

Activities of the ICB

Although this is not an exhaustive detailed listing, the following table lists key examples of the purposes and rationale for why we collect and process information:

Activity	Rationale and Legal Basis
Complaints	<p>Rationale</p> <p>We will process your personal information where it relates to a complaint where you have asked for our help or involvement.</p> <p>The information we will require when you make a complaint will be:</p> <ul style="list-style-type: none">• Your name, address and contact telephone number and those of the person that you may be complaining for; including their date of birth and NHS Number• A summary of what has happened, giving dates where possible• Which organisation provided the care or service• A list of issues that you are complaining about• What you would like to happen as a result of your complaint <p>Legal Basis</p> <p>The ICB has a duty as to the improvement in quality of services under Section 14R NHS Act 2006 and will rely on your explicit consent as the basis to undertake such activities.</p> <p>Complaint Process</p> <p>When we receive a complaint from an individual we make up a file containing the details of the complaint. This normally contains the identity of the complainant and any other individuals involved in the complaint.</p> <p>We will only use the personal information we collect to process the complaint and to check on the level of service being provided.</p> <p>We usually have to disclose the complainant's identity to whoever the complaint is about. This is inevitable where, for example, the accuracy of a person's record is in dispute. If a complainant doesn't want information identifying him or her to be disclosed, we will try to respect that. However, it may not be possible to process a complaint on an anonymous basis.</p> <p>We will keep personal information contained in complaint files in line with NHS retention policy. It will be retained in a secure environment and access to it will be restricted according to the 'need to know' principle.</p> <p>We may use service user stories, following upheld complaints, but the individual will remain anonymous. The service user stories will provide a summary of the concern, service improvements identified and how well the complaints procedure has been applied. Explicit consent will always be sought from the service user or carer or both before we use the service user story.</p> <p>Benefits</p> <p>Managing complaints enables the ICB to continuously improve the quality of the services we commission.</p> <p>Retention Period</p> <p>Information relating to complaints will be retained for 10 years after which time the</p>

	<p>information will be reviewed and if no longer necessary will be destroyed.</p> <p>‘Special Category’ Data Processed: Health</p>
<p>Individual Funding Request (IFR)</p>	<p>Rationale We will collect and process your personal information where we are requested to fund a specific treatment or service for a condition that is not already covered in our contracts.</p> <p>This is called an “Individual Funding Request” (IFR).</p> <p>‘Special Category’ Data Processed: Health</p> <p>Legal Basis The ICB has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as outlined in the National Health Service Commissioning Board and Integrated Care Boards (Responsibilities and Standing Rules) Regulations 2012 (SI 2012 No 2996) (Part 7-34 (1) and (2).</p> <p>The clinical professional who first identifies that you may need the treatment will explain to you the information that we need to collect and process in order for us to assess your needs and commission your care and will ask for your informed consent for personal clinical information to be shared with the ICB.</p> <p>Benefits The Individual Funding Request process allows the ICB to look at evidence for the safety and effectiveness of any treatment and ensures that the services we pay for will give patients the greatest health gains from the resources we have available.</p> <p>Retention Period: <input type="checkbox"/> NHS Records Management Code of Practice 2021</p> <p>Existence of Automated Decision Making: None</p>
<p>Continuing Healthcare</p>	<p>Rationale We will collect and process your identifiable information where you have asked us to undertake assessments for your continuing healthcare which is a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital but have been assessed as having a “primary health need”.</p> <p>This is called “Continuing Health Care” (CHC)</p> <p>‘Special Category’ Data Processed: Health</p> <p>Legal Basis The ICB has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as outlined in the National Health Service Commissioning Board and Integrated Care Boards (Responsibilities and Standing Rules) Regulations 2012 (SI 2012 No</p>

2996) (Part 6-20-22).

The clinical professional who first sees you to discuss your needs will explain to you the information that they need to collect and process in order for us to assess your needs and commission your care and will ask for your informed consent for personal clinical information to be shared with the ICB.

Benefits

The ICB can arrange a care and support package that meets your assessed needs. The ICB can determine how your needs and care will be managed, where your care will be given e.g. in your own home or in a care home and identify which organization will be responsible for meeting your needs.

Retention Period

Information relating to Continuing Healthcare will be retained for 8 years after which time the information will be reviewed and if no longer necessary will be destroyed.

Existence of Automated Decision Making: None

Medicines Optimisation

Purpose/s of processing

To process a safe and robust service with authorised access to GP clinical systems to enable medicines optimisation pharmaceutical support for practices and patients

Medicines Optimisation is about ensuring that the right patients get the right choice of medicine at the right time. By focusing on patients and their experiences, the goal is to help patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage of medicine and improve medicines safety. Ultimately medicines optimisation can help encourage patient to take ownership of their treatment.

To achieve the above we will process your personal data for the following purposes:

- To carry out direct patient-facing activities on behalf of or at the request of a GP or General Practice.
- To undertake analysis using specific criteria to identify individual patients that may benefit from a safer, more effective and / or more efficient medicinal regimes and approaches. This analysis may be carried out proactively or at the direct request of a General Practice and may lead to recommendations to the responsible clinician.
- To carry out administrative purposes which are necessary to ensure that the right payments are made and staff are suitably trained to undertake the work safely and effectively

'Special Category' Data Processed: Health

Legal Basis

The ICB will rely on the below legal basis to process personal data for the purposes of medicines optimisation:

- Health & Social Care Act 2012 (Section 251b) (duty to share)

- NHS Act 2006 (Section 3a) (duty as to provision of certain services)
- GDPR Articles 6(1)(e) and 9(2)(h)
- Data Protection Act Schedule 1: health and social care purposes

Retention Period

The ICB will hold your information for a period of 5 years. Before records are destroyed we will review information held and take into account any further retention periods which may oblige us to hold the information for a further period of time.

Benefits

The ICB can carry out Medicines Optimisation activities to ensure that patients receive prescribed items which are clinically effective and cost effective based on individual, local and national health population needs. We can also benchmark and share best practice at a practice level, locally and nationally to further improve our patients' experience of prescribed items and to the benefit of our local population.

Existence of Automated Decision Making: None

Safeguarding

Rationale

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is a key part of providing high-quality health and social care. The ICB will participate in Serious Case Reviews undertaken by either the local Children's Safeguarding Boards or the Adult Safeguarding Boards for continued learning, to minimize risk and to improve services.

'Special Category' Data Processed: Health

Legal Basis

The ICB has a statutory responsibility under the Children Act 2004, Care Act 2014 and safeguarding provision within the Data Protection Act 2018 (Schedule 1, Part 2, Subsections 18 and 19) to ensure the safety of all children, and the safety of adults at risk of abuse and neglect.

Benefits

Safeguarding is a fundamental element of the ICBs commissioning plans and forms a core part of the commissioning assurance process.

Retention Period

The ICB will hold information for a period of 8 years following the closure of a case. Before records are destroyed we will review information held and take into account any serious incident retentions which may require us to hold the information for a further period of time. Each case will be reviewed on an individual basis.

Existence of Automated Decision Making: None

Invoice Validation

Rationale

The validation of invoices ensures that those who provide you with care and treatment can be paid the correct amount.

NHS Shared Business Services process invoices on behalf of NHS Gloucestershire ICB. SBS do not require and should not receive any patient confidential data to provide their services. However before payment can be made, the ICB need to validate the invoice – i.e. ensure that the treatment and amount is correct. In order to do this, personal confidential data is submitted by the health care provider to an approved and controlled secure environment within the ICB. Only certain data can be submitted, and only when it is necessary for the validation process. The identifier used for invoice validation is NHS number, or the local provider ID if the NHS number is not known to the provider, e.g. hospital number. We use this information to check that the relevant invoice is correct and ready to be paid by the ICB.

The ICB has a duty to detect, report and investigate any incidents where a breach of confidentiality has been made.

Personal data processed: NHS Number or local provider ID

'Special Category' Data Processed: None

Legal basis

The use of personal confidential data by ICBs for invoice validation has been approved by the Secretary of State for Health through the Confidentiality Advisory Group of the Health Research Authority and this approval has been extended to 30th September 2024.

For more information see: <https://www.england.nhs.uk/ourwork/tsd/ig/in-val/invoice-validation-faqs/>

Benefits

The invoice validation process supports the delivery of patient care by ensuring that:

- service providers are paid for patients treatment,
- enables services to be planned, commissioned, managed and subjected to financial control,
- enables commissioners to confirm that they are paying appropriately for the treatment of patients for whom they are responsible
- fulfilling commissioners duties of fiscal probity and scrutiny
- enables invoices to be challenged and disputed or discrepancies resolved

<p>Patient and Public Involvement</p>	<p>Rationale If you have asked us to keep you regularly informed and up to date about the work of the ICB or if you are actively involved in our engagement and consultation activities or patient participation groups, we will collect and process personal confidential data which you share with us.</p> <p>This is called ‘Patient and Public Involvement’</p> <p>Where you submit your details to us for involvement purposes, we will only use your information for this purpose. You can opt out at any time by contacting us using our contact details at the end of this document.</p> <p>‘Special Category’ Data Processed: None</p> <p>Legal Basis Under the NHS Act 2006 Section 14Z2, the ICB has a duty, in relation to health services provided (or which are to be provided) under arrangements made by the ICB exercising its functions, to make arrangements so as to secure that individuals to whom the services are being (or may be) provided are involved at various specified stages.</p> <p>We will rely on your explicit consent for this purpose.</p> <p>Where you have agreed to participate in online surveys on our Citizen Space site, your information will be held for 6 months following the publication of survey results after which your information will be deleted.</p> <p>Records Retention Where you have provided us with your contact details for us to keep in touch, we will contact you periodically to ensure you are still happy for us to hold these details. If we do not hear back from you we will delete your information from our database.</p>
<p>Commissioning</p>	<p>Rationale This includes wider NHS purposes beyond the provision of direct care and treatment to you, such as managing and funding the NHS, monitoring activity to understand and plan the health needs of the population, and to gain evidence that will improve health and care through research.</p> <p>Legal Basis Under the Health & Social Care Act 2012 the ICB has a statutory legal basis for collecting and processing information for the purposes of commissioning.</p> <p>Processing Activities Hospitals and community organisations that provide NHS-funded care are legally and contractually obliged to submit certain information to NHS Digital about services provided to our service users.</p> <p>This information is generally known as commissioning datasets. The ICB obtains these datasets from NHS Digital and they relate to service users registered with GP Practices that are members of the ICB.</p> <p>These datasets are used in a format that does not directly identify you, for wider NHS purposes such as managing and funding the NHS, monitoring activity to understand and plan the health needs of the population, and to gain evidence that will improve health and care through research</p>

The datasets include information about the service users who have received care and treatment from those services that we are responsible for funding. The ICB is unable to identify you from these datasets. They do not include your name, home address, NHS number, post code or date of birth. Information such as your age, ethnicity and gender, as well as coded information about any clinic or accident and emergency attendances, hospital admissions and treatment will be included.

The specific terms and conditions and security controls that we are obliged to follow when using these commissioning datasets can also be found on the [NHS Digital website](#).

We also receive similar information from GP Practices within our ICB membership that does not identify you.

Benefits

We use these datasets for a number of purposes such as:

- Performance managing contracts;
- Reviewing the care delivered by providers to ensure service users are receiving quality and cost effective care;
- To prepare statistics on NHS performance to understand health needs and support service re-design, modernisation and improvement;
- To help us plan future services to ensure they continue to meet our local population needs;
- To reconcile claims for payments for services received in your GP Practice;
- To audit NHS accounts and services.

If you do not wish your information to be included in these datasets, even though it does not directly identify you to us, please contact your GP Practice and they can apply a code to your records that will stop your information from being included.

Primary and Secondary Care

Rationale

We commission a number of organisations to provide primary and secondary healthcare services to you. These organisations may be within the NHS or outside the NHS.

Primary Care services cover GP Practices, Dental Practices, Community Pharmacies and high street Optometrists.

Secondary Care services are usually (but not always) delivered in a hospital or clinic with the initial referral being received from Primary Care.

These organisations may share identifiable, pseudonymised, anonymised, aggregated and personal confidential data information with us for the following purposes:

- To look after the health of the general public such as notifying central NHS groups of outbreaks of infectious diseases
- To undertake clinical audit of the quality of services provided
- To carry out risk profiling to identify patients who would benefit from proactive intervention
- To perform case management where the NHS offers intervention and integrated care programmes involving multiple health and social care providers
- To report and investigate, complaints, claims and untoward incidents
- To prepare statistics on our performance for the Department of Health
- To review out care to make sure that it is of the highest standard

Legal Basis

The Health & Social Care Act 2012 allows us to collect your information, which will only be accessed by a limited number of authorised staff and not disclosed to other organisations. We will never share your personal information unless a legal basis has been identified for the different purposes of sharing or we have obtained your explicit consent.

Benefits

Through sharing information ethically and lawfully the NHS is able to improve its understanding of the most important health needs and the quality of the treatment and care provided.

POD, GTP and Complaints

Rational

From 1 April 2023, the ICB has taken on delegated responsibility for POD, GTP and Complaints from NHS England. In carrying out these responsibilities we will process personal information about contractors, clinicians and in certain cases patients (e.g. complaints). This information is also commercial.

We require this information to perform a number of activities including Contract management, recruitment, complaints handling and financial management.

Up until 1st April 2024 we will be working with NHS England (our Data Processor) to provide services on our behalf. NHS Somerset Integrated Care Board are also working with NHSE England as a sub-processor to support the delivery of these functions.

Types of data processed: Personal Confidential Data – may include Primary Care Data.

Legal Basis

We will rely on our public duty to process your personal data for the purpose of delegated responsibility for POD, GTP and Complaints.

Records Retention

- NHS Records Management Code of Practice 2021

Maternity & Neonatal Independent Advocacy (MNISA)

Rationale:

The Ockenden review of maternity services in Shrewsbury and Telford Hospitals included an Immediate and Essential Action that "Maternity services must ensure that women and their families are listened to with their voices heard" and that "Trusts must create an independent senior advocate (ISA) role", and "The independent senior advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome."

NHS England undertook to develop the role, committing to co-produce a framework to deploy ISAs, including standard job description and mechanisms for contracting advocates so they remain independent.

Gloucestershire ICB and NHS England are working together to deliver this MNISA service.

For the purpose of data protection laws Gloucestershire ICB and NHS England are "joint controllers" for the use (processing of your personal information. This means that we have both worked together to decide why and how your personal data is used (processed). It also means we are jointly responsible to you under the law for that processing.

Responsibilities of Controllers:

- Gloucestershire ICB is responsible for handling your personal information regarding any engagement you have with the MNISA service.
- NHS England has responsibility for providing the reporting system that the MNISA service (e.g., Gloucestershire ICB) uses to handle your personal

information. For example, securely storing any information you provide when engaging with the service. NHS England will also process your de-identified and anonymised data to ensure the service works, can improve and adapt to any changing requirements.

In this notice, any reference to “we”, “us” or “our” is Gloucestershire ICB and any reference to NHS England is given directly. For further information about NHS England, including how to contact us, please see our privacy notice [here](#).

Whilst Gloucestershire ICB and NHS England are joint controllers for your information. Gloucestershire ICB have taken responsibility to be the point of contact for any data protection queries.

The type of personal information we collect:

We collect and process the following information:

- Your contact information; name, telephone number, email address
- Health related information
- Date and details relating to your experiences
- Racial or ethnic origin

Processing Activities:

The personal information is provided directly by you for one of the following reasons:

- We collect personal data from you when you approach the MNISA service to engage with an Advocate/the service, or where you have agreed for someone to refer you to the service and share your details with us
- We use the personal data, you provide us with, in order to give you relevant support in relation to your experience.
This includes:
 - Engaging with the healthcare setting you are involved in to seek improvement, dialogue or understand issues
 - Provide you with any signposting for other support relevant to your situation
- NHS England use your personal data to assess the viability of the service and ensure improvement in services; for both the MNISA and maternity services
 - This includes using de-identified information to help understand themes and trends raised, scope and reach of the service, to be able to report progress of the pilot and to help understand the impact of the MNISA work.

We may ask you specifically if we can access any healthcare setting records regarding your experience.

In order to seek improvement or engage in discussions with them about your experiences we may need to share information with the organisations who have provided your care. We will talk with you and agree what information is shared, in what forum and with which people.

We may share de-identified information with the ICB immediate line manager of your MNISA for the purposes of supervision or management.

Lawful Basis:

Under the UK General Data Protection Regulation (UK GDPR), the lawful bases Gloucestershire ICB and NHS England rely on for processing your information under this service, and of which is special category data are:

- Article 6(1)(e) We need it to perform a public task.
- Article 9(2)(h) We need it for the provision and management of our health or social care system

How we store your personal information

Your personal information is stored securely on NHS England's, IT system. Your personal

information will not be routinely accessed by anyone in the Gloucestershire ICB or NHS England, apart from the MNISA themselves; unless a technical issue arises and it is necessary for NHS England to assess the issue to maintain the security and functionality of the system and its data. Or, your advocate is absent and your case, with your agreement, is transferred.

We and NHS England will retain and dispose of your personal information in line with the [NHSX Records Management CoP V7.pdf \(england.nhs.uk\)](#).