Revalidation and GDPR

Leyla Hannbeck MRPharmS, MBA, MSc, MA
NPA Chief Pharmacist and Director of Pharmacy
Why do we have a new revalidation framework?

Public expectations

Encourage reflection on learning and practice

Increase the focus on outcomes for those using the pharmacy services
How do we currently complete CPDs?

- Record online – uptodate.org.uk
- Complete nine CPD entries for each year of registration
- Submit as part of ‘Call and Review’ request
New revalidation framework

Four CPD records

One record of peer discussion

One reflective account
Who does it affect?

- All GPhC registered pharmacists and pharmacy technicians
- Not affected by individual factors, including:
  - Part-time employment
  - Non patient-facing roles
  - Living/working outside of the UK
  - Does not apply to pre-registration students
Timeline – what’s happened so far

2010 – proposal began for developing revalidation

2014 – Advisory group set up made up of representatives from over 30 organisations, including the NPA

2014 to 2017 – Research, testing, piloting, and evaluating. This included a 12 Week consultation to obtain feedback from pharmacists and pharmacy technicians

December 2017 - Council approved the new revalidation framework
Timeline – what lies ahead

• **Early February 2018**
  • Framework to be launched by the GPhC
  • Email to be sent to all registrants to look out for a letter which will be sent in April

• **30th March 2018**
  • Go live date for revalidation - recording of CPDs can begin
  • Go live date for new online portal
  • CPDs on the old portal will become read-only - registrants can print off old CPD entries

• **6th June 2018**
  • Old portal goes offline - ensure you have downloaded previous CPD entries
Revalidation framework timeline

• Implemented from **30 March 2018**

• If your registration expires on 31 December 2018:

  1. You are required to submit only **four** CPD entries as part of your renewal – can only be submitted once your renewal window opens on 1\textsuperscript{st} September 2018

  2. When your registration expires on **31 December 2019**, you will be required to submit **all six** records as part of your renewal which will include one reflective account and one peer discussion
What will happen to my previous CPD records on the ‘uptodate.org’ system?

- Under new framework – only submit records for the previous year
- Records on the uptodate.org system will not be transferred to the new online portal
- Ability to print a copy of records on the uptodate.org system
- Uptodate.org system will turn off on 6th June 2018
CPD records

- Each year, pharmacists and pharmacy technicians must submit **four** CPD entries
  - At least **two** must be planned learning activities
Top tips for completing revalidation records: CPD

✓ Include a specific learning objective
✓ Make it clear how the learning is relevant to your role
✓ Explain how the learning will affect individuals using your services
✓ Describe learning activities
✓ Explain how the learning has been applied
✓ Provide examples of the benefits of the learning to service users
✓ Provide any feedback or evidence
✓ Include any next steps
Leyla’s CPD – planned

- **What are you planning to learn?**
  - *The new legislation surrounding schools obtaining adrenaline auto-injectors from 1 October 2017*
  - *This learning will ensure I am aware of who can request, the requirements of such requests, how to process and record requests and allow me to make a prompt supply to the school, in order to maintain their emergency stocks*

- **How are you planning to learn it?**
  - *I am planning to use the NPA Member News update, NPA “Adrenaline auto-injectors supply to schools: FAQs” to learn the changes to the Human Medicines Regulation 2012*

- **Give an example of how this learning has been benefited the people using your services.**
  - *This learning has allowed me to make a prompt supplies of adrenaline auto-injector stock to schools, so that if a child requires administration in an emergency there is stock available*
  - *I have been able to help schools check the stock they currently have is still within the expiry date and have advised schools on how to produce a legally valid requisition*
Leyla’s CPD – unplanned

- Describe an unplanned event or activity that enabled you to learn something new or refresh my knowledge or skills.
- Whilst dispensing a prescription for amoxicillin to a patient on regular methotrexate, an interaction flagged on the system – I was not aware of an interaction and the PMR system provided minimal information
- Using a range of resources to find out more, such as the severity of the interaction, what could be the outcome and any practical/clinical actions needed
- I used product SPCs, BNF and Stockleys to research and found that amoxicillin leads to reduced clearance of methotrexate and potential acute methotrexate toxicity
- Give an example of how has this learning benefited the people using your services.
  - I was able to discuss the interaction with the prescriber and provide advice and my opinion on how to proceed, including the options to continue with the prescription but increase monitoring to twice weekly
  - This ensured the patient would be closely monitored during treatment and any signs of toxicity would be picked up before any harm was caused
Peer discussion

• Each year, pharmacy professionals must submit one record of a peer discussion

• A peer discussion is an activity undertaken through engagement with others, involving reflection on learning and practice

• However a peer review is a learning and development activity that encourages engagement and involves an assessment of performance
Peer discussion

• Peer discussions should:
  - Be open and honest
  - Relate to activities from the past year
  - Help you reflect on your practice to help make improvements
Top tips for completing revalidation records: peer discussion

✓ Include a description of why this peer was chosen
✓ Explain how the peer discussion has helped you reflect on your practice
✓ Describe changes made to your practice as a result
✓ Provide examples of how the changes implemented have positively impacted and benefited your service users
✓ Be between 200- 400 words (but there is no minimum or maximum)
Leyla’s record – peer discussion

• Describe how this peer discussion changed your practice for the benefit of the people using your services

• *My peer discussion was undertaken with the NPA Chairman, Ian Strachan – I chose Ian as my peer as he has an insight to my work stream*

• *My peer discussion focussed on improving patient safety in community pharmacy, as part of my role as Medication Safety Officer - we also discussed examples of patient safety work I have conducted and the feedback from my peer has helped me identify areas for improvement*

• *I have shared this learning with other pharmacists in the NPA Pharmacy Team, as I now plan to delegate more roles to other teams members, where possible*

• *Overall, this will help improve future patient safety projects and therefore improve the resources and support I provide the NPA members*
Reflective account

• Each year, pharmacists and pharmacy technicians must submit one record of a reflective account

• A reflective account is an activity designed to encourage pharmacists and technicians to think about the way in which they work in relation to the GPhC standards
GPhC Standards

- Provide person-centred care
- Work in partnership with others
- Communicate effectively
- Maintain, develop and use their professional knowledge and skills
- Use professional judgement
- Behave in a professional manner
- Respect and maintain the person’s confidentiality and privacy
- Speak up when they have concerns or when things go wrong
- Demonstrate leadership
Reflective account

• The reflective account should include:

  1. A summary of you practice from the past year
  2. How one of more of the GPhC standards for pharmacists and pharmacy technicians have been met
  3. Examples of how individuals using your services have benefited
Top tips for completing revalidation records: reflective account

✓ Describe the setting of your practice and your main roles
✓ Include a description of the typical users of your service(s)
✓ Explain how you have met the GPhC standard(s) for pharmacy professionals
✓ Include examples
✓ Include any feedback or evidence
Leyla’s record – reflective account

- Provide a reflective account of how you met one or more of the Standards for Pharmacy Professionals – this particular record is ion regards to Standard 3 “communicate effectively “.

- I am the NPA Chief Pharmacist /Director of Pharmacy and manage a team of pharmacists

- My service users include; NPA members, superintendents, the NPA board and other healthcare professionals and health organisations

- Effective communication is vital in my role everyday in a wide variety of situations – such as discussing issues/advising my team and other healthcare professionals

- A good example of my ability to effectively communicate discussing the top patient safety concerns, analytics of the patient safety reports submitted to the NPA and ongoing legal cases with the other MSO at the Patient Safety Group

- We all discussed these topics and were able to communicate ideas with each other in order to then cascade the concerns to community pharmacists and in the best manner
Review of records

• All records go through an automatic checking process

• Minimum of 2.5% of registrants selected for full review

• Reviewed against set criteria
  – Core
  – Feedback

Your NPA represents, supports, protects
Review of records

• Undertaken by a pharmacy professional and lay reviewer
• May be required to submit further information to verify records
• Tailored feedback provided
• **No** feedback score
NPA resources

- Overview and FAQs
- Templates
- Examples and case studies
- Suggested reading and learning topics

NPA will aim to act as a ‘peer’ or contact point for potential peers to assist in making arrangements for a peer discussion.

Suite of supportive resources will be made available for members.
Next steps

1. Start to think about **CPD topics** – use the NPA resources for ideas

2. Begin thinking about **finding a peer** – think who would be most suitable?

3. Watch out for the new GPhC **online portal** – once it is available, become familiar with the system

4. Plan a **timeline** by which you want to have each of the six records completed by, in time for your registration renewal date – **be prepared**
FAQs
How long will it take to complete the six records and when do these need to be submitted by?

- For CPD records, approximately 4.5 hours
- For the peer discussion (including arranging the discussion and the write up) 2 to 5 hours
  - The peer discussion itself is expected to be around 30 minutes to one hour
- For the reflective account, approximately an hour
- These records must be submitted each year, at the same time registration renewal is completed
If I miss the submission deadline or I cannot complete/submit all the records, will I be able to renew my registration?

• When renewing registration, registrants must declare that you will comply with the revalidation framework
• If unable to submit some/all records - inform GPhC in advance of renewal
• Dependant on individual circumstances/reasons, may still be able to renew registration
• Without good reasons, you will enter a remediation process
How will the records submitted be reviewed and will feedback be provided?

- All submissions undergo an automatic check to ensure all records are complete
- Sample of submissions are selected for review
  - Informed if selected for review and when to expect the outcome
  - Reviewed against GPhC criteria
  - Peer contacted
  - Undertaken by pharmacy professional and lay reviewer
  - A feedback report will be provided
Who are the ‘service users’?

- Dependent on the pharmacists and pharmacy technicians area of practice
- This can include:
  - Patients
  - Patient family and carers
  - Health and non-health professional colleagues
  - Students/trainees
  - Organisations
- Include direct and indirect recipients
Who can be a peer and how do I find a peer?

- A number of examples:
  - Another pharmacist/technician
  - Another health professional
  - A non-health professional that has an insight into your role
  - Someone you work with
  - A group of individuals in a similar role

- **Not** an individual with which you have a close relationship with (such as a family member or friend)
How is a reflective account different from a CPD record?

- **Reflective account**: type of learning that focuses on how the individual meets one or more of the GPhC standard(s) for pharmacy professionals.

- **CPD entries**: type of learning that does not need to focus on the GPhC standards – but it must be relevant to the individuals practice.
What will happen to my previous CPD records on the ‘uptodate.org’ system?

• Under new framework – only submit records for the previous year
• Records on the uptodate.org system will **not** be transferred to the new online portal
• Ability to print a copy of records on the uptodate.org system
• Uptodate.org system will turn off on **30 June 2018**
Questions?
Interim quality payments scheme
Interim funding arrangements 2018/19

• Announced in March 2018

• **No** changes to the following:
  – Fees and allowances from April 2018
  – Funding levels — remain at the 2017/18 level
  – Single Activity Fee (SAF) —remains at £1.29
  – Establishments Payments
  – Pharmacy Access Scheme (PhAS) payments — pharmacies already receiving PhAS payments will continue to receive them on a monthly basis
Interim quality payments (QP) scheme 2018/19

• Further £37.5 million invested
• One review point on **29 June 2018**
• Payments claim window
  – 9am Monday 11 June 2018 to 11.59pm Friday 13 July 2018
• Remains largely the same as 2017/18, with a few amendments
• Each point worth a minimum £32 and maximum £64 (no reconciliation payment)
Interim QP scheme – gateway criteria

- **Two** changes to the gateway criteria:

1 - NHS Choices – Bank Holiday (BH) opening hours

- Now required to include BH opening hours for 2018/19 on NHS Choices profile
- Create a ‘Public holiday and other special day’ entry – refer to NHS Choices user guide
- Failure to add BH opening hours to NHS Choices profile → gateway criteria will not be met
- BH hours to be used by local NHS England teams to plan service provision
Interim QP scheme – gateway criteria

NHS Choices - Distance selling pharmacy (DSP) only:

- No longer required to complete a survey as requested for the November 2017 review point
- DSP contractors are instead requested to follow the process outlined in the NHS England guidance – to be published shortly
Interim QP scheme – gateway criteria

2 - NHS mail – shared account

- Send and receive NHSmail from the pharmacy premises shared NHSmail account
- **Relevant** members of pharmacy team must have own personal NHSmail address linked to the pharmacy’s shared NHSmail mailbox
- Using personal NHSmail accounts to send and receive NHSmail, instead of a pharmacy premises shared NHSmail account, will **not meet the gateway criterion**
Interim QP scheme – quality criteria

• **No changes** to quality criteria

• Number of quality points per criterion same as total number of points across **both** review points in 2017/18 – 100 points in total

• **Important points to note**

• **Patient safety report**
  – If claimed in 2017, new report required
  – Review and update previous report since submission in 2017
Interim QP scheme – quality criteria

• Important points to note

• Patient survey
  – If claimed in 2017, cannot reuse same results report
  – Undertake new survey, produce new report and publish on NHS Choices profile

• Summary Care Records (SCR)
  – New time periods to compare SCR access
  – Period 1 – 1 May 2017 to 26 November 2017
  – Period 2 – 4 December 2017 to Sunday 1 July 2018
Interim QP scheme – quality criteria

- Important points to note
- **NHS 111 Directory of Services (DoS)**
  - Edit/confirm accuracy of information on pharmacy’s DoS profile on **new DoS Profile Updater** – available soon
  - Complete by **11.59pm on 29 June 2018**
- **Asthma review**
  - If claimed in 2017, a new review of patients since 24 November 2017
Questions?
General Data Protection Regulation (GDPR)

Leyla Hannbeck MRPharmS, MBA, MSc, MA
NPA Chief Pharmacist and Director of Pharmacy
Current passing through UK
2017
Data Protection Bill

Applies from 25th May 2018
GDPR

General Data Protection Regulation

Data Protection Law: What is changing?

Data Protection Directive
GDPR: brief overview

- Implementation date: 25 May 2018
- Many concepts and principles similar to existing DPA
- New elements and significantly enhanced requirements
- Key changes include:
  - Updated data protection principles and scope
  - Updated conditions for processing data
  - New rules regarding consent
  - New, specific legal responsibilities for organisations processing children’s data
  - New obligations for data controllers and processors
  - New addition of the ‘accountability principle’ and the role of the ‘Data Protection Officer’
  - Greater regulation and enforcement
  - Enhanced data subject rights

Public awareness via media!!
<table>
<thead>
<tr>
<th>Data Protection Act</th>
<th>The General Data Protection Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only applicable in <strong>UK</strong></td>
<td>Applies to all <strong>EU countries</strong></td>
</tr>
<tr>
<td><strong>No requirement</strong> for a data protection officer (DPO)</td>
<td>Appointment of a <strong>data protection officer (DPO)</strong> required for certain organisations</td>
</tr>
<tr>
<td>Consent: does not necessarily require positive opt-in</td>
<td>Consent: must be specific, positively opted-in and not implied</td>
</tr>
<tr>
<td>Covers <strong>personal data and sensitive personal data</strong></td>
<td>Covers <strong>personal data and special categories of data</strong> (which includes genetic/biometric data, location data and online identifiers)</td>
</tr>
<tr>
<td>Responsibility lies predominantly with the data <strong>controller</strong></td>
<td>Responsibility lies with both the data <strong>controller</strong> and <strong>processor</strong></td>
</tr>
<tr>
<td>Comparably less accountability</td>
<td><strong>Accountability principle explicitly defined</strong></td>
</tr>
<tr>
<td><strong>Subject access requests:</strong> £10 and within 40 days</td>
<td><strong>Subject access request:</strong> free of charge and within 30 days</td>
</tr>
</tbody>
</table>
GDPR: personal data

• GDPR applies to personal data
• Personal data includes:
  – Information manually held in filing systems
  – Automated personal data
  – IP address
• ‘Special categories of personal data’
  – Similar to the concept of sensitive personal data under the current DPA
  – GDPR includes genetic/biometric data where it is processed to identify an individual
## GDPR: application

### GDPR applies to:

- All data controllers and data processors
  - A **data controller** determines how and why personal data is processed
  - A **data processor** carries out the processing on behalf of the data controller

### Exemptions to GDPR:

- Certain activities are exempt from GDPR requirements including those:
  - Covered by the Law Enforcement Directive
  - Used for national security purposes
  - Carried out by individuals purely for personal/household activities
| Purpose | 1. Data subject provides consent to the processing of their personal data for one/more specific tasks.
<table>
<thead>
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<tbody>
<tr>
<td>2. Data processing is necessary due to a contract in place or prior to an individual entering into a contract.</td>
<td></td>
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<tr>
<td>3. Data processing is necessary for compliance with a legal obligation to which the controller is subject.</td>
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<tr>
<td>4. Data processing is necessary to protect the vital interests of the data subject or another natural person.</td>
<td></td>
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<tr>
<td>5. Data processing is necessary for the performance of a task undertaken in public interest or to exercise of official authority vested in the controller.</td>
<td></td>
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<tr>
<td>6. Data processing is necessary for the controller/third party legitimate interests; except where the data subject's rights and freedoms override those interests.</td>
<td></td>
</tr>
<tr>
<td>Child – this does not apply to data processing by public authorities in the performance of their child care tasks.</td>
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</table>

**GDPR: Lawful basis for processing**
### GDPR: consent

<table>
<thead>
<tr>
<th>Must be</th>
<th>Cannot be</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given freely, be specific, informed and unambiguous</td>
<td>Assumed from the individual’s lack of action/response</td>
</tr>
<tr>
<td>Obtained by clear affirmative action</td>
<td>Through pre-ticked consent boxes</td>
</tr>
<tr>
<td>Verifiable and positively opted-in</td>
<td>Obtained by default or by using opt-out boxes</td>
</tr>
<tr>
<td>Simple/straightforward to withdraw consent</td>
<td>Part of any terms and conditions of a service</td>
</tr>
</tbody>
</table>

**Consent:**

- May not always be required – remember there are five other lawful bases permitting the processing of an individual’s personal data
- Must be obtained where another lawful basis for data processing is not applicable
GDPR: consent

The Information Commissioner’s Office (ICO) recommendations:

• Regularly review and update consent and associated procedures (as necessary)
  – There is **no** set time limit/expiry date for consent validity

• Keep records of evidence
  – Including the name of individual providing consent, how consent was provided and date/purpose for consent
GDPR: individual rights

- The rights of individuals under the GDPR are similar to those under the DPA; however, there are notable enhancements.
- The GDPR provides eight rights for individuals.
- Not all of the rights are absolute – some rights are only applicable in certain circumstances.
- When responding to an individual’s request to exercise their individual right, organisations must comply within a definitive time frame.
**GDPR: individual rights**

1. The right to be **informed**
2. The right of **access**
3. The right to **rectification**
4. The right to **erasure**
5. The right to **restrict processing**
6. The right to **data portability**
7. The right to **object**
8. Rights in relation to **automated** decision making including profiling
Individual rights: right to be informed

- Organisations must provide “fair processing information”
- Fair processing information is usually presented in the form of a privacy notice
- Privacy notice must be concise, transparent, intelligible, and use clear and plain language
Individual rights: right to rectification

- An individual is able to request rectification if personal data is:
  1. Inaccurate
  2. Incomplete

- Third party notification is required (in certain circumstances)
Individual rights: right to erasure

A request to erase an individual’s personal data can be rejected by an organisation, if at least one of the following applies:

- When exercising the right of **freedom of expression and information**
- Complying with a **legal obligation** for the performance of a public interest task or exercise of official authority
- If in the **public’s interest**, for public health purposes where “processing is necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care treatment or the management of health or social care systems and services”
- If the data is required for **archiving purposes** which is in the interest of the public, for historic/scientific research, or statistical purposes
- Establishment, exercise or defence of **legal claims**
Individual rights: right to restrict processing

- Individuals can request for processing of their personal data to be **blocked**
- Organisations are permitted to store the individual’s personal data, however, they are **not able to further process** it
- Individuals have the right to restrict processing of personal data only in **specific situations**
GDPR: complying with an individual’s request to exercise their right

- Take reasonable steps to **verify the identity** of the individual
- Comply without undue delay and within **specified time frames**
- Organisations must provide the information **electronically**, where possible
- Provide the information **free of charge**
GDPR: implications

- Organisations are obliged to demonstrate **compliance** – the “**accountability principle**”
- Healthcare sector (incorporating community pharmacy) is at **high risk** due to the day-to-day processing of “**special categories of personal data**”
- **Fines** can be imposed on organisations who are in breach of GDPR
GDPR: data breaches

- A personal data breach means a breach of security leading to the destruction, loss, alteration, unauthorised disclosure of, or access to personal data.
- Organisations must report certain data breaches to the ICO:
  - Breaches must be reported within 72 hours.
  - Fine dependent on infringement; up to either:
    - €10 million or 2% of the organisation’s global turnover.
    - €20 million or 4% of the organisation’s global turnover.
- In some cases, the organisation must contact the affected individual(s), NHS England, regulatory body or police.
GDPR: data breaches

- A personal data breach includes:
  - Loss/theft of personal data
  - Sending personal data (such as medicines with patient name/address) to an incorrect recipient
  - Altering patient information without consent
  - Unauthorised individuals accessing patient information from a PMR

- An affected individual **does not** need to be informed if:
  - Appropriate organisational and technical protection measures have been applied
  - The breach is not highly likely to risk an individual’s freedom and rights
  - Notification would involve disproportionate effort
GDPR: how to prepare

- **Raise awareness** within your organisation of the forthcoming changes, especially with key decision makers.
- Ensure individuals familiarise themselves with, and are aware of, the **six lawful bases for processing personal data** under the GDPR.
- **Identify** your organisation’s lawful basis for processing personal data.
- Look into appointment of a **DPO**
Relevant records and documentations

- Records of processing
- Records of consent
- Privacy notice
- Location of personal data within your organisation
- Contracts between data controllers and data processors where applicable
- Records of data breaches
What is the difference between a data controller and data processor?

- A **data controller** determines how and why personal data is processed. Under the GDPR, the pharmacy organisation is a data controller.

- A **data processor** carries out processing on behalf of the data controller. All individuals within a pharmacy organisation are acting as data controllers and not data processors.
What is the fine imposed on an organisation if they fail to comply with the GDPR requirements?

The fine is determined by the type of infringement.

The GDPR have outlined the following fine structure:

- A fine up to **€10million or 2 per cent** of the organisation’s global turnover (whichever is higher) for infringements including those relating to the failure to notify the ICO of a data breach and the failure to follow data controller or processor obligations.

- A fine of up to **€20million or 4 per cent** of the organisation’s global turnover (whichever is higher) for infringements including those relating to non-compliance of orders from the ICO, failure to follow the basic principles for processing including consent, and individual rights.
Can asking a patient/representative to confirm the address verbally when handing out dispensed prescription items be seen as a data breach if others can hear this?

- Yes

- Ensure **SOPs** consider patient confidentiality, not just to comply with the GDPR, but also to abide by the professional standards set by the GPhC and the Pharmaceutical Society of Northern Ireland (PSNI)

- Consider displaying a patient notice
Is consent always required when processing personal data in a pharmacy?

- Consent is one of the six **lawful bases**
- Consent **must** be obtained where no other lawful basis for processing personal data is applicable.
- As there are five other lawful bases to process personal data, consent may not always be required from an individual.
Do all pharmacies need a Data Protection Officer (DPO)?

- Yes.
- All pharmacies process personal health data and under the GDPR, a data protection officer (DPO) is required if an organisation carries out ‘large scale processing of special categories of data’.
The General Data Protection Regulation and associated legislation

Part 1: Guidance for Community Pharmacy

Version 1: 25th March 2018
The General Data Protection Regulation and associated legislation

Part 2: Guidance for Community Pharmacy (shorter version)

Version 1: 25th March 2018
The General Data Protection Regulation and associated legislation

Part 3: Workbook for Community Pharmacy

Version 1: 25th March 2018

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Template C: Think about and record the personal data you process;
Assure your lawful basis for processing

Activity: Receipt, dispensing and submission of NHS paper and electronic prescriptions, including, for example, repeatable prescriptions and related tokens and manual unstructured files of prescriptions.

<table>
<thead>
<tr>
<th>Pharmacy status</th>
<th>Data Controller</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data subjects and personal data</td>
<td>Personal data such as patient name, address, contact details, medicines and relevant health data.</td>
</tr>
<tr>
<td>Purpose</td>
<td>Care of the patient, pharmacy payment and NHS management.</td>
</tr>
<tr>
<td>Lawful basis for processing personal data</td>
<td>Article 6(1)(e) of the GDPR. Necessary for the performance of a task in the public interest.</td>
</tr>
<tr>
<td>Special category of personal data</td>
<td>Yes, data concerning health (this could include information on a disability). The data may also be another special category of personal data.</td>
</tr>
<tr>
<td>Basis for processing special category of data</td>
<td>Article 9(2)(h) of the GDPR (including the Data Protection Act). 'The provision of health care or treatment' or the management of health care systems or services or social care systems or services 'necessary for reasons of public health in the area of public health'.</td>
</tr>
<tr>
<td>How is data collected?</td>
<td>The patient, or patient's representative, a prescription, healthcare professional, or the SCR record, as appropriate.</td>
</tr>
<tr>
<td>How is data stored?</td>
<td>Primarily the PMR system, but also email or equivalent (if no consider security), CD or Special registers, as relevant and necessary. Manual unstructured files stored in pharmacy.</td>
</tr>
<tr>
<td>To whom do you provide the data (recipients) (including processors)</td>
<td>GP practices, NHS Business Services Authority and others in the NHS (e.g. hospitals or admission), and only relevant information to those external to the NHS who negotiate and check our payments; relevant information to NHS organisations and others such as the GPhC for compliance and enforcement purposes. Processors: Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

Date confirmed that this applies to your pharmacy Click or tap here to enter text.

Template C continued

Activity: Advanced services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), the NHS Urgent Medicine Supply Advanced Service (NUMSAS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC) and the Flu Vaccination Service. Add or remove services as appropriate.

<table>
<thead>
<tr>
<th>Pharmacy status</th>
<th>Data Controller</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data subjects and personal data</td>
<td>Personal data such as patient name, address, contact details, medicines and relevant health data.</td>
</tr>
<tr>
<td>Purpose</td>
<td>Care of the patient, pharmacy payment and NHS management.</td>
</tr>
<tr>
<td>Lawful basis for processing personal data</td>
<td>Article 6(1)(e) of the GDPR. Necessary for the performance of a task in the public interest.</td>
</tr>
<tr>
<td>Special category of personal data</td>
<td>Yes, data concerning health (this could include information on a disability). The data may also be another special category of personal data.</td>
</tr>
<tr>
<td>Basis for processing special category of data</td>
<td>Article 9(2)(h) of the GDPR (including the Data Protection Act). 'The provision of health care or treatment' or the management of health care systems or services or social care systems or services 'necessary for reasons of public health in the area of public health'.</td>
</tr>
<tr>
<td>How is data collected?</td>
<td>The patient, or patient's representative, a prescription, another healthcare professional, the SCR record, as appropriate.</td>
</tr>
<tr>
<td>How is data stored?</td>
<td>Hard copy or electronic (PMR system) records, and hard copy consent forms as appropriate.</td>
</tr>
<tr>
<td>How long is data stored?</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>To whom do you provide the data (recipients) (including processors)</td>
<td>GP practices, NHS Business Services Authority and others in the NHS (e.g. hospitals or admission), and only relevant information to those external to the NHS who negotiate and check our payments; relevant information to NHS organisations and others such as the GPhC for compliance and enforcement purposes. Processors: Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

Date confirmed that this applies to your pharmacy Click or tap here to enter text.
GDPR and associated legislation
Guidance for Community Pharmacy

Template G: Tell people about your processes: the Privacy Notice

When you collect personal data from a data subject you must provide the data subject with relevant information: the Privacy Notice. This should be available on the pharmacy premises, for example, in a poster or the practice leaflet, and, if appropriate, on the pharmacy website; and you should draw the attention of new customers to the Privacy Notice. Draft shorter and longer forms of notice as follows.

[Privacy and address] PHARMACY PRIVACY NOTICE

We process your personal data, which includes your name, contact details, prescription medicines and data from other pharmacy and health care services we provide to you (including, for example, pharmacy medicines, medicine use reviews, flu vaccinations and stop smoking services) for the purposes of:

Your care – providing pharmacy services and care to you and, as appropriate, sharing your information with your GP and others in the wider NHS.

Our payments – sharing your information with the NHS Business Services Authority, others in the wider NHS, and sometimes Local Authorities, and only limited information to those external to the NHS who negotiate and check the accuracy of our payments; and,

Management – sharing only limited information with the NHS Business Services Authority and others in the wider NHS, and sometimes Local Authorities; as well as those external to the NHS who ensure we maintain appropriate professional and service standards and that your declarations and ours are accurate.

We hold your information for as long as advised by the NHS. You have a right to a copy of the information we hold about you, generally without charge. You may seek to correct any inaccurate information.

We process your personal data in the performance of a task in the public interest, for the provision of healthcare and treatment and the management of healthcare systems. A pharmacist is responsible for the confidentiality of your information. You may object to us holding your information. You may also lodge a complaint with the Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Please ask if you want more information. [You may choose to opt out of the NHS using your data for planning and research purposes – please ask for details.]

[Our Data Protection Officer is [name and contact details]]

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Our pharmacists and their staff are members of your local healthcare team.

They aim to provide you with the highest quality of healthcare. To do this they need to keep records about you, your health and the care we have provided or plan to provide to you.

We know that you value your privacy and the security of personal information held about you.

Information recorded

As part of providing a professional, safe and efficient service, there is certain information that we record. This includes details of drugs and appliances dispensed against NHS prescriptions as well as significant advice given, and referrals made to other health professionals and any other relevant information.

Processing Information

We process your personal data, which includes information from your prescriptions and any other pharmacy and health care services we provide to you (including medicines use reviews, flu vaccinations, stop smoking services etc.) for the purpose of:

[Additional information/ more detail may need to be added]
Template 1: Consider personal data breaches

[Blank fields: Name of Pharmacy, Information Security Incident Management Procedures]

Information security incidents are any event that has resulted or could have resulted in the disclosure of confidential information to an unauthorised individual. The integrity of the system or data put at risk or the availability of the information (through the system being put at risk). Incidents may include theft, misuse or loss of equipment containing confidential information or other incidents that could lead to unauthorised access to data.

Personal data breaches means a breach of security leading to the accidental or unauthorised destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

1. Procedures for dealing with various types of incident

All staff should report any suspicious incidents to [C/o or tap here to enter text] (See details e.g. the pharmacist is in charge of the OOH).

Incidents should always be investigated immediately whilst there is still the possibility of collecting as much evidence as possible. Investigations should normally be coordinated between [C/o or tap here to enter text] and [C/o or tap here to enter text]. On rare occasions the pharmacist in charge of the OOH will have to investigate.

The following procedures should be followed for particular personal data breaches:

A) Theft of equipment holding confidential information and unauthorised access to systems with unsecured confidential information:
   - Check the asset register to find out which equipment is missing.
   - Investigate whether there has been a legitimate reason for removal of the equipment (such as repair or working away from the usual desk).
   - If the cause is external inform the police and ask them to investigate.

B) Access by patient records by an authorised user who has no work requirement to access the record:
   - Interview the patient/family to establish whether access was necessary and recorded.
   - Investigate whether the access was for any particular purpose and whether the appropriate action was taken.

C) Inadequate disposal of confidential material (e.g. PC hard drive, disks/flash):
   - Investigate how the data was to be disposed of and whether it was done so.
   - Investigate whether the appropriate action was taken to prevent the data from being accessed.

D) Procedure for dealing with complaints about patient confidentiality by a member of the public or patient or member of staff:
   - Interview the patient/family to establish the reason for the complaint. (Note: any complaint by a patient in relation to his data must be investigated and handled in accordance with the Terms of Service.)
   - Investigate according to the information given by the complainer and take appropriate action.

E) Loss of data in transit e.g. when posting PAR forms to the GP surgery or sending prescriptions to NHS Prescription Services:
   - Investigate, as far as possible what has gone missing and where.
   - Take appropriate action to prevent further occurrences (e.g. use of the envelope correctly addressed, ensuring safer arrangements could be introduced).

2. Procedures for recording incidents

A record of all incidents, including near misses, should be made by completing a copy of the information security incident report form (section 3 below).
Welcome
This staff training manual has been produced by the NPA Pharmacy team to enable members of the pharmacy organisation gain an adequate understanding of the upcoming General Data Protection Regulation (GDPR).

The GDPR aims to standardise and simplify data protection rules and strengthen individuals' rights in relation to their personal data.

A fundamental requirement for GDPR implementation is staff awareness. Pharmacy staff must have an understanding about the GDPR, its principles, and the roles, responsibilities, and processes of organisations.

How to use this training manual
This training manual will help you understand the basis of the new regulation, and more importantly, provide you with information to help ensure compliance with the GDPR.

This training manual has been divided into the following four sections:
1. Introduction and background
2. Overview of the GDPR
3. Changes under the GDPR
4. Application of the GDPR

This training is expected to take 90 minutes to complete. It is recommended that you work through the training manual in the order presented.

Once you have worked through the training manual, you will be given a short multiple-choice question (MCQ) assessment for you to complete to demonstrate your understanding of the GDPR.

After completing this training manual and associated MCQ assessment, it is recommended that you seek guidance from your employer, superintendent pharmacist or the person dealing with data protection within the pharmacy, to familiarise yourself with any additional policies and procedures which may be applicable to the pharmacy organisation.
GDPR: Other NPA support

Current NPA support resources available to members

• Brief overview of GDPR
• Consent – brief overview
• Individual rights – brief overview

Future NPA resources

• Lawful basis of processing – brief overview
• Records of processing activities – brief overview including data flow template
• Data breaches – brief overview
• Training manual for pharmacy support staff

NPA Pharmacy team

• NPA members can contact the Pharmacy team on 01727 891 800 for further information and guidance