NHS
West Suffolk
NHS Foundation Trust

# Data Protection Impact Assessment (DPIA)

- This checklist is to be used by the Information Governance Team when assessing the compliance with the General Data Protection Regulation of new processes, software and hardware involving the processing of person identifiable data (PID).
- All processing of PID must be tested for data protection/confidentiality compliance prior to implementation/commencement and approved by the Information Governance Steering Group.
- This process is in line with the Information Commissioner's Office DPIA Code of Practice. In accordance with the General Data Protection regulations (GDPR) Article 35, DPIAs are mandatory for processing of high risk information processes.

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| **Process/Database/System:** | Optimine Research Study – SmokeFree/DrinkFree |
| **Reason/purpose for the processing:** | Dr Helena Jopling (WSFT) and Dr Zarnie Khadjesari (University of East Anglia) are conducting a research study and wish to access the electronic health record for the following purpose: To use information in the Electronic Health Records (EHRs) to identify adults who smoke and/or drink alcohol at risky levels and then send them an email or a text message (SMS) referring them to Public Health England's SmokeFree and DrinkFreeDays mobile apps (smartphone applications). Use of these apps is intended to help people quit smoking and reduce their alcohol consumption, which in the long-term will prevent them from getting cancer.<br><br>Objective 1: To identify adults who are smoking and/or drinking alcohol at risky levels in Electronic Health Records and to find out who these patients are, i.e. their sex, age, ethnicity, level of deprivation (measured by the Index of Multiple Deprivation, using postcodes), and whether they have any long-term conditions.<br><br>Objective 2: To ask adults who smoke cigarettes and drink alcohol regularly if they find it acceptable to get an email or SMS from the hospital that automatically refers them to mobile apps. These apps have been created and advertised by Public Health England to help people quit smoking and reduce their alcohol consumption. We also want to ask healthcare professionals, EHR administrative staff, and hospital managers if they perceive it acceptable to use the EHR to find people who smoke and drink alcohol excessively and refer them to apps for support with changing these behaviours.<br><br>Objective 3: To set up and test a pilot system that automatically selects patients who smoke and/or |

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| | drink alcohol at risky levels based on their information in the EHRs and send them an email or SMS to access a mobile app that helps them quit smoking or reduce alcohol consumption. In this pilot study, we will track the number of patients who click on the link in the email/SMS to access the apps and find out the characteristics of patients who click on the link and those who do not.<br><br>We will request ethical approval for the research via the Health Research Authority. |
| **DPIA undertaken by:** | Dr Helena Jopling, consultant in healthcare public health, WSFT<br>Dr Zarnie Khadjesari, senior lecturer in health promotion, University of East Anglia |
| **Completion date:** | 11 March 2019 |

*IG Team use*

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| **Date received:** | 11 March 2019 |
| **Date reviewed by IG Steering Group:** | 20 September, 2019 |
| **Approval date:** | 20 September, 2019 |

| Consideration | Response | | | | Comments or actions |
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| **SECTION 1: DESCRIPTION OF DATA FLOWS AND PURPOSE** | | | | | |
| **1.** Is person identifiable data (PID) being processed, or could someone be uniquely identified from information likely to come into the possession of the data processor? | Yes | ✓ | No | | We will need to access PID to conduct this study. We will use PID to send messages to patients who smoke and/or drink alcohol at risky levels (e.g. >14units per week, AUDIT score 8 or more, AUDIT-C score 5 or more). |
| **2.** Do we need to use personal data? Could the PID be anonymised or pseudonymised instead? | Yes | ✓ | No | | As above. |
| **3.** Is all the PID being collected necessary, and can you justify why you need it? | Yes | ✓ | No | | The data we will access is all being routinely collected in the delivery of healthcare. We will access the following data:<br><br>-Smoking and Drinking status (these data determine eligibility for the messages).<br>-Email address and/or mobile phone numbers (these data help inform the feasibility of message format and will be used to send the message to the patients).<br><br>The patient data below will be used to determine the characteristics of those patients who do/do not access the apps within the email/text message:<br>-Age (also used to determine eligibility as only adults are eligible to receive the messages)<br>-Sex<br>-Ethnicity<br>-Level of deprivation<br>-Long-term conditions<br><br>It is important to determine the characteristics of patients who access the apps within the messages, to tailor future public health messaging. |
| **SECTION 2: LAWFUL BASIS** | | | | | |
| **4.** What Condition under Article 6 are we relying upon? | | **Consent** | | Article 6(1)(a) | |
| | | **Contract performance** | | Article 6(1)(b) | |
| | | **Legal obligation** | | Article 6(1)(c) | |
| | | **Vital Interests** | | Article 6(1)(d) | |
| | ✓ | **Public task** | | Article 6(1)(e) | |

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| **SECTION 3: SPECIAL CATEGORY DATA** | | | | | |
| **5.** Is Special Category Data under Article 9 being processed? If yes please list | Yes | ✓ | | | *If 'Yes', please list:* |
| **6.** What Condition under Article 9 are we relying upon to process Special category Data?<br><br>*If processing Special Category data, you need to fulfil a condition under both Article 6 and Article 9* | | **Not applicable** | | | not processing special category data |
| | | **Explicit consent** | | | Article 9(2)(a) |
| | | **Employment law** | | | Article 9(2)(b) |
| | | **Vital interests** | | | Article 9(2)(c) |
| | | **Non-profit organisation** | | | Article 9(2)(d) |
| | | **Made public by data subject** | | | Article 9(2)(e) |
| | | **Legal claims or court proceedings** | | | Article 9(2)(f) |
| | ✓ | **Public interest** | | | Article 9(2)(g) |
| | ✓ | **Health & Social Care**<br>- *includes Occupational medicine*<br>- *excludes medical research* | | | Article 9(2)(h) |
| | ✓ | **Public health** | | | Article 9(2)(i) |
| | | **Scientific, statistical research**<br>- *excludes medical research* | | | Article 9(2)(j) |
| **SECTION 4: CONDITIONS OF CONSENT** | | | | | |
| **7.** Is consent explicit and details of this recorded? | Yes | | No | | *Describe how explicit consent is obtained and recorded:*<br><br>Not applicable |
| **8.** Can consent be withdrawn at any time? | Yes | | No | | *What will happen to the data if consent is withdrawn:*<br><br>Not applicable |

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| **SECTION 5: INFORMATION SECURITY** | | | | | |
| **9.** Is information being processed or sent electronically?<br><br>*Electronic processing includes storage on network, PCs or electronic device*<br><br>If '**Yes'**, complete remainder of this section<br>If '**No'**, move to Q16 | Yes | ✓ | No | | The data will be electronic health record data accessed on site at West Suffolk Hospital.<br>The data will not be stored separately.<br>For the purpose of the research study, we will record summary statistics of those patients who do and do not click on a link to access the apps:<br><br>Proportion of men and women who smoke and/or drink alcohol at risky levels. Plus characteristics of these patients: sex, average age, ethnicity, level of deprivation, long-term health condition. |
| **10.** Will the data be stored on the web? | Yes | | No | ✓ | *Give details of web storage:* |
| **11.** Is data encrypted? | Yes | ✓ | | | *Describe encryption e.g. HTTPS website, AES 2048Bit encryption, NHSmail:*<br><br>The data will be electronic health record data accessed on site at West Suffolk Hospital. |
| **12.** Who will have access (including any third party individuals) to the personal data? | | | | | *List systems e.g. Evolve, Lorenzo and third parties:*<br><br>An information analyst and a researcher from UEA will have access to the patients records for the purpose of identifying people smoking and/or drinking at risky levels. |
| **13.** Is data access controlled? | | | | | Explicit/smartcard role profile access |
| **14.** How long will the data be held for? | | | | | In line with NHS Records Management Code of Practice: |
| **15.** Will any PID be stored on portable devices e.g. USB sticks, iPads? | Yes | | No | ✓ | *If Yes, will it be encrypted and are they Trust issued devices?* |

| Consideration | Response | | | | Comments or actions |
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| **SECTION 6: THIRD PARTY DETAILS** | | | | | |
| **16.** Are you using a third party to process/store PID?<br><br>If '**Yes'**, complete remainder of this section<br>If '**No'**, move to Q22 | Yes | | No | ✓ | *If yes, give name of third party company:*<br><br>We are sending the messages to patients as part of a research study conducted by Dr Helena Jopling (WSFT) and Dr Zarnie Khadjesari (UEA). Patient records will be accessed by a researcher (UEA) and an information analyst (WSFT). |
| **17.** Is the 'third party' registered with the ICO? | Yes | | No | | *Not applicable* |
| **18.** Is an information sharing protocol in place? | Yes | | No | | Not applicable |
| **19.** Which industry standard IG/security certifications are held? | Yes | | No | | As for ecare |
| **20.** Have third party details been added to Privacy Notice? | Yes | ✓ | No | | |
| **21.** Has the process been added to the metaprivacy register and an information asset owner identified? | Yes | ✓ | No | | |
| **SECTION 7: SUBJECT ACCESS RIGHTS** | | | | | |
| **22.** Does the process allow data subjects to have copies of their own information in accordance with Article15? | Yes | ✓ | No | | *Give details of process:* |
| **23.** How will personal data be rectified in accordance with Article 16? | | | | | Manual process in IG |
| **24.** How will data be erased (right to be forgotten) in accordance with Article 17? | | | | | Manual process in IG |
| **25.** How will processing be restricted in accordance with Article 18?<br>Grounds for restricting is permitted when one of the following applies:<br>a) Accuracy is contested<br>b) Processing is unlawful<br>c) Defence of legal claims<br>d) Verification of legitimate grounds | | | | | Manual process in IG |
| **SECTION 8: INTERNATIONAL PID TRANSFERS** | | | | | |
| **26.** Is personal data being transferred to, or processed in, a country that is outside the EU? | | | No | ✓ | *Confirm geographical location:*<br><br>All data will be analysed on site at West Suffolk Hospital. |

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| **SECTION 9: RISKS AND ACTIONS** | | | | | |
| **27.** Is the purpose of processing the personal data listed in the Trust's Notification to the Information Commissioner? | Yes | ✓ | No | | |
| **28.** Has the system/process been signed off by the IT department? | Yes | | No | | Not required |
| **29.** Will this process be compliant under GDPR? | Yes | ✓ | No | | |
| **30.** Are there any risks associated with this project/process? | | | No | | *Describe action taken to address risks:*<br>There are no known physical risks of receiving a message that promotes use of an app for smoking cessation and/or reduced drinking, other than those commonly experienced with quitting smoking and reducing alcohol consumption. Patients will be asked to access a publicly available app developed and published by Public Health England.<br><br>Plausible psychological or emotional harm could arise if a recipient feels their privacy has been invaded, or that their smoking or drinking status might bias the quality of the healthcare they receive from the trust. We will explore these risks in the focus groups in order to design messages which are acceptable in tone, content and quantity.<br><br>Patient data will remain part of the electronic health record on site at West Suffolk Hospital, and will only by accessible to the researcher and the Trust information analyst. The research team will publish aggregate data on patient characteristics that correspond to patients who accessed the apps and those who did not access the apps.<br><br>We will only target smokers and/or risky drinkers to minimise exposure and ensure relevance. |