



Dataflows, Security and Access Sub Group

Thursday 23 November 2017 (09.30–11.30)

British Dental Association, 64 Wimpole Street, London W1G 8YS

MINUTES

Attendees

| | | |
|---------------------|--|-------------------------------------|
| Abhilash Abraham | NWL Collaboration of CCGs | IT Security and Cyber Security Lead |
| Alice Green | NWL Collaboration of CCGs | WSIC Programme Co-ordinator |
| Amanda Lucas | NWL Collaboration of CCGs | WSIC Programme Director |
| Andrzej Orłowski | ICHP | Head of Business Intelligence |
| David Grange | | |
| David Stone | Kaleidoscope Consultants | Managing Director |
| Jo Andrews | | |
| Katie Stone (Notes) | NWL Collaboration of CCGs | IG Support |
| Laurie Slater | CWHHE CCG | Clinical IG Lead |
| Raj Seedher (Chair) | Brent Council | Information Governance |
| Sophie Gomez | ICHT | Research IG Officer |
| Stephen Murphy | LB Hammersmith and Fulham LB Kensington and Chelsea Westminster County Council | IT Commissioning & IG Specialist |

1. Welcome and introductions

Raj Seedher (RSe) welcomed everyone to the meeting and confirmed that the meeting was quorate (see item 5 also).

2. Apologies for absence

No specific apologies were recorded.

3. Declaring conflicts of interest

David Stone from Kaleidoscope Consultants reminded the room that he was from a private consultancy.

4. Minutes of the meeting held on 18 July 2017

The minutes of the meeting held on 18 July 2017 were agreed as a correct record of the meeting.

5. Minutes of the meeting held on 07 November 2017

The minutes of the meeting held on 07 November 2017 were agreed as a correct record of the meeting.

Stephen Murphy (SM) clarified whether, in general, there was an issue with the Data Controller quorate numbers being made up entirely of local authority representatives. RSe did not believe that this was an issue under the current terms of reference. It was agreed that the issue would be raised in the Governing Group with a view to ensuring clarity over representation is written in to the new ISA governance arrangements.

ACTION:

Katie Stone to put on quoracy and new
ISA governance arrangements
on agenda for Governing Group (7 December 2017)

6. Secondary user requests

There was general discussion about the requests made:

- Form should be amended to include information on who was making the request (individual, role, team, organisation and contact details)
- The request should be clearer about the intended timescale of the research (this would allow for a tracking of benefits over time, and also to pick up requests that were under old / new ISA and old / new DPA in case limitations or adjustments were needed.
- There should be an obligation to report back to the group any findings, particularly on benefits to care. These might be used by the Communications Sub Group to help data subjects understand how their data is used.
- Thought should be given as to whether draft reports might be considered in separate – single topic – meetings to fully understand the findings and provide some challenge with a view to protecting WSIC credibility and reputation if findings are negative. It was thought this might be better sent to the Clinical Leadership Group or the research group which was not yet set up.
- WSIC programme and ICHP should be publicising this range of work and making it easy for others to get involved in using the WSIC data to expand its benefit, particularly within primary care.

ACTION

WSIC Programme to consider these ideas
and implement where feasible.

i. Budget impact analysis of healthcare resource use in self-monitoring of blood glucose

It was explained that because the requester (The National Institute for Health Research Diagnostic Evidence Co-operative) was not a signatory of the ISA, ICHP would be extracting the data and then providing a purely statistical data set for the researchers to work on.

AL clarified that the requester would be using a broad data set and not just Imperial data to ensure widest possible benefit. This was confirmed.

The sub-group queried if there was a risk that the cohort might be too small and it was confirmed that this would be reviewed before any data was extracted and if there was a risk that the data set was too small then the work would not be carried out.

This request was agreed by the Sub-Group.

ii. Mapping the routes to a diagnosis of health failure

Want to explore variations by GPs in NW London to following pathways.

LS stated that it was essential that they were clear what pathway they were assessing against as more than one might be in place.

This request was agreed by the Sub-Group.

iii. Monitoring for unintended consequences of reduction in antimicrobial prescribing

This request was agreed by the Sub-Group.

iv. Investigating the effect of non-adherent antibiotic prescribing for urinary tract infections in primary care on hospital admission due to a bloodstream infection

LS clarified that it would be local guidelines used and commented that it may be useful to make comment on why guidelines were not followed (and how they could be reviewed) if that turned out to be the case).

AL commented that it may not be possible to gather data on secondary care prescribing as the data may not be available, but it may be possible to track attendance at a clinic within a timeframe.

This request was agreed by the Sub-Group.

v. Identifying patients at risk of readmission and/or A&E attendance

It was felt that this request could not be discussed in isolation from the discussion due the next day on population health analytics. It was agreed that the Sub-Group should agree that the data could be used for the purpose outlined, but that a more detailed discussion on the research should aligned with discussions in other meetings on predictive models.

This request was agreed by the Sub-Group.

7. Handling Subject Access Requests

AL explained that Brent CCG had received two SARs based on WSIC data in August 2017. There were from a known patient group, Brent Patient Voice. A response had been given stating that they should approach each Data Controller individually for their data. The Data Subjects were not satisfied and one of them had made a complaint to the ICO. The complaint has not yet been considered and there is an opportunity to allay the concerns of the complainant who would withdraw the complaint if a new – more satisfactory – response were sent including some idea of how such queries might be handled in the future.

DS stated that the complaint had a low risk because Brent CCG is a data processor and under the current DPA 1998 only the data controller has an obligation to respond to a SAR and the data subject should be applying to the organisation that originated the data (WSIC holds a copy).

However, it was acknowledged that there was a practical issue for data subjects and it would not be helpful to refer them back to every data controller. The group were also mindful that they did not want primary care data controllers having too many requests.

DS had drafted a letter that could be used on receipt of a subject access request in the short term (pre GDPR). It was agreed that this might be amended to include an offer to list data controllers who were relevant to their request (and not subject to an exemption). AL would discuss the draft letter with Brent CCG (Ernest Norman-Williams) with a view to implementing it.

The group asked AL to share the ICO response should one come in due course.

ACTION:

AL to make amends and liaise
with ENW to implement new template.

In the longer term, the sub-group were keen to come up with a solution that was both legally robust, but practical for organisations having to respond. It needed to be sensitive to data subjects who would have personal data that was out of reach. It might be possible to make the Governing Group itself the responder for all SARs on the WSIC data.

8. Whole Systems Integrated Care: User Access Process

AL described the process of giving access to WSIC data to the sub-group. She explained that after a near miss where the wrong account was allocated additional checks had been put in place. A senior member of the service desk double checks all accounts.

WSIC represent a high percentage of calls to the service desk (over 300 per month) and it was likely to increase. This was creating problems with service levels. There was work underway to try and automate some processes, but this was not complete and would need testing. It was agreed that AA would be shown this work during its development stage to spot any potential issues.

AL was asking the sub-group if they would agree that only spot-checks were carried out (rather than 100% of accounts). She also explained that only staff who had undergone specific IG training were able to set up accounts, but they can not see any data and so the proposal is that any member of the service desk can open a new account.

It was agreed that the process could be changed so that any member of the service desk could set up an account. In addition, the sub group agreed that the account details would be sent to the practice and they would be asked to carry out their own 'self-certification' check based on the practice E-code (which would need to be added to the confirmation email). The sub-group suggested that the senior checks remain until the new system had bedded in for a short while. The sub group also discussed the possibility of developing some unusual activity reports or exception reporting which would alert the team if something had gone wrong with access.

ACTION

WSIC Programme to:

- i) put AA in touch with the developers.
- ii) implement and monitor the new arrangements and move to spot checks when happy it is sound.
- iii) consider exception reporting options.

9. Data Access Request: Hounslow LB (Philip Gregory)

Access was required to work with the CCG to identify population cohorts in need, and monitor trends in locally defined priority areas. It would be pseudonymised patient level data only.

This request was agreed as it is deidentified data. It was noted that Hounslow were a signatory and the form needed amending.

10. Data Access Request: Chelsea & Westminster (Nathan Post)

Data to be used for the Staying Active – Preventing Falls and Fractures project. Want to conduct an exercise mapping the existing falls preventing pathway in C&W and look at gaps or

inequalities in service provision and outcomes.

The sub-group noted that it was an ongoing requirement. They agreed the request, but only up until May 2018 at which point they wished to see a revised request taking into account any new GDPR requirements for a DPIA under Article 35.

11. PEN test report (CNS Group)

AA had some concerns about the report and it was agreed that he would forward these to the WSIC Programme separately so that they could be considered in detail.

ACTION:

AA to send comments on the
PEN test report direct to WSIC Programme.

It was agreed that the scope of next year's test would be brought to the sub-group before it was confirmed to ensure it covered everything needed by GDPR (although DS pointed out that availability was only critical if the system had a direct impact on patient care).

There was a discussion about the importance of looking not just at technical issues, but about the underlying policies, procedures and contract terms that would enforce timely patching, etc.

SM pointed out that some of the tables did not match the summary figures and AL promised to review this with the team.

12. Review of actions log

This was significantly out of date and it was agreed that Katie Stone would circulate it separately and bring an updated list to the full meeting on 18 January 2018.

ACTION:

Katie Stone to create a new
up to date actions log
(18 January 2018)

13. Decisions and other issues from the 21 September 2017

The Sub-Group were reminded that minutes were never produced for their meeting on 21 September 2017 and no notes exist.

Two substantive items were identified and re-minuted.

- Approval of a request to use WSIC maternity data.
- David Newton had attended to look at Azure proposal which was agreed by the sub

group. It was agreed that a new update on this work should be requested for the meeting in January 2018.

ACTION:

Katie Stone to invite the Azure project to give an update at the next meeting.
(18 January 2018)

14. Any other business

DS brought to the attention of the sub group a news release from the ICO dated 17 November 2017: ICO Grants Programme supports independent research into four privacy and data protection challenges. This work included an “Online tool to evaluate the risk of re-identification of pseudonymised data” and the work had been awarded to Imperial College London

<https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2017/11/ico-grants-programme-supports-independent-research-into-four-privacy-and-data-protection-challenges/>

15. Date of the next meeting

The next meeting will be a telephone conference on Thursday 21 December 2017 at 10am (for approx 30 mins). The next full meeting is scheduled for 18 January 2018.