NHS
Cheshire and Merseyside

Health & Care Partnership
for Cheshire & Merseyside

Cheshire and Merseyside Health and Care Partnership

Integrated Care System (ICS)

Data Sharing Agreement (Tier Two)

Workstream: Shared Care Record (ShCR)

Document Reference: ICSIGDOC-ID00007
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Next review date: see table below

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Data Sharing Agreement Tiered Framework

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

Tier Zero Memorandum of Understanding

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

Tier One Data Sharing Agreement - Standards

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

Tier Two Data Sharing Agreement

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

Clause

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

The Cheshire and Merseyside 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 associated Tier Zero and Tier One documents, are not designed to negate or supersede existing local policies, but to enhance them by facilitating cross-boundary dialogue and agreement.

Tier Two - Data Sharing Agreement

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

1. Title and Reference Code

Project	Cheshire and Merseyside Health and Care Partnership Integrated Care System (ICS)
Workstream	Shared Care Records
Reference	ICSIGDOC-ID00007
Next review date due by:	The Shared Care Records programme is about to be relaunched and enter a new phase of ICS-wide developments. It is planned for this DSA to be reviewed and comprehensively updated in-line with those new arrangements, once the new programme structures and other pre-requisites are in place. At this stage a major review of this document is scheduled for Quarter 1 of 2024/25, but this date is subject to change due to its dependency on wider programme decisions. As part of the major review / update process outlined in the paragraph above, a schedule for subsequent reviews of this DSA will be agreed. The timing of future reviews will be linked to any subsequent changes in the nature, scope, context or purposes of the processing, but as a minimum this DSA will be reviewed annually by the ICS Digital and Data Information Governance Strategy Committee, and in consultation with the Providing Organisations.
Universal change	Updated document names and programme naming convention and references throughout the document from ‘unified direct care’ to ‘shared care records’; to more accurately and specifically denote the scope and purpose of data processing.
Universal change	Updated references, throughout the document from ‘St Helens and Knowsley Teaching Hospital NHS Trust’ to ‘Mersey and West Lancashire Teaching Hospitals NHS Trust’; to reflect the new organisational form.

2. Direct Care

This Tier Two Data Sharing Agreement is for:

Shared Care Records

This sharing agreement covers the sharing of data across Cheshire and Merseyside Health and Care Partnership to support and deliver direct care.

3. Parties to the Agreement

The parties to this agreement are listed below.

The Cheshire & Merseyside GP Practices listed within the Tier Zero Memorandum of Understanding are also parties to this agreement.

Further parties such as border organisations, hospices and care homes are/may be added to this agreement at a later date.

The **Data Controllers** are the GP Practices; Local Authorities; NHS Providers, and others from where the data is sourced – see lists below.

The **Data Processors** are also listed below.

The table below sets out the organisations receiving data as part of this data sharing agreement and those providing data as part of this data sharing agreement.

Providing Organisations	All GP Practices within Cheshire and Merseyside ICS, which are listed in the Memorandum of Understanding (Tier Zero). Alder Hey Children's NHS Foundation Trust Bridgewater Community Healthcare NHS Foundation Trust Cheshire and Wirral Partnership NHS Foundation Trust Cheshire East Council Cheshire West and Chester Council Countess of Chester Hospital NHS Foundation Trust East Cheshire NHS Trust Halton Borough Council Knowsley Borough Council Liverpool City Council Liverpool Heart and Chest NHS Foundation Trust Liverpool University Hospitals NHS Trust Liverpool Women's NHS Foundation Trust Mersey and West Lancashire Teaching Hospitals NHS Trust Mersey Care NHS Foundation Trust North West Ambulance Service (NWAS) Primary Care 24 (Merseyside) Limited

	Sefton Council Southport & Ormskirk Hospital NHS Trust St Helens Council The Clatterbridge Cancer Centre NHS Foundation Trust The Mid Cheshire Hospitals NHS Foundation Trust The Walton Centre NHS Foundation Trust Warrington and Halton Teaching Hospitals NHS Foundation Trust Warrington Borough Council Wirral Community Health and Care NHS Foundation Wirral Council Wirral University Teaching Hospital NHS Foundation Trust
Receiving Organisations	All GP Practices within Cheshire and Merseyside ICS, which are listed in the Memorandum of Understanding (Tier Zero). Alder Hey Children's NHS Foundation Trust Bridgewater Community Healthcare NHS Foundation Trust Cheshire and Wirral Partnership NHS Foundation Trust Cheshire East Council Cheshire West and Chester Council Countess of Chester Hospital NHS Foundation Trust East Cheshire NHS Trust Halton Borough Council Knowsley Borough Council Liverpool City Council Liverpool Heart and Chest NHS Foundation Trust Liverpool University Hospitals NHS Trust Liverpool Women's NHS Foundation Trust Mersey and West Lancashire Teaching Hospitals NHS Trust Mersey Care NHS Foundation Trust North West Ambulance Service (NWAS) Primary Care 24 (Merseyside) Limited Sefton Council Southport & Ormskirk Hospital NHS Trust St Helens Council The Clatterbridge Cancer Centre NHS Foundation Trust The Mid Cheshire Hospitals NHS Foundation Trust The Walton Centre NHS Foundation Trust Warrington and Halton Teaching Hospitals NHS Foundation Trust Warrington Borough Council Wirral Community Health and Care NHS Foundation Wirral Council Wirral University Teaching Hospital NHS Foundation Trust
Data Processors	Graphnet (supplying Care Centric Shared Care Records) Phillips (supplying e-Xchange Platform) Phillips Healthcare Solution (for the Digital Diagnostics Capability Programme)

	NHS Informatics Merseyside (hosting e-Xchange Platform) Maywood Limited (providing Audit capabilities for e-Xchange) PECS Data Services Limited, through their Primary Eye Care Services (PECS) using Opera software (for the EyCARE: Eyecare Referrals Electronically Programme).

The Lancashire and South Cumbria partners listed below commit to work with Cheshire and Merseyside partners (and vice versa) with the digital programmes, in particular with Share2Care (e-Xchange platform), and so are part of this MOU.

Data is shared with health and social care partners outside of the Cheshire and Merseyside ICS. Currently this is limited to sharing with health and social care organisations in Lancashire and South Cumbria via an e-Xchange platform connection. Over time sharing will be extended to other organisations with legitimate direct care relationships. The list of Lancashire and South Cumbria Data Controllers are below:

Partners in Lancashire and South Cumbria	Each GP Practice across the Integrated Care Systems of Lancashire and South Cumbria • Blackburn with Darwen Borough Council • Blackpool Borough Council • Blackpool Teaching Hospitals NHS Foundation Trust • East Lancashire Hospitals NHS Trust • Lancashire and South Cumbria NHS Foundation Trust • Lancashire County Council • Lancashire Teaching Hospitals NHS Foundation Trust • University Hospitals of Morecambe Bay NHS Foundation Trust

Other Partners providing and/or receiving data

Record	Partner	Provide data and/or receive/view data	ICO Number
Cheshire Care Record	The End-of-Life Partnership Limited (EPaCCs)	Provide & Receive	Z6557193
Cheshire Care Record	East Cheshire Hospice	Receive	Z5339626
Cheshire Care Record	St Lukes Hospice (Cheshire)	Receive	Z5082264
Cheshire Care Record	Hospice of the Good Sheppard	Receive	ZA915029

Cheshire Care Record	Christie Hospital NHS Trust	Provide	Z7091213
Cheshire Care Record	South Cheshire & Vale Royal Primary Care Access Hub (GP Out of Hours - GP Alliance)	Receive	ZA649609
St Helens Care Record	St Helens Rota	Receive	Z4756501
St Helens Care Record	Change, Grow, Live	Provide & Receive	Z9124986
Wirral Care Record	Wirral Hospice St John's	Provide & Receive	Z5006126

Additional Data Processors may be added over time, such as when additional software is needed to support the programme for direct patient care. Access may also be given to other Data Controllers over time, so that data will be available to clinical staff in other areas, who have a legitimate reason to access it for their patient's direct care. If Data Controllers or Data Processors are added to this Data Sharing Arrangement, it will be sent to the existing Partners.

4. Terms of the Agreement

Start Date 1st July 2022

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

5. Purpose of the Data Sharing

Purpose of Data Sharing	The purpose of the data sharing is for direct care within the context of a Shared Care Record (ShCR). The aim of implementing a shared record platform into health and social care organisations is to improve the quality, safety and coordination of care received by individuals across Cheshire, Merseyside. This is achieved through ensuring health and care professionals are able to have the right information, at the right time, regardless of where the individual is receiving care and support. We aim to ensure all care settings are able to collaborate and coordinate care, whether it is within a GP practice, hospital, community site or within the home. Throughout the lifecycle of the programme, patients will be informed of the benefits of sharing, and the programme will work to ensure we can interoperate with key systems across the geography, ensuring a wealth of clinically relevant data is available to their health and care providers. To note: This data set cannot be used for research.
Data to be Shared	**Care Centric (supplied by Graphnet)** Appendix A shows the data items that are to be shared within Care Centric. **Wirral Health Information Exchange platform (supplied by Cerner)** Appendix B shows the data items that are to be shared within Cerner. **e-Xchange** Appendix C shows the data items that are to be shared within e-Xchange.

6. Data Protection Impact Assessment

Summary of Data Protection Impact Assessment for Data Sharing	The Data Protection Impact Assessment for Shared Care Records includes an assessment of data flows into all Three solutions (e-Xchange; Care Centre; and Wirral Health Information Exchange) is embedded below: ICS DPIA Shared Care Record January : Other local care records and software used to support and deliver direct care are part of this Tier Two DSA for ShCR. Others will be added over time, and each will have an individual DPIA completed.

7. Data Details

Details of how the Data will be shared – Data Flow	**E-xchange supplied by Phillips** Published information is viewed, not transmitted. Information stored in originating organisation server. Information for retrieval is sent to ForConnect (Phillips/Forcare), which is held in local servers seated within the hosted Trust network domain. A link to published data is registered in the central registry. When an authorised user accesses the system, a link is routed to the document held in the servers of the respective sites, and a view of that document is displayed to the user. **Care Centric supplied by Graphnet** Data flows from source systems to Graphnet either by HL7 Secure feeds or bulk transfer to a secure azure cloud environment. Data is made available for use in the Shared Ca **Wirral Health Information Exchange supplied by Cerner** exchanges data from systems directly form the source EPRs and does not store data persistently. Data is held in the Wirral Care Record. The information in the Wirral Care Record persists in the HealtheIntent (Cerner) application. N.B. no free text is included in these care records.

Reference Materials	The following Government documents are provided, as being part of the new ICS and Shared Care Records (ShCR): **DHSC Data saves lives: reshaping health and social care with data** (draft) – click here **NHSX Information Governance Framework for Integrated Health and Care: Shared Care Records** – click here **NHSE Integrated Care Systems: design framework** – click here

Access to data

Personnel to have access to the data

Care Centric (supplied by Graphnet)
Registered health and social care professionals and unregistered professionals acting in the pursuit of direct care, who are employed or who have honorary contracts with the Data Controllers listed in this DSA.

Activity	Patient Demographics	Discharge Summaries	Clinic Letters	Radiology Reports	Lab Results	Radiology Images	Social Care Summary	Example roles for each level of access (to be determined by each Trust)
Full Record Access	Y	Y	Y	Y	Y	Y	Y	All clinicians, doctors, nurses, AHPs, associate nurses, pharmacists, physician associates etc.
Clinical Documentation Access	Y	Y	Y	N	N	N	Y	Link worker, social worker, social prescriber etc.
Medical History Access	Y	N	N	Y	Y	Y	N	Ward Clerks etc.
Extended Medical History Access	Y	Y	Y	Y	Y	Y	N	MDT administrators, HCAs etc.
Demographics	Y	N	N	N	N	N	N	Admin /Clerical etc.

	Care Centric (supplied by Graphnet) Registered health and social care professionals and unregistered professionals acting in the pursuit of direct care, who are employed or who have honorary contracts with the Data Controllers listed in this DSA. **Data Processors** People directly employed or who have honorary contracts with the data processors listed in this DSA which are: • Graphnet for the purposes of managing Care Centric Shared Care Records (ShCR). • NHS Informatics Merseyside for the purposes of hosting e-Xchange Shared Care Record (ShCR). • Phillips for the purposes of managing e-Xchange Shared Care Record (ShCR). • Maywoods Ltd for the purposes of processing data to support audit of e-Xchange. **Share2Care/Maywoods Ltd Data Sharing Agreement** Maywoods DSA for S2C 2021.pdf **Care Centric/Graphnet Data Processing Agreement** Graphnet Data Procesing Agreement **Wirral Health Information Exchange platform Data Sharing Agreement** HWP HIE Data Sharing Agreement 2(
Details of retention and destruction	**Share2Care (e-xchange)** No data is persisted or retained. Information is held within the Partner Organisations local server, and subject to local record retention policies. **Care Centric supplied by Graphnet.** Organisations will retain data in line with the:

	NHSX Records Management Code of Practice 2021. **Wirral Health Information Exchange platform** The information in the Wirral Care Record persists in the HealtheIntent (Cerner) application. Partner Organisations will retain data in line with the: **NHSX Records Management Code of Practice 2021**

Personal and Sensitive Data

The following provides some further details for Personal and Sensitive Data:

Sensitive data excluded	Sensitive data that is structured (i.e. organised computer processable items) are excluded from retrieval following recommendations made by The Royal College of General Practitioners (RCGP) ethics committee and the Joint GP IT Committee. These items include: • Gender reassignment • Assisted conception and in vitro fertilisation (IVF) • Sexually transmitted diseases (STD) • Termination of pregnancy Additionally, organisations providing data are informed of excluded sensitive data items, and these should be excluded from uploaded clinical documentation.
Data Controller Arrangements	**Executive Sponsor:** the owner of any data protection risks identified within the DPIA. This person is an appropriately senior manager, ideally a member of the Executive Team, assigned to the relevant Directorate. **Data Controller:** exercises control over the processing and carries data protection responsibility. Their activities will include significant decision making. **Data Processor:** simply processes data on behalf of a Data Controller and their activities are more limited to 'technical' aspects. **Sub-Processor:** under UK GDPR, the Data Controller must give its prior written authorisation when its Processor intends to entrust all, or part of the tasks assigned to it to a sub-Processor. The Processor remains fully liable. **Joint Data Controllers:** where two or more Data Controllers jointly determine the purposes and means of processing, they shall be Joint Data Controllers (see UK GDPR). Specifically for Joint Data Controllers, these are the responsibilities of partner organisations when they are acting as Joint

	Data Controllers in delivering health and care utilising the information available from the shared records from each participating organisation.

Pseudonymised or De-Identified Data

Details of controls to be put in place to minimise the risk of re-identification of patients or service users	Data will be shared for direct care and therefore will be identifiable for this purpose.

8. Legal Basis

The Legal Basis under the General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality is set out below:

Lawful Basis for Sharing Data	Under the UK General Data Protection Regulation (GDPR), the following conditions are met: Processing Personal Data – GDPR Article 6 **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 Processing Sensitive Personal Data – GDPR Article 9 **9 (2) (h)** Necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care, or treatment or the management of health or social care systems and service The Common Law Duty of Confidentiality can be set aside under one of the following: • Can be shared with consent • Can be overridden in the public interest e.g. threat of homicide or suicide • Can be overridden by legislation The Common Law Duty of Confidentiality is addressed by implied consent for direct patient care.

	For further support to the Common Law Duty of Confidentiality, as an example, the BMA guide ***GPs as data controllers under the General Data Protection Regulation***, available at: https://www.bma.org.uk/media/1827/bma-gps-as-data-controllers-under-gdpr-november-2019.pdf sets out on page 3: "When relying on Articles 6(1)(e) and 9(2)(h) to share data for the provision of direct care, consent under GDPR is not needed. However, in addition to the GDPR, data controllers must also satisfy the common law duty of confidentiality. In order to satisfy the common law data controllers can continue to rely on implied consent to share confidential health data for the provision of direct care. The most common example of when consent can be implied is when a patient agrees to a referral from one healthcare professional to another. In these circumstances, when the patient agrees to the referral this implies their consent for sharing relevant information to support the referral (unless the patient objects). The referral information can then be disclosed under GDPR using articles 6(1)(e) and 9(2) (h) as above."

Opt-outs

The **National Data Opt**-out does not apply for direct care. However, in the Data Sharing Agreement **Type 1 Opt-outs** (those who do not want their information shared outside of General Practice for purposes other than direct care) will be upheld. This means that data for people who have objected to sharing their data will not flow from the GP record into the Graphnet solution, and others.

It is important that organisations make sure this is visible in privacy notices, as there is a potential ethical issue in that Type 1 Opt-outs are to stop GP data from being used for secondary purposes, and patients may inadvertently be disadvantaged by making a Type 1 Opt-out believing it will just restrict data sharing for secondary purposes, and not realising it could have potential effect on their direct care.

Local Records

Data for people who have not consented to sharing for their local shared care record does not flow into the solutions. The Codes used to identify these records are:-

- 93C1 – Refused consent for upload to local shared electronic record
- XaKRw - Refused consent for upload to local shared electronic record
- 416409005 – Refused consent for upload to local shared electronic record (finding)

9. Signatory Sheet

Data Sharing Agreement (Tier Two)
Workstream: Shared Care Records Agreement

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

Data Sharing Agreement Owner (e-Xchange): Host Organisation

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

Data Sharing Agreement Owner (Care Centric): Host Organisation

Signed for and on behalf of:	Mersey and West Lancashire Teaching Hospitals NHS Trust
Signature:	
Date:	
Your name:	
Your Job Title / Role:	
Your email address:	

Data Sharing Agreement Owner (Wirral Health Information Exchange platform): Host Organisation

Signed for and on behalf of:	Wirral University Teaching Hospital NHS Foundation Trust
Signature:	

Date:	
Your name:	
Your Job Title / Role:	
Your email address:	

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:

S2C PMO

Share2Care@alderhey.nhs.uk

10. Appendix A: Care Centric data set

The specific data items will only be coded (structured) data, that is to say no free text (unstructured) data will flow.

The agreement covers the permission to flow all data fields listed below, whilst all fields are listed the Data Controllers remain in control of what data is actually shared/flows to Care Centric (supplied by Graphnet).

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

N.B. Over time, other data sets may be added for direct care purposes.

1. Social Care – Child

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

Item (data spec doc cross reference)	Field Name	Description
1.1	**Extract Identifier**	Reference data item
1.2	**Person Core**	Patient Identifiable Data
1.3	**Person Extended**	Patient Identifiable Data
1.4	**Referral**	**Open referrals** and **referrals** that have closed since a predefined number of months prior to go live of the export.
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**
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
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.
1.8	**Related Person**	**Relationship Types** and **Relationship Flags**

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.
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

2. Social Care – Adult

Item	Field Name	Description
2.1	**Extract Identifier**	Reference Data Item
2.2	**Person Core**	Patient Identifiable Data
2.3	**Person Extended**	Patient Identifiable Data
2.4	**Referral**	**Open referrals** and **referrals** that have closed since a predefined number of months prior to go live of the export.
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)
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
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.
2.8	**Related Person**	**Relationship Types** and **Relationship Flags**
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.
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
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.
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.
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.

3. Acute

Item	Field Name	Description	
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	
3.2	**Medications**	Medications	
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
3.4	**Out-Patient**	Unique Identifier (Event ID) Originating Referral ID Referral Date Referral Outcome Referral Priority	Referral Disposition Referral Type Referral Category Speciality
3.5	**A&E**	Unique Identifier (Event ID) Attendance Date Discharge Date Discharge Method Diagnosis	Discharge Destination Location Consultant Referring Doctor Procedures
3.6	**ICE/Pathology Results**	Pathology Results Direct from Labs or from the ICE system	

4. Community (Individual Spec document for each item)

Item	Field Name	Description
4.1	**Demographics**	Data from the demographics CSV will be used for creating or updating the demographics of a patients.

4.2	**Referral**	Referrals
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)
4.4	**Community Health**	• Immunisations • Care Plan • Problems • Interventions • Encounters & Appointments • Diagnosis • Medications
4.5	**Allergies**	• Allergy data
4.6	**Contacts**	Contacts

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

Item	Field Name	Description
5.1	**Demographics**	Data from the demographics CSV will be used for creating or updating the demographics of a patients.
5.2	**Referral**	Referrals
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)
5.4	**Care Programme Approach (CPA)**	• Diagnosis • Mental Health Act • Risk Assessment • Risk Scores • Risk Plans • Early Intervention in Psychosis (EIP) **Free text will not be included.**
5.5	**Contacts**	Contacts

6. General Practice - EMIS

Item	Field Name	Description
6.1	**GP COVID-19/Advance Care Planning**	• GP COVID-19 Status • GP Advance Care Planning • Alerts
6.2	**Allergies Summary**	• Allergy data
6.3	**GP Medications Issued**	Medications
6.4	**GP Repeat Medications**	Medications
6.5	**GP Problems**	• Active Problems • Past Problems • Additional Problems
6.6	**GP Results**	Results
6.7	**GP Vitals and Measurements**	Latest height/weight; latest blood pressure; latest physiological function result ordered by date descending.
6.8	**GP Lifestyle**	Lifestyle

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)
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

7. General Practice - TPP

Item	Field Name	Description
7.1	**Medications**	• Repeat Medications • Medications Issued
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

8. Cancer data set

The embedded document specifics the data to be used from the IOCB system for managing cancer patients. This data is to be used for the purposes of direct care health as specified in this data sharing agreement.

SCR Dataview Directory 21.1.pdf

11. Appendix B Cerner data set

HIE allows partners access to the following from their combined systems.

Current Problems, Current Medication, Allergies and Recent tests

- Problem view
- Diagnosis View
- Medication including Current, Past and Issues relevant
- Risks and Warnings
- Procedures
- Investigations
- Examination (Blood Pressure Only)
- Events consisting of Encounters, Admissions and Referrals
- Patient Demographics

12. Appendix C: e-Xchange data set

N.B. no free text information will be included.

Name
Address (home or business) and Postcode
NHS Number
Date of Birth
Online identifier (e.g. Email Address, IP Address)
Identification Number (e.g. Hospital number)
Location Data
Employment
School
Adoption
Safeguarding
Racial/Ethnic Origin
Religious or Philosophical Beliefs
Genetic Data
Biometric Data (e.g. Fingerprints)
Sexual Life
Sexual Orientation

Health Data
Clinical diagnosis and history
Treatment plans
Medications
Discharge summaries
Clinic letters
Radiology data
Laboratory data, and any other pertinent health data for direct care

Social Care Data
Case history
Person details
Carers
Disability
Risk type, and any other pertinent social care data for direct care