

SOMERSET INFORMATION SHARING PROTOCOL

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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1.0	10 August 2010	Revised version, house styled
1.1	20 September	Further amendments, EIA awaited
1.2	11 October 2010	EIA included
1.3	25 October 2010	Further amendments and Patient Leaflet appended to the document
1.4	4 November 2010	Amendments from the Information Governance Committee
1.5	14 December 2010	Amendments from the Local Medical Committee
1.6	24 January 2011	Appendix 2 added: BF ECH Information Sharing Protocol
1.7	4 May 2011	Recommendation from Information Governance, Records Management and Caldicott Committee Appendix 3 added : Sharing and Storing of Primary Care Information
1.7	7 June 2011	Further amendments from LMC incorporated
1.8	March 2012	Incorporation of signed Declaration of Acceptance sheets
1.9	20.6.12	Final amendments
1.10	March 2014	Review with all stakeholders.
1.11	April 2014	Further amended by Director of Quality and Patient Safety
1.12	July 2014	Further amendments following comments from Somerset County Council Information Governance Manager and South West Commissioning Support Unit Head of Information Governance

1.13	21 July 2014	IGRMCC approved Information Sharing Protocol subject to following amendments: <ul style="list-style-type: none"> • Front cover to include CCG logo and correct title of the IGRMCC and author's title • Updated contents and version control pages • Marie Stopes and British Pregnancy Advisory Service to be included on the EIA and Section 2.2 • Reference to Shepton Mallet NHS Treatment Centre to be replaced with 'Care UK' on the EIA, Section 2.2 and Appendix 4 • Reference to NHS Commissioning Board to be replaced with 'NHS England Area Team'
1.14	29 July 2014	The Governance Committee made two amendments to the ISP: <ul style="list-style-type: none"> • Wording in sections 9.4 and 9.6 • To include South West Ambulance Service NHS Foundation Trust throughout the body of the ISP
2.0	13 August 2015	Policy approved 21 July 2014 – front sheet updated, Appendix headers added, and document reference added.
Sponsoring Director:		Lucy Watson, Director of Quality, Safety and Governance
Author(s):		Lucy Watson, Director of Quality, Safety and Governance
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CONFIRMATION OF EQUALITY IMPACT ASSESSMENT FOR NHS SOMERSET CLINICAL COMMISSIONING GROUP DOCUMENTS/POLICIES/STRATEGIES AND SERVICE REVIEWS

Main aim of the document:

To provide an overarching framework for the sharing of personal information about service users within and between the following organisations:

- Taunton & Somerset NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust
- Somerset Clinical Commissioning Group
- Somerset Partnership NHS Foundation Trust
- Care UK
- Turning Point
- St Margaret's Somerset Hospice
- Children's Hospice South West
- Independent Contractors for General Practice, Dentistry, Optometry and Pharmacy
- BUPA Home Healthcare
- BBraun
- Somerset County Council
- Way Ahead
- Somerset Care
- Royal United Hospital Bath
- NHS England, Bristol, North Somerset, Somerset and South Gloucestershire and Area Team
- South West Commissioning Support
- Weston Area NHS Health Trust
- Nuffield Hospital
- Circle Bath
- Spire Bristol
- BMI Healthcare
- Marie Stopes
- British Pregnancy Advisory Service
- South West Ambulance Service NHS Foundation Trust

Outcome of the Equality Impact Assessment Process:

There is a neutral impact on individuals as a result of the equality impact assessment process.

Individuals and/or their carers can trust the agencies involved with their care to keep information confidential and their privacy protected.

If relevant, outcome of the full impact assessment:

Not applicable

Actions taken and planned as a result of the equality impact assessment, with details of action plan with timescales/review dates as applicable:

Caldicott and Confidentiality issues are reviewed quarterly at the NHS Somerset Information Governance Committee.
All providers of NHS Services who are party to this protocol are required to monitor implementation in their organisation.

Groups/individuals consulted with as part of the impact assessment:

- Taunton and Somerset NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust
- Somerset Clinical Commissioning Group
- Somerset Partnership NHS Foundation Trust
- Care UK
- Independent Contractors for General Practice, Dentistry, Optometry and Pharmacy
- BUPA Home Healthcare
- BBraun
- Somerset County Council
- Royal United Hospital Bath
- NHS England, Bristol, North Somerset, Somerset and South Gloucestershire and Area Team
- South West Commissioning Support
- Weston Area NHS Health Trust
- Nuffield Hospital
- Circle Bath
- Spire Bristol
- BMI Healthcare
- Marie Stopes
- British Pregnancy Advisory Service
- South West Ambulance Service NHS Foundation Trust

SOMERSET INFORMATION SHARING PROTOCOL

1 INTRODUCTION

- 1.1 This protocol sets key principles and standards for sharing personal data and information in any form including verbal, paper, electronic, audio and visual, in order to establish a framework for sharing of information across the health and social care community for the benefit of patients & clients. This will ensure there is high level governance for all participating agencies to refer to when establishing information sharing protocols for specific initiatives and activities..
- 1.2 Organisations are invited to adopt these principles and standards as their baseline approach to sharing patient information. The aim is to promote a consistent approach to the sharing of information that will benefit individuals and services whilst protecting the people that information is about. It has been developed from a core 'sharing agreement' used across the Avon, Gloucester and Wiltshire area since 2003.

2 SHARING INFORMATION WITHIN THE LEGAL ACTIVITIES OF ORGANISATIONS

- 2.1 Sharing patient information must always be within the legitimate activities undertaken by an organisation in providing a service to the public, set out in their legal powers (intra vires). Below is a table of general purposes for which such patient information can be legally shared by most organisations. If a purpose is not listed it does not mean that information cannot be shared. 'Second level' sharing protocols should add relevant detail of the legal powers organisations have to undertake activities that require sharing of information:

Overall Purpose(s)	Initial Justification (DPA based)	Initial Level of Identity
Delivering routine care and treatment across agencies (includes shared assessments, such as CAF, Single Point of Access etc)	Consent of the individual. Between healthcare providers this can be implicit; with external agencies it should be explicit.	Identifiable data generally required
Delivering care and treatment across agencies where the failure to do so effectively carries significant risk of avoidable substantial harm to individual(s)	If gaining consent would delay or put individuals at increased risk, information can be shared on the basis of 'vital interests' of the individual(s).	Identifiable data generally required
Prevention & detection of crime and the apprehension and prosecution of offenders, including terrorism	Consent is the starting point unless agreed by parties that informing and consenting may be reasonably expected to prejudice the situation. In certain circumstances a legal duty may apply such as terrorism cases and road traffic incidents.	Identifiable data generally required

Where emotional, physical, sexual, psychological, financial, material or discriminatory abuse/neglect is suspected, a crime committed or regulations breached.	In situations relating to children, many organisations have a legal duty to co-operate, which is generally interpreted as a duty to share relevant information. For adults there is not the same legal basis at present, so consent is the starting point, however consideration should be given to sharing in the 'vital interests'	Identifiable data generally required
Assuring and improving the quality of care / treatment	Where sharing is between agencies involved in healthcare, then this can be based on implied consent and legitimate management of healthcare services. For specific cases explicit consent should be sought unless there is an agreed reason not to.	Identity should be removed entirely or reduced to an absolute minimum
Managing and planning services. Monitoring and protecting public health. Contracting for services	If any identifiers are present in the information where sharing is between agencies involved in healthcare, then this can be based on implied consent and legitimate management of healthcare services	Identity should be removed entirely or reduced to an absolute minimum

2.2

This protocol provides an overarching framework for the sharing of personal information about service users within and between the following organisations:

- NHS England Area Team
- Taunton and Somerset NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust
- Somerset Clinical Commissioning Group
- Somerset Partnership NHS Foundation Trust
- Care UK
- Turning Point
- St Margaret's Somerset Hospice
- Children's Hospice South West
- Independent Contractors for General Practice, Dentistry, Optometry and Pharmacy
- BUPA Home Healthcare
- BBraun
- Somerset County Council (Compact Agreement)
- Royal United Hospital Bath
- Dorothy House Hospice
- NHS England, Bristol, North Somerset, Somerset and South Gloucestershire and Area Team
- South West Commissioning Support
- Weston Area NHS Health Trust
- Nuffield Hospital
- Circle Bath

- Spire Bristol
- BMI Healthcare
- Marie Stopes
- British Pregnancy Advisory Service
- South West Ambulance Service NHS Foundation Trust

2.3 Whilst it is vital for proper care of the individual that partners in that care are able to share information, it is also important that individuals and/or their carers can trust the agencies involved with that care to keep information confidential and their privacy protected.

2.4 The decision about whether or not it is appropriate to share patient information with another organisation or agency rests with the clinician responsible for the patient's care.

3 POLICIES AND GUIDANCE

3.1 This Information Sharing Protocol should be read in conjunction with the following NHS Trust and Department of Health policies:

- Consent Policy
- Caldicott Reviews (1997 & 2013)
- Information Governance Policy
- Information Governance Toolkit
- NHS Constitution
- Relevant Professional Codes of Conduct
- Information Commissioners Office Data Sharing Code of Practice 2011
- Memorandum of Agreement with the Police, Information Sharing Protocol, Safeguarding Adults Sharing Protocol
- Department for Education – *Information Sharing for practitioners and managers* (Oct 2008)

4 PURPOSE

4.1 In accordance with the requirements of law and 'best practice' guidance, this protocol provides a formal agreement between agencies to share information to safeguard and promote the well-being of our service users, wherever they reside, whilst recognising our duty of confidentiality and the right to privacy in respect of their personal information.

4.2 This protocol needs to be set alongside other documents within Somerset, which address the sharing of information between agencies for specific objectives.

4.3 The principles within this protocol should underpin any additional service specific protocols, formal guidance and agreements that are felt to be necessary for the provision of services. The content of such documents will need to reflect their specific purpose but the overall content (i.e. areas covered) must not be diminished.

5 SIGNATORIES

- 5.1 It is intended that this protocol will be approved by the Caldicott Guardian and Information Governance Manager and signed by Chief Executive from each organisation and such representatives will endorse the whole of this protocol and abide by it.

6 LEGAL FRAMEWORK

Organisational compliance statement

- 6.1 All organisations are aware of the Acts of Parliament and other guidance. This Protocol recognises that we must comply with the following legislation and directives: (this list is not exhaustive and is subject to change)

- Access to Medical Reports Act 1988
- Caldicott Committee Report 1997
- Caldicott 2 Report 2013
- Carers (Recognition and Services) Act 1995
- Children Act 1989
- Children Act 2004 (Safeguarding Children)
- Children's and Families Act 2014
- Computer Misuse Act 1990
- Crime and Disorder Act 1998
- Data Protection Act 1998
- Family Law Reform Act 1969
- Freedom of Information Act 2000
- NHS Act 2006
- Human Rights Act 1998
- Mental Health Act 2006
- Mental Capacity Act 2005
- NHS and Community Care Act 1990
- Confidentiality: NHS Code of Practice
- Patient Care Record Guarantee
- DFE Information Sharing for practitioners & managers 2008 (incorporating Every Child Matters and No Secrets)

- 6.2 There will be transparency in the process of information sharing both within and between agencies and with service users.

- 6.3 The 'informed consent' of service users is required in order to share or seek personal information (other than in those exceptional circumstances prescribed by law). 'Informed consent' means that an explanation needs to be given to service users as to why information is being sought or shared, with whom and to what purpose.

- 6.4 All organisations are required by the Data Protection Act 1998, to ensure that an explanation has been given to their service users as to why information is being sought or shared, with whom and for what purpose.

6.5 Based on this explanation, service users have the right to withhold, comply or specify limitations as to the sharing and use of their information.

6.6 Where there is evidence that a person does not have the capacity to give informed consent, it is good practice to involve relatives and other significant adults with senior professionals in the decision making process where this will not lead to distress for the individual. Consideration also needs to be given to any assessments under the Mental Capacity Act 2005, and involvement of any independent mental capacity advocate or any lasting powers of attorney (health and welfare)

6.7 **Data Protection Principles (Data Protection Act 1998)**

- personal data shall be processed fairly and lawfully
- personal data shall be obtained for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed
- personal data shall be accurate and, where necessary, kept up to date.
- personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes
- personal data shall be processed in accordance with the rights of data subjects under this Act
- appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data
- personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data

6.8 **Caldicott Principles**

- always justify the purpose(s) for using confidential information
- only use confidential information when it is absolutely necessary
- only use the minimum that is required
- give access on a strict 'need to know' basis
- ensure that everyone knows his or her responsibilities
- ensure that everyone understands and complies with the law
- the duty to share information can be as important as the duty to protect it

6.9 Information shared will be adequate, relevant and not excessive to fulfill the purpose. Evidence within each organisation's care records will confirm that information has been shared in line with the principles contained within the Data Protection Act and Caldicott Report.

7 **PSEUDONYMISATION**

7.1 Patient identifiable data will not be shared unless absolutely required by the request and legally justified; in that case the information will have to be sent to a

person named in the organisation's safe haven arrangements agreed with the Caldicott Guardian.

7.2 If patient identifiable data is not required by the request then pseudonymised patient data must be sent, enabling individual patients to be separated but not identified. Fields that should be pseudonymised include:

- name
- address
- date of birth (can be replaced by age in years)
- NHS Number
- ethnic category (not supplied unless relevant to purpose of analysis)
- local patient identifier
- hospital spell number
- payment by results spell ID
- patient pathway identifier
- unique booking reference numbers
- date of death (truncated to year and month)

7.3 Where information relating to ages of individuals is required, consideration will be given to using age brackets. If age bracket are not appropriate, the smallest amount of data on the date of birth will be used that will satisfy the purpose. Often the year of birth will suffice.

7.4 Where a purpose requires information on addresses of individuals, a part postcode will be used, unless more accurate location information is required. However, full postcodes can only be used where the data extract does not contain small numbers.

7.5 Any extraction of data that includes potentially identifying information and especially where the extraction features small numbers of cases (counts of less than five records), should be referred to the Data Protection leads of the organisation concerned to ensure, that the data in either raw or combined state does not identify individuals, or if identification is at all possible, that compliance with Data Protection principles is in place.

7.6 Where there is debate between sharing partners about pseudonymisation or anonymisation, reference will be made to the Anonymisation Code of Practice set out by the Information Commissioners' office.
(http://ico.org.uk/for_organisations/data_protection/topic_guides/anonymisation)

7.7 Reference may also be needed to regulations controlling the use of patient confidential data between healthcare providers and commissioners. Unless a CCG is established as an 'accredited safe haven' (ASH), then patient confidential data cannot be received by the organisation, without a robust legal justification such as consent.

8 REASONS FOR SHARING INFORMATION

8.1 The reasons for sharing patient information may include:

- delivery of effective personal care, treatment and advice
- assuring and improving the quality of care, treatment and advice
- safeguarding children and vulnerable adults from harm
- monitoring and protecting public health, safety and well being
- risk management
- avoiding duplication of information gathering
- managing and integrating the planning of services
- contracting and commissioning the provision of services
- auditing of accounts, care and performance
- investigating complaints or actual/potential legal claims
- teaching/staff development
- statistical analysis
- research (ref Section 16)

Sharing clearly identifiable data

8.2 Sharing of personal/sensitive information must be done 'fairly' and 'lawfully'. The legal basis for sharing is set out in the Data Protection Act (1998), common law duty of confidentiality and the Human Rights Act (1998). In simple terms 'lawful' sharing requires consent from the individual, unless there is:

- a legal duty to share information set out in specific legislation, such as the Children Act (1989, 2004), Road Traffic Act (1988) and others
- a legal power to share information where sharing without consent can be justified by a robust public interest, or in the vital interests of an individual (as illustrated in the No Secrets initiative for vulnerable adults)

8.3 Legal duties, robust public interests and vital interests are related to conditions in the Data Protection Act (1998) and are recognized practice in the common law of confidentiality.

8.4 In addition, sharing must be 'fair' by ensuring the subject is aware of what is being shared and for what purpose. Only in situations where informing the subject is likely to cause them or other significant harm/distress, or prejudice actions or outcomes of a situation, can this principle be set aside.

Second Level Sharing Protocols

8.5 'Second Level' sharing protocols for the sharing of patient confidential data for specific activities, developed in relation to these core principles, will detail how information is to be shared 'fairly and lawfully' by consideration of each of the following options, documenting and justifying the approach to be taken:

- use of explicit consent. This will be the default approach unless it is not legally required and is judged by all parties involved to be clearly impractical. *(It is legally required for sharing sensitive information where no other condition in schedule 3 of the Data Protection Act (1998) such as 'medical purposes', 'vital interests' or 'legal duty', can be applied)*
- use of implied consent, where explicit consent is not being used and the subject is fully informed of the activity and has raised not objections

- reference to specific legislation which sets a duty to share, related to the purposes covered by the specific protocol
- reference to specific legal powers relevant to the purposes for sharing, including consistent approaches to justify public or vital interests to sharing without consent

8.6 'Second Level' sharing protocols will detail processes for informing subjects about what is being shared and why. The default position is that subjects will be 'actively' informed if the sharing is deemed to be potentially unexpected or objectionable. 'Passive' informing can be used where the activity is reasonably expected and not objectionable. If necessary in specific situations, second level protocols will include potential justifications for not informing subjects. These must be related to appropriate provisions in the Data Protection Act (1998) such as 'Crime & Disorder exemptions' (Section 29(3)) and 'Statutory Instrument/modification orders 'where allowing access would be likely to cause serious harm to the physical or mental health or condition of the subject or any other person'.

8.7 Note – The Data Protection Act does not apply to information on deceased individuals but general principles of common law, confidentiality and Human Rights should still be applied.

8.8 Current second level sharing protocols include:

- NHS Somerset, Avon Information Management and Technology Consortium (AIMTC) and Somerset Clinical Commissioning Group
- Somerset Partnership NHS Foundation Trust, Somerset Clinical Commissioning Group, Somerset Health Informatics
- Somerset Partnership Intelligence Unit and NHS Somerset Information and Performance Team
- Graphnet
- Bridgwater Federation of General Practices Enhanced Care Hub (ECH)
- NHS Somerset and Somerset County Council's Children and Young People's Directorate

Sharing data for planning, developing services that includes some identity factors

8.9 Information is classed as 'personal' and subject to the Data Protection Act if it relates to a living individual who can be identified from that data, or from other information, which is in the possession of, or is likely to come into the possession of the data controllers.

8.10 Any second level sharing protocol sharing statistical information for planning purposes should not include any identifying information such as name, identity number, date of birth, and addresses without clearly documented justification for each item of data in the protocol. Such justifications must be based on the requirements of the 'Guide to confidentiality in Health & Social Care' (HSCIC Sept 2008) and the recommendations of the Caldicott review (2013 – Information to share or not to share?).

9 INFORMED CONSENT

- 9.1 The consent of the service user to share their personal information is necessary in all but the most exceptional circumstances, e.g. incapacity (an assessment of such must take place using the Mental Capacity Act 2005 to determine if this is the case) or safeguarding and that such consent will be sought from the service user in the event of such information being required.
- 9.2 Information sharing between statutory/partner organisations directly involved in a service user's care, and for the purpose of providing that care, is essential to good practice. General consent from the service user for such information sharing of this sort, or agreed restrictions on such, should be recorded following a discussion with the service user and the provision of written information supporting this. This may be undertaken through the provision of a patient leaflet at the start of an episode of care or on registration of a patient with General Practice. A sample leaflet is attached at Appendix 1. Organisations and independent contractors may choose to include this information in their own patient/ practice leaflet.
- 9.3 When there may be a need to share information with an outside organisation, e.g. Court/Police/Private or Voluntary Sector providers, in order to gain informed consent (either documented verbal consent or written consent), the Data Protection Act 1998 is clear that an explanation should be given to the service user about:
- the purpose of approaching other individuals or agencies
 - the reason for disclosure of information
 - details of the individuals or agencies being contacted
 - what information will be sought or shared
 - why the information is important
 - what is hoped will be achieved
- 9.4 In relation to children (in law, those under the age of 18 years), parental consent should generally be sought to share information, noting the exemptions in 9.5 and 9.6 below. 'Any person with "Parental Responsibility" acting alone can give this consent, as opposed to all those with "Parental Responsibility" needing to be approached (Section 2(7), The Children Act 1989).
- 9.5 The exceptions to this are when contact with the person with 'Parental Responsibility' would jeopardise the safety of the child or it is counter to the reasonable wishes of the child (see 9.6).
- 9.6 Children are entitled to the same duty of confidentiality as adults, providing that those under 16 have the ability to understand their choices and the consequences in relation to information being shared. Their confidentiality cannot be overridden without compelling justification (see below).

10 CONSENT WITHHELD

10.1 If an individual wants identifiable information withheld from a person or from an organisation, the individual's wishes must be respected, unless there are exceptional circumstances or unless there is a public interest that requires disclosure as specified within the Data Protection Act 1998. Every effort must be made to explain to the individual the consequences of their choice, but the final decision rests with the individual.

11 DISCLOSURE OF INFORMATION – WITHOUT CONSENT

11.1 Whilst all reasonable measures should be taken to gain consent, the Data Protection Act 1998 allows for the disclosure of personal information without consent of the service user in exceptional circumstances. These are:

- where there is concern about the risk of significant harm (including serious self-harm) to an individual, and information needs to be sought or shared in order to protect that individual or others in society, for example in safeguarding situations
- for the detection and prevention of serious crime
- where the court, under witness summons, has ordered that information should be disclosed

11.2 Disclosure without consent, however, needs to be justifiable, and the reasons recorded by professionals in each case. Sharing information without consent should be appropriate for the purpose and only to the extent necessary to achieve that purpose. These situations are often complex and may require the involvement of Senior Officers and/or legal advice to ensure that appropriate action is taken.

12 DECEASED INDIVIDUALS

12.1 Information about deceased individuals will be treated as confidential, subject to the prevailing legislation concerning its use and disclosure, e.g. Access to Health Records Act 1990 or ruling by the Information Commissioner/Information Tribunal and provision of information to HM Coroner. (Note Tribunal ruling in case of 'Bluck' that section 41 exemptions under Freedom of Information Act 2000 applies to the deceased.)

13 STAFF OBLIGATIONS

13.1 All staff have an obligation to safeguard the confidentiality of personal information. It is an offence to knowingly or recklessly obtain or disclose personal data without the consent of the organisation in control of the personal data, or without lawful excuse. This is governed by law, contracts of employment, professional codes of conduct and organisational policies. All staff must be made aware of their obligations through training and job induction procedures. All staff should understand the consequences to both the individual and themselves resulting from a breach of confidentiality.

14 RECORDING

- 14.1 Organisations are responsible for providing guidance to their staff regarding the recording of the sharing of information, in line with the principles of this Protocol.
- 14.2 Staff have the responsibility to familiarise themselves and work within the policies and guidance provided by their organisation.

15 INFORMATION SECURITY

- 15.1 Each organisation or provider that signs up to this Information Sharing Protocol must ensure that all personal information must be kept in a secure environment, where access is controlled, and security measures are in place. Information, for this Protocol, covers any method of information creation or collection, including electronic capture and storage, manual paper records, video and audio recordings, and any images, however created.
- 15.2 Each organisation or provider that signs up to this Information Sharing Protocol must ensure that they have appropriate policies covering the security, storage, retention and destruction of personal information, in accordance with authoritative guidance issued to that organisation.
- 15.3 Each organisation or provider that signs up to this Information Sharing Protocol must ensure that there are policies in place to ensure that staff receive appropriate training in the safe and secure handling of confidential information and the requirement to work to the NHS code of confidentiality is included within staff job descriptions.
- 15.4 Key organisational security responsibilities are:
- organisations must maintain the confidentiality of data in any form, during collection, transmission and storing with appropriate security arrangements, improving to general compliance with ISO27000
 - specific agreements will detail the security requirements, but as a minimum these will include transfer by encrypted email or encrypted removable media/mobile devices (where encrypted email is not possible or sharing is taking place in person)
 - organisations will apply relevant regulations to the retention & disposal of records, only keeping information for as long as is necessary in relation to the original purpose(s) for which it was collected
 - organisations will ensure all staff are educated to manage information appropriately in line with these principles and organisational policy on the collection and uses of information, supported by terms of employment
 - organisations should ensure that access to shared information is on a strict 'need to know' basis and is justified either by consent or another legal basis for accessing the information. Onward sharing with third parties will also be managed on the 'need to know' and legal justification basis and where possible the original source(s) should be informed
 - organisations will ensure that any third parties providing a service to them agree and abide by these principles by inclusion in contracts/agreements
 - organisations will have processes/systems for recording

wishes/restrictions on information expressed by individuals

16 RESEARCH

- 16.1 The sharing of person identifiable information for research purposes requires explicit consent on the part of the research participant (patient or member of staff). It is not included in the general consent from the service user for information sharing between statutory/ partner organisations for the purpose of providing care.
- 16.2 Each organisation will have an appropriate protocol for research governance, including the approval of the information governance arrangements in relation to research projects.

17 MONITORING THE PROTOCOL

- 17.1 Each organisation will have a Senior Officer, e.g. Caldicott Guardian, and Information Governance Manager or Senior Information Risk Officer who will oversee the implementation of this protocol and subsequent revisions. They will also be a source of advice to employees of their organisations.
- 17.2 The following activities must be undertaken by each organisation to comply with responsibilities set out in this document. Each organisation using this document is required to indicate whether relevant activities are in place or in development. In completing the statement, reference should be made to appropriate organisation policy, process and guidance documentation. Completion should be by either the organisation's nominated Senior Information Risk Officer, Data Protection Officer/Information Governance lead.

Organisational responsibilities (including Data Protection Compliance):

Responsibility Area	In Place? In Progress/target date?
Keeping subject informed	
<ul style="list-style-type: none"> provision of information to patients/service users of the uses to which information about them may be put and to whom it may be disclosed 	
<ul style="list-style-type: none"> publicise and implement processes to provide access to records to subjects on request 	
Provide choice	
<ul style="list-style-type: none"> have policy covering consent to use information and respond to any specific request made by subjects with regard to handling their information 	
Protect Information	
<ul style="list-style-type: none"> have documented policy and processes to check the accuracy and clarity of data both with the subject and on information systems 	
<ul style="list-style-type: none"> protect the confidentiality and security of data in any form, during collection, storage and sharing with appropriate security arrangements (moving to general compliance with ISO27001 Information Security Management standard) – via relevant policy, process and staff guidance on handling information 	

<ul style="list-style-type: none"> ensure contractual arrangements with staff (employment terms), contractors and other suppliers/individuals handling identifiable information contain reference to confidentiality/nondisclosure 	
<ul style="list-style-type: none"> provide education and training accessible to all staff 	
<ul style="list-style-type: none"> complete and maintain a Data Protection notification detailing all sources, subject, purposes and disclosures relevant to their function and partnerships under any agreement 	
Organisation Name and contact point:	

18 NEW COMMISSIONED SERVICES

18.1 Any other providers of NHS Services from whom services are commissioned in the future will need to sign this protocol as part of the contracting process. This will be reviewed in line with Information Governance tool kit which will provide evidence to demonstrate assurance of compliance.

19 DEMISE OF THIS PROTOCOL

19.1 Where an organisation (or in the case of independent contractors, their lead organisation or commissioner) finds it is necessary to withdraw from the agreement to abide by this Protocol:

- they will, in writing, notify all other signatories to the Protocol of their intention to withdraw
- they will agree an exit strategy from the agreement such that the data holdings of the parties concerned can be secured to reflect the absence of their participation in the Protocol
- on agreement of an exit strategy from participation in the Protocol they will ensure that all staff are informed of the changed arrangements

19.2 Where an organisation has agreed an exit strategy from agreement to abide by the protocol all other organisations are responsible for ensuring that their staff are fully informed of the changing arrangements and the affect on normal working practices.

20 REVIEW OF THIS PROTOCOL

20.1 This document should be subject to review when any of the following conditions are met:

- The adoption of the protocol highlights errors and omissions in its content
- Where other standards / guidance issued by any participating agency conflicts with the information contained
- Where good practice evolves to the extent that revision would bring about improvement
- Two years from the date of approval of the current version

21 INDEMNITY & NON COMPLIANCE

- 21.1 At the level of principles and standards adopted by organisations there will not be any indemnity between organisations relating to actionable situations arising from information sharing. The need for indemnity should be assessed in second level protocols. Organisations will complete a compliance statement (overleaf) that should be provided to any sharing partner on request. Should a partner have concerns over the level of compliance, they should address these with the relevant organisation. The organisational 'data controllers' are responsible for assessing the risk of sharing information with any organisation where compliance is limited. This assessment should be based on the risk to information from sharing compared with the risk to the fulfilment and quality of the purpose information is to be shared for. Any serious disputes should be referred to the office of the Information Commissioner.

PATIENT INFORMATION LEAFLET**TAUNTON AND SOMERSET NHS FOUNDATION TRUST*****How your information is used to help you***

As part of your treatment, health professionals are required to record details of your condition and the care you receive.

This is to ensure that:

- Staff have accurate and up to date information to assess your health needs and decide what care you need in the future
- Full information is available should you need another form of care, for example if you are referred to a specialist service
- You have received quality care
- Your concerns can be properly looked into if you are unhappy with your treatment

Your information also helps us to plan services for the future and allows us to monitor the way public money is spent.

If you do not want certain information recorded, please talk to the person in charge of your care. If you feel that you are unable to do this, or you are not happy with the outcome, you should contact the **Concerns and Complaints Department (PALS) 01823 343536**.

Keeping your information confidential

Everyone working for the NHS has a legal duty to maintain the highest level of confidentiality. The Trust has a Staff Code of Confidentiality, which means that relevant information is only shared with people involved in your care, who may come from more than one organisation, e.g.:

- Your GP Practice
- Local NHS Trusts
- Social Services
- NHS Walk-In Centres
- NHS Direct

With your consent, information can also be shared with relatives, partners or friends who act as a carer for you. Consent can only be over-ridden if justified through risk or if the law requires it.

When information needs to be shared with different organisations, it is passed securely and kept confidential by the people who receive it. We only use or pass on information about you which is necessary for your care and treatment.

Access to your health records

The Data Protection Act 1998 gives you the right to see, or have a copy of, any personal information held in your health records. This is known as the right of 'Subject Access'. If you would like to view or receive copies of your health records, please contact the **Medico-Legal Officer, 01823 320455/320456.**

Sharing your information without consent

The guiding principle is that your information is held in strict confidence. However, while we would normally seek your consent to share the information held about you, there are some circumstances where this does not apply. For example:

- To prevent risk to yourself and others
- Investigation or prevention of serious crime
- Control of infectious diseases
- Notification of new births
- Formal Court Order

Information for managing and planning

Where necessary patient data is shared with other NHS organisations, such as the Department of Health. This enables the NHS to monitor and plan services according to local population.

We may also contact you from time to time to invite your help in promoting public relations in connection with the services of the hospital.

The NHS Register for England and Wales contains basic personal demographic details, such as name, address and date of birth, of all patients registered with a General Practitioner (GP).

Data held centrally is not used to make any decisions about the treatment or care you receive from your healthcare provider.

i) Education and research

Whilst always safeguarding confidentiality, your information can also help us in:

- Training and educating staff. You will be asked if you wish to be personally involved. Where appropriate your consent will be recorded in writing.
- Research approved by the Local Research Ethics Committee. You will be asked if you wish to be personally identified or involved.
- Clinical audit and other work to monitor the quality of care provided.

This leaflet can be supplied in large print, on audio cassette or can be translated. For more details contact the Communications Department on 01823 342461.

Further information

If at any time you would like to know more about how we use your information you can write to the Caldicott Guardian:

Ian Gauntlett
Caldicott Guardian
01823 342114

Louise Coppin
Health Records and Information Governance Manager
01823 320452

Lesley Young
Information Governance Acting Co-ordinator
01823 344199

Information Commissioner
Wycliffe House
Water lane, Wilmslow
Cheshire
5KG 5AF
01625 545740

Further information can be found in The Care Record Guarantee. This can be accessed at:

www.connectingforhealth.nhs.uk/crdb

INFORMATION SHARING PROTOCOL FOR BRIDGWATER FEDERATION OF GENERAL PRACTICES ENHANCED CARE HUB (ECH) BETWEEN:

- **All Federation of Practices in Bridgwater and the surrounding area**
- **GP Enhanced Care Hub**
- **NHS Somerset**
- **Somerset Community Health**
- **South Western Ambulance Service NHS Trust**
- **Taunton and Somerset NHS Foundation Trust**
- **Somerset Partnership NHS Foundation Trust**
- **Registered Care Providers Association**

1 PURPOSES AND BENEFITS OF INFORMATION SHARING

- 1.1 People with long term conditions (LTCs) may receive care from a number of health and social care professionals. It is important there is a co-ordinated approach to care and therefore the Federation of General Practices in Bridgwater and the surrounding area has established a GP Enhanced Care Hub (ECH) to support health and social care professionals in co-ordinating patients' care on behalf of its 11 GP practices.
- 1.2 Sharing of individuals' records through the ECH, between health and social care providers, will take place on confirmation of patient consent, from a health or social care professional requesting ECH support in arranging care. It facilitates enhanced understanding of care needed, and the co-ordination of services to:
- optimise patient outcomes
 - reduce avoidable admissions
 - minimise disruption to patients' daily living
 - achieve efficient use of health and social care resources
- 1.3 Where it is deemed appropriate patients may be allocated a Key Worker. The Key Worker will act as the single point of contact for their patients, with information being channelled through, and co-ordinated by, the ECH.

2 ROLE AND RESPONSIBILITIES OF PARTNERS

- 2.1 Partner organisations, listed in bold at the top of this document, have been included in the development of the ECH and staff from these organisations will be able to access its co-ordination services.
- 2.2 Patients or carers must be provided with the Patient Information Leaflet (Appendix 1) on Enhanced Care Co-ordination and verbal consent obtained by all health or social care professionals wishing to share an individual's records with the ECH or other partner organisation. Below is a list of health and social care professionals likely to use the ECH, though this is not exhaustive:
- GP
 - Rapid Response GP
 - Complex Care GP and Nurses

- Community Matron
- District Nurse
- Social Worker
- Mental Health Nurse
- Rehabilitation professional
- Emergency Care Practitioner
- Private Provider professional

2.3 All health and social care professionals must record in their own organisation's records where patients have given consent to sharing of their information. This consent will then also need to be confirmed on each first contact with ECH.

2.4 If an individual withdraws consent, it is the responsibility of all parties to inform the ECH immediately, and to record the decision in relevant organisations' records.

2.5 All partner organisations will actively develop and promote relationships with the ECH and other partner organisations and provide training and guidance for staff.

3 RELEVANT LEGISLATION, STANDARDS AND GUIDANCE

3.1 This information sharing protocol forms a second level document linked to the overarching Somerset Information Sharing Protocol. 3.2 Applicable legislation and national guidance is set out in the Somerset Information Sharing Protocol.

4 APPROACH TO CONSENT, LEGAL DUTY, OR LEGAL POWERS

4.1 Consent must be given and recorded separately in each and every relevant service before information is shared.

4.2 Each service providing care to an individual must provide the individual with the Patient Information Leaflet about Enhanced Care Co-ordination and obtain verbal consent to share that particular service's records with the ECH and/or other partners.

4.3 Where there is evidence that a person does not have the capacity to give informed consent, and recognising that no adult can give consent for another adult, it is good practice to involve relatives and other significant adults and senior professionals in the decision making process (Mental Health Capacity Act 2005).

5 INFORMATION EXCHANGED OR SHARED BETWEEN PARTNERS

5.1 The confidentiality of all personal information recorded, exchanged, or shared between services and organisations is governed by law, contracts of employment, professional codes of conduct and organisational policies.

6 SECURITY

- 6.1 The majority of records held within the ECH on behalf of the Federation of Practices in Bridgwater and the surrounding area will be electronic and securely hosted on NHS Somerset servers.
- 6.2 The ECH has been established as a service within SaDIE (Somerset and Dorset Information Exchange). Staff need security passwords and training to use this system. Documents containing patient information can be uploaded to SaDIE.
- 6.3 On behalf of practices, staff in the ECH will also proactively reference and act on information in a regularly updated, password protected, repository database containing the following reports, (see Practice Agreement at Appendix 2):
- RISC 4.7
 - Daily Emergency Admissions Report
 - Daily Discharge Report
 - Choose and Book
- 6.4 Staff access to practice and partner organisations systems will be subject to specific authorisations and training.
- 6.5 All personal information received or produced on paper will be stored in closed cabinets and will be locked when the ECH is closed. Once copied to relevant electronic records, originals will be destroyed.

7 COMPLAINTS

- 7.1 All complaints related to the ECH, its staff or partners should, in the first instance be addressed to:

Chairman, BF Long Term Conditions Implementation Group
Taunton Road Medical Practice
12-16 Taunton Road
Bridgwater
TA6 3LS

Tel: 01278 720000

8 MONITORING AND REVIEW

- 8.1 This protocol will be reviewed at the end of the six month pilot of the ECH; or sooner should an error or omission be highlighted following its adoption. 21 January 2011

SHARING AND STORING OF PRIMARY CARE PATIENT INFORMATION

1 INTRODUCTION

- 1.1 Primary care clinical systems form the 'cradle to grave' clinical record for a patient. Historically, sharing of this record has been limited to paper or faxed summaries generated by general practice staff, limiting or delaying access to this vital information in care settings outside of the practice.
- 1.2 The purpose of this paper is to describe the key principles that govern the sharing of patient information held within primary care clinical systems and the storage of that information once it is shared.
- 1.3 These principles should be applied to any system that holds patient data and shares this data, the primary focus of this paper is the Summary Care Record and the Graphnet Electronic Patient Record, two systems that extract data from general practice systems and make this data available to clinical users outside of the practice.

2 PRINCIPLES FOR STORING AND SHARING

- 2.1 Primary care clinical systems have been developed to ensure the data they hold is both secure and safe. Users of these systems trust explicitly the data held and expect every access to the information audited.
- 2.2 The following principles are based on guidance developed to support the NHS Summary Care Record. They ensure any system that holds a copy of the primary care record is as secure and safe as the original clinical record.

Permission to View

- 2.3 When a shared clinical record like the Summary Care Record is accessed it is essential that a legitimate relationship needs to be established for the clinician to view the record and the clinician needs to obtain permission. An extract of a presentation from Connecting for Health is attached at Appendix 1.
- 2.4 If any clinical staff member self-claims a legitimate relationship and/or overrides the permission to view, an alert will be generated for the Privacy Officer to investigate as per local policy.
- 2.5 Any system that is used to hold a copy of the primary care record must be capable of requesting the details of the permission from the user and must record the response and all access to the record.

The requirement for consent

- 2.6 The Ethical issues of consent to recording and disclosure paper written by the Care Records Development Board Ethics Advisory Group is attached at Appendix 2. This paper states that there is the following:
- the absence of any legal right of an individual to stipulate what will and will not be recorded by health care professionals in their healthcare records, nor where those records will be held
 - the duty of a health care professional to make complete and accurate records of their activities and to ensure effective communication of their intentions and expectations.
- 2.7 The absence in law of the right of the individual to stipulate where a record will be held supports the principle that information can be extracted from a primary care clinical system without the explicit consent of a patient. Provided that:
- the data is extracted and held securely
 - the system complies with the principles of permission to view, in that it establishes that there is a legitimate relationship between the clinician and the patient before any access is granted
 - the system provides a robust audit trail of all access to the record and this audit can be made available to the patient, data controller or privacy officer if requested
- 2.8 The requirement for a health care professional to make a complete and accurate record of their activities extends to any system where they record their activity. A clinician could be justified in taking information, viewed with consent, from the shared primary care record and storing in local records.

3 CONCLUSION

- 3.1 The ability to safely share information held in primary care systems is essential to meet the aspirations set out in the NHS Plan and to support current and foreseeable models of health care delivery. It is vital that clinical staff have a complete clinical picture at the point of care. Systems like the Summary Care Record are already delivering this in Somerset.
- 3.2 The principle of permission to view and the Ethical issues of consent to recording and disclosure paper underpin the implementation of these systems. They provide assurance without restricting effectiveness for the clinical end users.

Matthew Rawles
Assistant Director of Information Technology
28 April 2011

Legitimate Relationships (LRs)

- **LR overview:**
 - LRs ensure SCR's can only be accessed by those with a clinical need i.e. patient has requested treatment
 - Every SCR access is auditable and these audit trails can be used to check that an LR existed when the patient was treated
 - **Two types:**
 - Patient self referred LR – legitimate relationship with the patient can be confirmed for clinicians by another user e.g. call handler, receptionist. This is called 'role separation'.
 - Clinician self claimed LR – clinician has to confirm the legitimate relationship with the patient themselves. Generates an alert for investigation to ensure appropriate access.
 - **Workgroups:**
 - If a workgroup is set up on the viewing system, LR's can be verified for a whole team of clinicians on first access of the record or when patient presents for treatment.
-

Permission to View (PTV)

- Patients will be asked every time healthcare staff want to view their record
 - [Permission to View Principles](#) are available for guidance
 - Approach to requesting PTV is flexible if using these principles
 - Exceptions – PTV override scenarios that generate alerts for investigation:
 - Emergency/best interests of the patient
 - Court Order
 - In the public interest
 - Required by statute
-

PTV Examples

- Patients can be requested on arrival to a care setting for PTV for that entire care setting, for the duration of the episode of care e.g. by receptionist in ED department for whole hospital or whole ED.
- PTV can be requested to include printing of the SCR to incorporate with the local case notes
- Patients can ask 'never to be asked again' and this can be recorded for ALL future episodes of care in ALL NHS organisations.

NHS healthcare staff will record the patient's PTV preferences either on the viewing system or the local record

LIST OF SIGNATORIES (ALPHABETICAL)

Air Liquide Homecare
Axbridge and Wedmore Surgery
BBraun Avitum UK Ltd
Blackbrook Surgery
Brent House
BUPA Home Healthcare
Children's Hospice South West
Church View Surgery
Compass Disability Services
Cranleigh Gardens
Creech Medical Centre
Crewkerne Health Centre
Crewkerne Surgery
Crown Medical Centre
Dunster Surgery
Frome Medical Practice
Glastonbury Surgery
Harley House Surgery
Hendford Lodge
Lister House Surgery
Luson Surgery
Lyngford Park Surgery
Meadows (formerly North Street Ilminster)
Mendip Country Practice
Millbrook Surgery
NHS Direct
North Curry Health Centre
North Petherton
Oakhill Surgery
Optima Low Vision Services Ltd
Penn Hill Surgery
Porlock Medical Centre
Preston Grove Medical Centre
Quantock Vale Surgery
Queen Camel Medical Centre
Royal United Hospital Bath NHS Trust
Shepton Mallet NHS Treatment Centre (Care UK)
Somerset Bridge
Somerset Community Health
Somerset County Council
Somerset Partnership NHS Foundation Trust
Somerset Primary Care Trust
South West Ambulance Service NHS Trust
Springmead Surgery
St James Medical Centre
St Margaret's Somerset Hospice
Taunton and Somerset NHS Foundation Trust
Taunton Road Medical Centre

Tawstock Medical Centre

APPENDIX 4

The Beckington Family Practice

Turning Point

Wellington Medical Centre

Wells Cathedral School

Wells City Practice

Wells Health Centre

Westlake Surgery

Weston Area Health NHS Trust

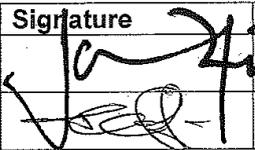
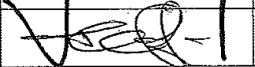
Yeovil District Hospital NHS Foundation Trust

Yeovil Health Centre

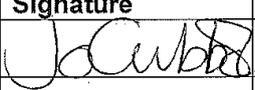
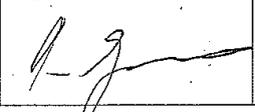
DECLARATION OF ACCEPTANCE OF THE INFORMATION SHARING PROTOCOL

This protocol will be signed by the Caldicott Guardian and one other authorised representative from each organisation and by doing so will endorse the whole of this protocol and ensure their organisation abides by it and is compliant with the organisational compliance statement (section 6).

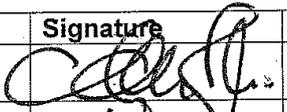
Royal United Hospital, Bath NHS Trust

Title	Name	Signature	Date
Chief Executive	James Scott		14/2/2011
Medical Director	Tim Craft		11/2/11

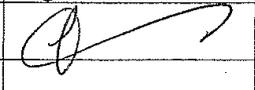
Taunton and Somerset NHS Foundation Trust

Title	Name	Signature	Date
Chief Executive	Jo Cubbon		18/02/11
Clinical Director and Caldicott Guardian	Ian Gauntlett		10/2/11

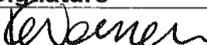
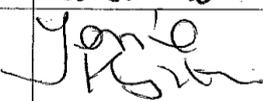
Yeovil District Hospital NHS Foundation Trust

Title	Name	Signature	Date
Chief Executive	Gavin Boyle		11.2.11
Caldicott Guardian	William Saywell		8/2/11
Information Governance Lead	Karen Carter		8/2/11

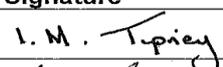
St Margaret's Somerset Hospice

Title	Name	Signature	Date
Chief Executive	Jon Andrewes		21.1.11
Director of Fundraising and Communications	Ann Lee		21.1.11

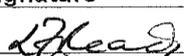
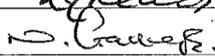
South Western Ambulance Service NHS Trust

Title	Name	Signature	Date
Chief Executive	Ken Wenman		4.02.11
Director of Finance and Performance and Deputy Chief Executive	Jennie Kingston		4.02.11

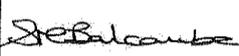
Somerset PCT

Title	Name	Signature	Date
Chief Executive	Ian Tipney		14.01.2011
IG Manager	Matthew Rawles		18.01.2011

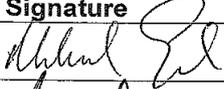
Weston Area Health NHS Trust

Title	Name	Signature	Date
Chief Executive	Lorene Read		19/01/11
Medical Director	Nick Gallegos		21/1/11

Somerset Community Health

Title	Name	Signature	Date
Chief Operating Officer	Judith Brown		6.2.11
Deputy Chief Operating Officer and Chief Nurse	Sue Balcombe		8/2/11

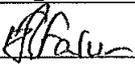
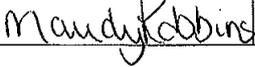
BUPA Home Healthcare

Title	Name	Signature	Date
Caldicott Guardian	Dr. MEHMOOD SYED		24 th May 2011
IG Manager	MARIE HANRATTY		24 May 2011

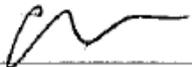
Turning Point

Title	Name	Signature	Date
Regional Manager - South West	Darren Woodward		13/4/2011
Head of Risk and Assurance	Sara Jones		2/3/11

Children's Hospice South West

Title	Name	Signature	Date
Chief Executive	Eddie Farwell		13. 07. 2011
Director of Care	Mandy Robbins		13. 06. 2011

B. Braun Avitum UK Ltd

Title	Name	Signature	Date
Finance Director	Paul Skelton		8/02/11
Managing Director	Chris Clark		8/7/2011

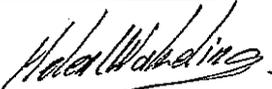
Shepton Mallet NHS Treatment Centre

Title	Name	Signature	Date
Registered Manager	Chester Barnes		29/05/12

Somerset Partnership NHS Foundation Trust

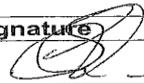
Title	Name	Signature	Date
Caldicott Guardian	Sue Balcombe		3/3/12
Director of Finance and Business Development	Rod How		5.4.12

Somerset County Council

Title	Name	Signature	Date
Adults and Health Operations Director	Helen Wakeling		25 September 2012
Children and Families Operations Director	Steve Tanner		25 September 2012

All Partners

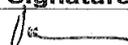
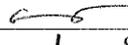
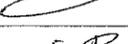
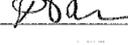
Springmead Surgery

Title	Name	Signature	Date
SENIOR PARTNER	DR WILL HARRIS		28.2.2011
PRACTICE MANAGER (CALISTO LEAD)	JANE HOBBS	JHobbs	23/2/2011

Independent Contractors

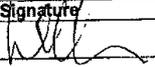
ST JAMES MEDICAL CENTRE

All Partners

Title	Name	Signature	Date
DR	JOHN MARTIN		19/2/2011
DR	ASHLEY CHANNING		22/2/2011
DR	ADRIAN FULFORD		22/2/11
DR	TOM EVE		22/2/11
DR	YVONNE DUTHE		23/2/11
DR	PAMELA SANDERSON		28/2/11

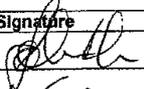
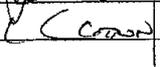
Independent Contractors WESTLAKE SURGERY

All Partners

Title	Name	Signature	Date
Dr. L.F.P	Smith		2/15/11

Independent Contractors WESTLAKE SURGERY

All Partners

Title	Name	Signature	Date
Dr. J.P	Cox		5.4.11
Dr. H.P	Cotton		4/4/11

Independent Contractors *CREECH M.C.*

Creech M.C.

All Partners

Title	Name	Signature	Date
<i>Mrs.</i>	<i>Tacchi</i>	<i>S. Tacchi</i>	<i>7/2/2011.</i>
<i>DR.</i>	<i>BARTHA KUR</i>	<i>[Signature]</i>	<i>7/2/11.</i>

All Partners

Axbridge Wedmore Doctors

Title	Name	Signature	Date
<i>DOLMAN</i>	<i>DOLTON</i>	<i>[Signature]</i>	<i>1/3/2011</i>
<i>MRS</i>	<i>MARIA ALLEN</i>	<i>Maria J. Allen</i>	<i>1st March 2011.</i>

All Partners

mendip Country Practice

Title	Name	Signature	Date
<i>Dr</i>	<i>PIERS JENNINGS</i>	<i>[Signature]</i>	<i>3/3/11</i>
<i>Dr</i>	<i>HELEN MUSCAGE</i>	<i>[Signature]</i>	<i>3/3/11</i>
<i>Dr</i>	<i>REBECCA RUFFY</i>	<i>[Signature]</i>	<i>3-3-11</i>

DRS HART, TAYLOR, HUINS & DUFFY
 Queen Camel Medical Centre
 West Camel Road
 Queen Camel
 Yeovil, Somerset BA22 7LT
 Tel: 01935 850225 Fax: 01935 851247

Independent Contractors

All Partners

Title	Name	Signature	Date
Caldicott Guardian	Dr Simon Huins		8-2-11
Senior Partner	Dr Julian Hart		8-2-11
Practice Manager	Clare Hodgson		25/1/11

Independent Contractors

All Partners

Penn Hill Surgery
 St. Nicholas Close
 Yeovil Somerset BA20 1SB
 Tel: 01935 470800
 Fax: 01935 470802

Title	Name	Signature	Date
DR	MINGUE		7 Feb 2011
DR	RICHARDS		4
DR	NOTT-BOWER		4
DR	SARKER		4
DR	IMMS		4
MR	CHAPMAN		4

Independent Contractors CLOECH VIEW SURGERY

All Partners

Title	Name	Signature	Date
DR	ALAN WILLIAMS		4-2-11
DR	CAROL COOPER		4-2-11

Independent Contractors *CREWKEAVE SURGERY*

All Partners

Title	Name	Signature	Date
<i>Dv</i>	<i>OSBORNE</i>	<i>[Signature]</i>	<i>24-2-11</i>

All Partners

Blackbrook Surgery

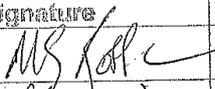
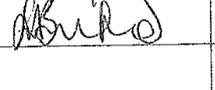
Title	Name	Signature	Date
<i>Dr.</i>	<i>HARRY TOMAS</i>	<i>[Signature]</i>	<i>01-03-11</i>

Independent Contractors *LYNETFORD PARK SURGERY*

All Partners

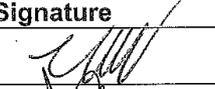
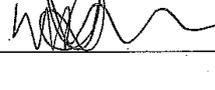
Title	Name	Signature	Date
Senior Partner	Dr Helen Burton	<i>[Signature]</i>	25/1/11
Practice Manager	Jane Evans	<i>[Signature]</i>	25/1/11

All Partners **LISTER HOUSE SURGERY** L85038

Title	Name	Signature	Date
DR	MG ROSTON		28/03/11
DR	SA BULFORD		28/03/11

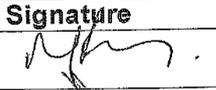
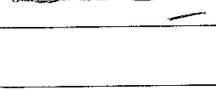
Independent Contractors **LUSON**

All Partners

Title	Name	Signature	Date
DR	G J SCOTT		31/1/11
MS	M R ELLACOTT		25/1/11

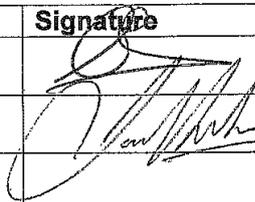
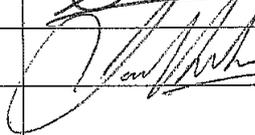
Independent Contractors - **NORTH PETHERTON**

All Partners

Title	Name	Signature	Date
GP	NICK BAAY		31.1.11
GP	TIM TILSLEY		31.1.11
PRACTICE MANAGER	LESLEY MILBURN		31.1.11

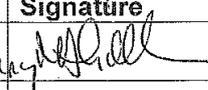
Independent Contractors NORTH CURRY HEALTH CENTRE

All Partners

Title	Name	Signature	Date
DOCTOR	CHAPMAN		18/3/11
DR	HICKMAN		23.3.11

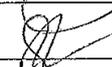
Independent Contractors OAKHILL SURGERY

All Partners

Title	Name	Signature	Date
DR	ANNE GIBBERN		2/3/11
MRS	DONNA DURY		2/3/11

Independent Contractors SOMERSET BRIDGE

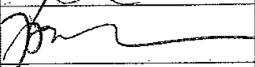
All Partners

Title	Name	Signature	Date
Dr	D. M. HYNES		25/3/11
Dr	PAUL		29/3/11

Independent Contractors Dr Sewell, Piotrowski & Vick
 All Partners Quantock Vale Surgery,
 Bishops Lydeard TA4 3EH

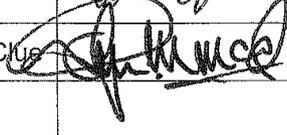
Title	Name	Signature	Date
Dr	David Vick		24/2/11
Miss	Dorothy King		24/2/11

LWELLS HEALTH CENTRE

Title	Name	Signature	Date
DR	ANDREW NORMAN		16 2 11
DR	JONATHAN BENCH.		16/2/11

All Partners

Air Liquide HomeCare

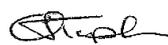
Title	Name	Signature	Date
Senior Information Risk Owner	David Wilson		22/11
Caldicott Guardian	Dr Graham McCluskey		10/02/2011

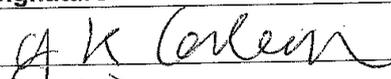
DECLARATION OF ACCEPTANCE OF THE INFORMATION SHARING PROTOCOL

This protocol will be signed by the Caldicott Guardian and one other authorised representative from each organisation and by doing so will endorse the whole of this protocol and ensure their organisation abides by it and is compliant with the organisational compliance statement (section 6).

Independent Contractors *Brent House Surgery*

All Partners *Cranleigh Gardens M.C.*
wef 25.02.11

Title	Name	Signature	Date
GP Partner/ Caldicott Guardian	Dr Shona Gilmour-White		14.2.11.
GP Partner	Dr Ananda Pal	} signed. on behalf. of partners.	
GP Partner	Dr Andy Soltys		
GP Partner	Dr Jon Upton		
Practice IT/IG Lead	Catriona Toplis		14.2.11

Title	Name	Signature	Date
Mr	John Collins		21/02/2011
Mrs	Lorraine Duncan		21/02/2011

For and on behalf of:

Optima Low Vision Services Ltd
 Dartside
 Ford Road
 Totnes
 Devon TQ9 5LQ

Independent Contractors

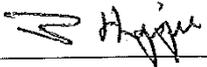
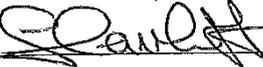
All Partners HENDFORD LODGE

Title	Name	Signature	Date
I G Lead.	John Woolven		24/5/11
CALDICOTT GUARDIAN	JAN TRAMMICK		31/5/11

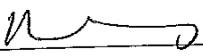
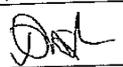
NAME OF PRACTICE: Crown Medical Centre.....

Title	Name	Signature	Date
Senior Partner and Caldicott Guardian	J Harrington		12/11/2012

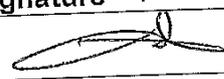
NAME OF PRACTICE: ...Horley House Surgery.....

Title	Name	Signature	Date
Dr	Higgie		9/11/12
Miss	Hewlett - PM		9/11/12

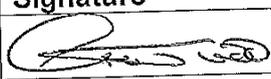
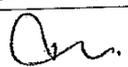
NAME OF PRACTICE: Frome Medical Practice.....

Title	Name	Signature	Date
PRACTISEUR	TRIA WEAVER		21-1-12
DR PATIENT	DAVID BROWN		4/1/12

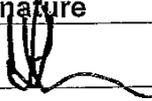
NAME OF PRACTICE: CREWKERNE HEALTH CENTRE

Title	Name	Signature	Date
DR	BERGE BALIAN		03/12/12

NAME OF PRACTICE: Wells City PRACTICE

Title	Name	Signature	Date
PRACTICE MANAGER	CAROL JONES		3/12/12
GP PARTNER	IRENEAN MARTIN		3.12.2012.

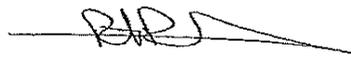
NAME OF PRACTICE: Porlock Medical Centre

Title	Name	Signature	Date
Dr	Ian Kelham		21/11/2012

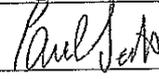
NAME OF PRACTICE: Dunster Surgery

Title	Name	Signature	Date
Dr	David Davies		21/11/2012

Independent Contractors Compass Disability Services

Title	Name	Signature	Date
CEO	Richard Pitman		20/11/2012

NAME OF PRACTICE: Yeovil Health Centre

Title	Name	Signature	Date
Dr	Paul Scott		11/11/2012

NAME OF PRACTICE: The Beckington Family Practice

Title	Name	Signature	Date
Cardiologist Guardian	Dr. John Beman		30/11/12
Practice Manager	Robert Slade		30/11/12

All Partners

WELLS CATHEDRAL SCHOOL

Title	Name	Signature	Date
Safeguarding lead, CAP	Helen Bennett	H. Bennett	1.3.13

NHS Direct

Title	Name	Signature	Date
Chief Nurse Clinical Director	Patricia Hamilton	P. Hamilton	5 th NOV 2012
Caldicott head	Jacquie Jedziewski	J. Jedziewski	5 th NOV 2012

Independent Contractors -- Preston Grove Medical Centre

Title	Name	Signature	Date
Doctor	Dr Simon Filose	S. Filose	23/5/13
Practice Manager	Mrs Karen Lashly	K. Lashly	29/3/13
Clinical Systems Manager	Mrs Amanda Mason	A. Mason	20.3.13

GLASTONBURY SURGERY

Title	Name	Signature	Date
DR	A.R.H. CORFIELD	A.R.H. Corfield	6/7/13
MRS	ANDREA BALL	A. Ball	5/7/13

MILLBROOK SURGERY

Title	Name	Signature	Date
DR.	JUDITH SCULL		2/4/13.
MR	ROSEAN BEECHER		5/4/13

NAME OF PRACTICE: Tawata Road Medical Centre

Title	Name	Signature	Date
DR.	D. ROOKE		23/11/12
MRS	C. HOBBS.		23/11/12

NAME OF PRACTICE: WELLINGTON MEDICAL CENTRE

Title	Name	Signature	Date
Dr	PAUL BERAN		3.12.12
Pt	Julie Rickard		31-12-12
Mrs	LYDIA DANIEL BAXER		31/12/12

NAME OF PRACTICE: The Meadows Surgery

Title	Name	Signature	Date
Dr	Tony Austin	<i>TA</i>	22.10.2013
Mrs	Katie Packham	<i>KPackham</i>	22.10.2013

NAME OF PRACTICE: AM TAWSTOCK MEDICAL CENTRE.....

Title	Name	Signature	Date
Mrs	MICHELLE ALEN	<i>MA</i>	11/11/13.
NB	Lynn Parfoot.	<i>LParfoot</i>	11/11/13.