 could impact on service provision.

Use Case 4 For evaluation and understanding causality: The data could be used to evaluate causality between determinant of health and outcomes. Also, used to understand the effectiveness of certain models of care across the health and care system.

Use Case 5 Research into novel interventions or the generation of new knowledge: The data could be used to support research into novel interventions, such as the safety of a new medication. In this case the research would be expected to generate new knowledge or to demonstrate the reproducibility of previous research.

6. Data Protection Impact Assessment

Data Protection Impact Assessment (DPIA) can be found embedded below:

CAM
ICS_DPIA_CIPHA Secu

7. Data Details

Data to be Shared	Annex A provides the categories of data to be shared from GP; Acute; Mental Health; Community; and Social Care (children and adult). Tables in Annex A include 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, there is no free text (unstructured) data. AGEMCSU will also provide a set of data for linkage with the above via a consistent pseudonym. The datasets being linked to include those listed in the DSA agreement with NHS England, which is inclusive of, but not limited to: • Secondary Uses Service (SUS) - for secondary care • Community Services Data Set (CSDS) - for community care • Mental Health Services Data Set (MHSDS) - for Mental Health • North West Ambulance Service (NWAS) - for paramedic emergency and urgent care These data assets are covered under a different Data Sharing Agreement between NHS England and Cheshire and Merseyside ICB.
Lawful Basis for Data Sharing	**Legal Basis under the General Data Protection Regulation (UK GDPR)** Below explains how this agreement is compliant with UK GDPR: **Processing Personal Data - Article 6** 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 vested in the controller; **Processing Sensitive Personal Data – Article 9** 9(2)(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of domestic law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3; Data Protection Act 2018 – Part 1, Schedule 1:

Health or Social Care purposes

2(1)This condition is met if the processing is necessary for health or social care purposes.

(2)In this paragraph "health or social care purposes" means the purposes of—

(a)preventive or occupational medicine,

(b)the assessment of the working capacity of an employee,

(c)medical diagnosis,

(d)the provision of health care or treatment,

(e)the provision of social care, or

(f)the management of health care systems or services or social care systems or services.

(3)See also the conditions and safeguards in Article 9(3) of the GDPR (obligations of secrecy) and section 11(1).

9(2)(j) processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) (as supplemented by section 19 of the 2018 Act) based on domestic law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

Data Protection Act 2018 – Part 1, Schedule 1:

Research

4 This condition is met if the processing—

(a)is necessary for archiving purposes, scientific or historical research purposes or statistical purposes,

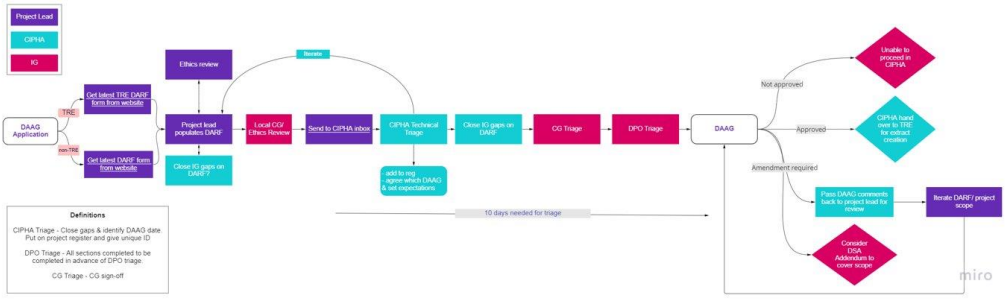
(b)is carried out in accordance with Article 89(1) of the GDPR (as supplemented by section 19), and

(c)is in the public interest.

Common Law Duty of Confidentiality

For Research 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 data being accessed will be in aggregated or in a consistently pseudonymised form, therefore the Common Law Duty of Confidentiality does not apply. 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. The DPIA section: **Role Based Access Controls**, and the below **De-identification and sensitive codes** explains the controls in place in more detail.
Access Controls	**Role Based Access Controls** Role Based Access Controls (RBAC) will be applied to the Secure Researcher Environment (SDE) within Arden and Gem CSU technical infrastructure (named as a Data Processor to this Data Sharing Agreement). The RBAC are as follows: - **Patient Identifiable Data:** Access to patient identifiable data **will not** be granted as part of this Data Sharing Agreement. Re-identification will not be possible within the Secure Data Environment, however, code can be re-run on source data held in a different environment, via a set of controlled processes for those who have been granted the correct permissions, should this be required, and where there is an appropriate legal basis to do so. **Pseudonymised Data:** Research organisations and individuals from those organisations, who are approved via an Information Governance Gateway, described in the '**Governance'** section below, will be granted access to a sub-set of pseudonymised data relating to their research specification and in line with **Section 4: Purpose of the Data Sharing**. All research projects undertaken with the data will be listed in the Data Access and Asset Matrix explaining the specific purpose, requestor, output, legal basis, and timescale. **Anonymised-aggregate Data:** Organisations and individuals from those organisations, who are approved via an Information Governance Gateway, described in the '**Governance'** section below, will be granted access to anonymised-aggregate data via software such as OpenSAFELY. This will only be for data relating to their research specification and in line with **Section 4: Purpose of the Data Sharing**. All research projects undertaken with the data

	will be listed in the Data Access and Asset Matrix explaining the specific purpose, requestor, output, legal basis, and timescale.
Governance	There will be two Information Governance Gateways that will need to be satisfied in order that data access into the SDE will be granted. **Organisational Information Governance Gateway** The employing organisation or department within an organisation, of the individual researcher applying for the data will be required to demonstrate one of the following: • Data Security Protection Toolkit, or • Cyber Essentials Plus, or • Equivalent ISO standard **Individual Information Governance Gateway** The individual will be required to undertake the Safer Research Training and sign an individual contract detailing the parameters under which the data is being used. Please see the ***CIPHA SDE Terms & Conditions of Access Agreement*** which is inserted below: CIPHA SDE Access Agreement v1 FINAL Access to the data will only be granted via the Data Access and Asset Group with representative membership from Data Controller organisations and the public. The process for access to SDE data can be found below:
	 The researcher will also have to satisfy ethics approval for their research project and confirm processes for validating the safe egress of research outputs, such as charts and diagrams, from the SDE, and that they meet the necessary anonymisation requirements for NHS England and the ICO. Please see DPIA for more detail.

De-identification, data minimisation, and handling of restricted/ sensitive codes	**De-identification of Patient Identifiable Data (Pseudonymisation)** ***Duty of Confidentiality: NHS Code of Practice***, data is not being used for direct care, and it will be de-identified. De-identification is achieved through secure and robust pseudonymisation (Encryption method: SHA256). This allows data to be effectively linked without using clear or sharing patient identifiers. This data will still be at person-level, but the identifiable fields will be removed from the data. This includes removal of names and addresses. Date of Birth will be formatted to age; post code will be shortened (or replaced with a higher level derivation e.g. LSOA). Pseudonyms will be linkable across datasets. Re-identification will not be possible within the Secure Data Environment, however, code can be re-run on source data held in a different environment, via a set of controlled processes for those who have been granted the correct permissions, should this be required and where a legal basis exists. **Anonymised Data** Anonymised data will meet the ICO standards for anonymisation including small number suppression. **Sensitive Codes / legally restricted** Legally restricted codes were previously referred to as 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
Opting out of data sharing	Individuals can opt-out of their data being shared in a number of ways: • **GDPR - Right to object** – prevents data sharing for any reason, including between different services caring for you. • **Type 1 opt-out** – prevents your GP practice sharing your data for anything except your care, except when it is required by law. • **National data opt-out** – prevents your personal and healthcare information being used for research and planning. This can be viewed or changed at any time. • **Cheshire and Merseyside local data opt-out** – allows you to opt out of individual studies.

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. Each Provider Privacy Notice will meet the terms of the Tier Two Data Sharing Agreement, governed by the UK GDPR and DPA. It is at the discretion of each partner organisation in the sharing agreement to add to their Privacy Notice accordingly. The ICB Privacy Notice will be available on a public facing ICB website and will reflect this data sharing arrangement.
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. This will be in line with the: **NHS Records Management Code of Practice 2021 and updates 2023** **A guide to the management of health and care records** Records Management Code of Practice - NHS Transformation Directorate (england.nhs.uk)

8. Signatory Sheet

Workstream:

Combined Intelligence for Population Health Action (CIPHA):

Secure Data Environment for Research (SDE)

Data Sharing Agreement (Tier Two)

Signatory Sheet

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

Data Sharing Agreement Owner – Host Organisation – Cheshire and Merseyside Integrated Care Board

Signed for and on behalf of:	Cheshire and Merseyside Integrated Care Board
Name	Cathy Fox
Role	Associate Director of Digital Operations
Signature	*Signed copy held by PMO*
Date	03/01/2024

Party to the Data Sharing Agreement – Partner Organisation

Signed for and on behalf of: GP Practice Code (if applicable):	
Name:	
Role / Job Title e.g., Chief Executive/SIRO/Caldicott Guardian	
Signature:	
Date:	

Please return to: mlcsu.ig@nhs.net

ANNEX A – Local data to be shared

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 **Role Based Access Controls (RBAC)** the data will be strictly governed as anonymised-aggregate, pseudonymised data. Additionally, for use cases beyond those given in this agreement there will be the additional governance of a Data Asset and Access Group (DAAG) application to ensure full compliance of the purposes as stated in this agreement.

This Annex provides the categories of data to be shared from GP; Acute; 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

Use Case 5: Research into novel interventions or the generation of new knowledge

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

1. Social Care – Child

Item	Field Name	Description	Use Case
1.1	**Extract Identifier**	Reference data item	Reference data item
1.2	**Person Core**	Patient Identifiable Data N.B. identifiable fields will be removed from the data	**Use Case 2:** Predicting Outcomes and Population Stratification.
1.3	**Person Extended**	Patient Identifiable Data N.B. identifiable fields will be removed from the data	**Use Case 2:** Predicting Outcomes and Population Stratification.
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 **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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 **Use Case 4:** Evaluation and Causality **This data item is not routinely shared, only where a specific use case requires it.** **Use Case 5:** Research into Novel Interventions

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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
1.8	**Related Person**	**Relationship Types** and **Relationship Flags**	**Use Case 2:** Predicting Outcomes and Population Stratification. **This data item is not routinely shared, only where a specific use case requires it.**
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

2. Social Care – Adult

Item	Field Name	Description	Use Case
2.1	**Extract Identifier**	Reference Data Item	Reference Data Item
2.2	**Person Core**	Patient Identifiable Data N.B. identifiable fields will be removed from the data	**Use Case 2:** Predicting Outcomes and Population Stratification.
2.3	**Person Extended**	Patient Identifiable Data N.B. identifiable fields will be removed from the data	**Use Case 2:** Predicting Outcomes and Population Stratification.
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 **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 4:** Evaluation and Causality **This data item is not routinely shared, only where a specific use case requires it.**

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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
2.8	**Related Person**	Relationship Types and Relationship Flags	**Use Case 2:** Predicting Outcomes and Population Stratification. **This data item is not routinely shared, only where a specific use case requires it.**
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

3. 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 N.B. the PID data listed above will not be made available for SDE purposes. Only anonymised data will be permitted to be extracted from the SDE.		**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification.
3.2	**Medications**	Medications		**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

3.4	**Out-Patient**	Unique Identifier (Event ID) Originating Referral ID Referral Date Referral Outcome Referral Priority	Referral Disposition Referral Type Referral Category Specialty	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
3.5	**A&E**	Unique Identifier (Event ID) Attendance Date Discharge Date Discharge Method	Discharge Destination Location Consultant Referring Doctor	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population
3.6	**Diagnosis**	Diagnosis	Procedures	Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
3.7	**ICE/Pathology Results**	Pathology Results Direct from Labs or from the ICE system		**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

4. 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.
4.2	**Referral**	Referrals	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 4:** Evaluation and Causality **This data item is not routinely shared, only where a specific use case requires it.**
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
4.5	**Allergies**	• Allergy data is collected from acute providers in CIPHA	No use case requiring allergy data to date so not yet shared with the SDE

4.6	**Contacts**	Contacts	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

5. 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.
5.2	**Referral**	Referrals	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 4:** Evaluation and Causality **This data item is not routinely shared, only where a specific use case requires it.**
5.4	**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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
5.5	**Contacts**	Contacts	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality

6. General Practice

Item	Field Name	Description	Use Case
6.1	**GP Advance Care Planning**	• GP Advance Care Planning • Alerts	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
6.2	**Allergies**	• Allergy data is collected from acute providers in CIPHA	No use case requiring allergy data to date so not yet shared with the SDE
6.3	**GP Medications Issued**	GP Medications Issued	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
6.4	**GP Repeat Medications**	GP Repeat Medications	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
6.5	**GP Problems**	• Active Problems • Past Problems • Additional Problems	**Use Case 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

6.6	**GP Results**	GP Results	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
6.8	**GP Lifestyle**	GP Lifestyle	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

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 • 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 1:** Epidemiology **Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

7. General Practice - TPP

Item	Field Name	Description	Use Case
7.1	**Medications**	• Repeat Medications • Medications Issued	**Use Case 2:** Predicting Outcomes and Population Stratification. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions
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. **Use Case 3:** Planning and Future Service Provision **Use Case 4:** Evaluation and Causality **Use Case 5:** Research into Novel Interventions

ANNEX B – Other Local Flows

Datasets may be added over time. If a dataset is added the DSA will be re-circulated to all Data Controllers. The Data Controller adding the dataset will be asked to re-sign.

- Alcohol Dependence
- Ambulance Data
- Assuring Transformation (learning disabilities)
- Community Services Dataset
- Clinical Audits and Registries
- Continuing Health Care
- CVD Prevent
- Diagnostics Imaging Dataset
- e-referral system dataset
- Faster Data Flows
- Maternity Services Dataset
- Medicines dispensed in primary care
- National cancer waiting times
- NHS Pathways Dataset (111/999)
- Patient reported outcomes dataset (PROMS)
- Patient Level Contract Monitoring

ANNEX C – Frequently Asked Questions

Please see the document embedded below:

Cheshire and Merseyside SDE_FAQ