Cheshire and Merseyside Health and Care Partnership

Integrated Care Systems (ICS)

Combined Intelligence for Population Health Action (CIPHA):

Data Sharing Agreement (Tier Two)

Workstream: Population Health

Document Reference: ICSIGDOC-ID00005
Date agreed: 27th June 2022
Date updated: February 2024
Next review date: February 2025

Summary of document changes, since previous approved document version	
Section	**Change**
2. Parties to the Agreement	• Table updated for organisations providing data (data controllers), and those receiving data (data processors)
3. Amendment of the Agreement	• Amendment criteria added.
4. Terms of the Agreement	• Data Access Request Service (DARS) application noted.
9. Signatory Sheet	• Updated email address to return to: mlcsu.ig@nhs.net
Annex A	• Added Annex A: Fire Service Safe and Well Risk Reduction Programme

Contents

Data Sharing Agreement Tiered Framework

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

1.   Tier Zero Memorandum of Understanding

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

2.   Tier One Data Sharing Agreement - Standards

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

3.   Tier Two Data Sharing Agreement

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

Clause

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

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

Tier Two - Data Sharing Agreement

1. Title and Reference Code

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

This Tier Two Data Sharing Agreement is for:

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

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

2. Parties to the Agreement

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

Data Sharing Agreement Owner	Cheshire and Merseyside Integrated Care Board (ICB)
Data Controllers/ Providing Organisations	• Cheshire and Merseyside Integrated Care Board (ICB) • Cheshire and Merseyside GP Practices • Cheshire and Merseyside NHS Trusts • Cheshire and Merseyside Local Authorities o The Liverpool City Region Combined Authority (LCRCA) are also parties to this Agreement – they are the following 6 local authorities in the LCRCA: Liverpool, Wirral, Knowsley, Sefton, Halton, St Helens.
Data Processors	• Graphnet Limited/System C (system supplier) • *Arden and Greater East Midlands Commissioning Support Unit (AGEMCSU) • Midlands and Lancashire Commissioning Support Unit (MLCSU)

Receiving Organisations	- Cheshire and Merseyside GP Practices - Cheshire and Merseyside NHS Trusts - Cheshire and Merseyside Local Authorities - The Liverpool City Region Combined Authority (LCRCA) are also parties to this Agreement – they are the following 6 local authorities in the LCRCA: Liverpool, Wirral, Knowsley, Sefton, Halton, St Helens.
Other Receiving Organisation(s)	- Cheshire Fire and Rescue Service - Mersey Fire and Rescue Service Both are Data Controllers in their own right, and are also parties to this DSA, for the Fire Service Safe and Well Risk Reduction Programme. However, they will not receive any personal data or special category data from the Cheshire and Merseyside Integrated Care Board (ICB), ICS or CIPHA. A dashboard for each FRS will be produced, which will provide a risk score/ ranking, and geographic filter, against the Unique Property Reference Numbers (UPRN). Nothing further will be shared. For further details please see **Annex A.** A DPIA for the Safe and Well Risk Reduction Programme has been completed.

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

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

3. Amendment of the Agreement

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

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

4. Terms of the Agreement

Start Date	30 June 2021
End Date	ongoing

N.B. C&M ICB are awaiting a Data Access Request Service (DARS) application to be finalised by NHS England.

Following this, the C&M ICB SIRO will approve it, and then it can be embedded into the Sub-Licence agreement.

And then, the Sub-Licence Agreement can be embedded into this Population Health DSA.

Further details about DARS can be found at: [Data Access Request Service (DARS) - NHS Digital](#)

5. Purpose of the Data Sharing

Purpose for Data Sharing	The overarching purpose for data sharing is to support a set of Population Health analytics for population level planning and improvement of outcomes and also the targeting of direct care to vulnerable populations in need. There are four main purposes, which can be described as follows:- **Use Case 1: Epidemiology Reporting: Understanding health needs of populations, wider determinants of health and inequality for the improvement of outcomes:** The data would be used to create intelligence, with the aim of understanding and improving physical and mental health outcomes, promote wellbeing and reducing health inequalities across an entire population. Specific types of analysis that may be undertaken include: Health needs analysis understanding population's health outcomes and deficits; Demographic forecasting, disease prevalence and relationships to wider determinants of health; Geographic analysis and mapping, socio-demographic analysis and insight into inequalities.

	Use Case 2: Predicting outcomes and population stratification of vulnerable populations: The data will be used to predict the risk of outcomes for individuals in order that services can be targeted proactively to those most vulnerable. The data will be re-identified for the purposes of direct care.
	Use Case 3: For planning current services and understanding future service provision: The data would be used to create intelligence on service provision to understand current service capacity and demand and forecasting future service demand to ensure enough provision is available for populations in need. This may include forecasting disease and prevalence and understanding how it impacts on service provision.
	Use Case 4: For evaluation and understanding causality: The data would be used to evaluate causality between determinants of health and outcomes. Also, used to understand effectiveness of certain models of care across the health and care system.

6. Data Protection Impact Assessment

The DPIA for Population Health can be found embedded below:

ICS DPIA Population Health February 2024

7. Data Details

Data to be Shared	**Annex B** provides the categories of data to be shared from GP; Acute; Mental Health; Community; and Social Care (children and adult). The table incudes a brief description of the data categories and the use case(s) within which the data will be used. The specific data items will only be coded (structured) data, that is to say no free text (unstructured) data. AGEMCSU will also provide a set of data to the CIPHA programme for linkage with the above via consistent pseudonym. The datasets being linked to include those listed in the DSA agreement with NHS Digital, which is inclusive of, but not limited to SUS (secondary care), CSDS (Community care), MHMDS (Mental Health), GDPPR (General Practice), NWAS (Ambulance), COVID Testing and COVID Vaccinations.
Access to data	**Personnel to have access to the data as Data Processors** **Graphnet suppling Care Centric** People directly employed by Graphnet for the purposes of managing Care Centric and CIPHA, where the data is held. **Care Centric/Graphnet Data Processing Agreement** 📄 Graphnet Data Procesing Agreement
Governance	The programme will maintain and strictly enforce a Data Access and Data Asset matrix to ensure requests to use the CIPHA regional data sources ensure full compliance with the purposes laid out in Section 5: Purpose of the Data Sharing and that data is securely shared and appropriated. This process will be governed through a regional Data Asset and Access Group (DAAG) that will draw its membership from: the regional Clinical Informatics Advisory Group (CIAG) /Interim Data Advisory Group (IDAG) ; GP and Local Medical Committees; patient representation; clinical and other Information Governance specialists; Local Authority and the regional Data Services for Commissioners Regional Offices (DSCRO) service. This matrix will detail projects undertaken with the pseudonymised data by the ICB and be made available to parties within this data sharing agreement on a monthly basis, so they are informed of the specific uses of the data.

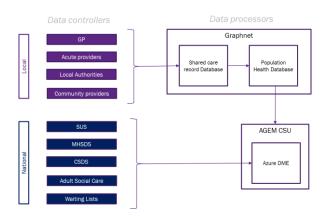|	
	No other parties will have access to this pseudonymised data. This Data Sharing Agreement does not allow use of the data for research. Uses of the data for research are governed by a separate Tier Two DSA.
De-identification, data minimisation, and handling of restricted/ sensitive codes	**De-identification of Patient Identifiable Data** To satisfy the ***Confidentiality: NHS Code of Practice***, all data for purposes other than direct care will be de-identified. **Anonymised Data** Anonymised data will meet the ICO standards for anonymisation including small number suppression. **Sensitive Codes** Sensitive data excluded from retrieval follows the recommendations made by The Royal College of General Practitioners (RCGP) ethics committee and the Joint GP IT Committee: • Gender reassignment. • Assisted conception and in vitro fertilisation (IVF) • Sexually transmitted diseases (STD) • Termination of pregnancy
Right to object and Data Opt Out	The right to object under S21 of the General Data Protection Regulation 2016, as enacted, is relevant. Patients and service users have a right to object to their medical information being used for purposes other than direct care. All registered **National Data Opt-outs** and **Type 1 Opt-outs** will be respected. Further details on Opt Out are set out in the DPIA, which can be found embedded in section: **6 Data Protection Impact Assessment**
Fair Processing	Organisations party to this agreement will comply with fair processing guidelines ensuring Privacy Notices accurately reflect the uses of data for their organisation.
Details of retention and destruction	The data will be retained for as long as the purpose(s) described above remains valid or a new legal purpose agreed, and in line with the: **NHS Records Management Code of Practice 2021**

CIPHA Workstream: Population Health

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

Data Flow Diagram

CIPHA Workstream: Population Health

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

8. Legal Basis

General Data Protection Regulation (GDPR)

The following Conditions are engaged:

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

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

Common Law Duty of Confidentiality

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

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

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

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

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

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

9. Signatory Sheet

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

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

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

Signed for and on behalf of:	Cheshire & Merseyside ICB
Signature:	
Date:	07/02/24
Your name:	Cathy Fox
Your Job Title / Role:	Associate Director of Digital Operations
Your email address:	cathy.fox@cheshireandmerseyside.nhs.uk

Party to the Data Sharing Agreement – Partner Organisation

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

Please return to: mlcsu.ig@nhs.net

Annex A: Fire Service Safe and Well Risk Reduction Programme

- Cheshire Fire and Rescue Service
- Merseyside Fire and Rescue Service

Both are Data Controllers in their own right, and are also parties to this DSA, for the Fire Service Safe and Well Risk Reduction Programme. However, they will not receive any personal data or special category data from the Cheshire and Merseyside Integrated Care Board (ICB), ICS or CIPHA.

The overarching purpose for data sharing is to support the Fire Service Safe and Well Risk Reduction Programme.

Cheshire Fire and Rescue Service offer free Safe and Well Visits, and Merseyside Fire and Rescue Service, offer free Home Fire Safety Check visits.

The specific data to be shared with both Fire and Rescue Services will enable these visits to be directed to those homes most at risk of an accidental fire occurring, for residents of any age.

N.B. C&M ICB staff, working with Graphnet staff, will advise on the algorithm required to generate UPRN/risk score/ranking and geography filter, for the fire service. Each FRS will not have access to any actual NHS patient/person identifiable data (personal date) or special category data.

The only data that will be shared with each FRS is a Dashboard which will contain the UPRN (Unique Property Reference Number) and a risk score/ranking, which is calculated from weighting of demographic factors and comorbidities.

The Lawful Basis for creating the FRS Dashboards set out in the table below.

Type of Data	Common Law Duty of Confidentiality	Data Processing	Legislation
*Pseudonymised Data (see further details below)	The Common Law Duty of Confidentiality doesn't apply in this situation as pseudonymised data isn't owed a duty of confidence.	For data linkage, but no direct identifiers will be provided to the applicant/ data processor	**UKGDPR** 6(1)(e)processing is necessary for the performance of a task carried out in the public interest or in the exercise of **official authority** vested in the controller. 9(2)(g)processing is necessary for reasons of **substantial public interest**, on the basis of which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the

| | | | | fundamental rights and the interests of the data subject;

Fire and Rescue Services Act 2004
[Fire and Rescue Services Act 2004 (legislation.gov.uk)](legislation.gov.uk)

6 Fire safety

(1)A fire and rescue authority must make provision for the purpose of promoting fire safety in its area.

(2)In making provision under subsection (1) a fire and rescue authority must in particular, to the extent that it considers it reasonable to do so, make arrangements for—

(a)the provision of information, publicity and encouragement in respect of the steps to be taken to prevent fires and death or injury by fire; |
|---|---|---|---|---|

Annex B – Data to be shared

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

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

Use Case 1: Epidemiology Reporting

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

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

Use Case 4: For evaluation and understanding causality

1) Social Care – Child

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

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

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

2) Social Care – Adult

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

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

3) Acute

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

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

4) Community (Individual Spec document for each item)

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

			Use Case 4: Evaluation and Causality

5) Mental Health (Individual Spec document for each item)

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

6) General Practice

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

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

| 6.10 | **Data Categories** | • Active Problems
• Administration
• Alcohol Exercise and Diet
• Allergy
• Blood Chemistry
• Blood Pressure
• Cervical Cytology
• Child Health
• Chronic Disease Monitoring
• Contraception and HRT
• Contraindications
• Diabetes Diagnosis
• ECG Pulmonary
• Encounters
• Family History
• Full Problems List
• Glucose/hba1c
• Haematology
• Height and Weight
• Imaging
• Investigations Admin
• Medications Administration
• Medication Issues
• Microbiology
• Obstetric Procedures
• Operations
• OTC Prophylactic Therapy
• Other Cytology/Pathology
• Other Diagnostic Procedures
• Other Investigations
• Other Preventative Procedures
• Other Therapeutic Procedures
• Past Problems
• Physiology Function Tests
• Pregnancy, Birth and Post Natal
• Recent Tests
• Referrals and Admissions
• Repeat Medication
• Smoking
• Social History
• Unmatched
• Urinalysis
• Vaccination and Immunisations | **Use Case 1:** Epidemiology

Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only

Use Case 3: Planning and Future Service Provision

Use Case 4: Evaluation and Causality |

7) General Practice - TPP

Item	Field Name	Description	Use Case
7.1	**Medications**	• Repeat Medications	**Use Case 2:** Predicting Outcomes and Population

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