APPENDIX 1 – ADDITIONAL INFORMATION ON PURPOSES FOR PROCESSING

Contents

The current use cases are set out below and for each use case there is:

1. A simple reference/identifier for the use case
2. A statement regarding the general nature of the activity concerned
3. A simple, brief statement providing the context for the use case
4. A simple list of the typical tasks that the use case would include
5. A statement regarding the type of data that is required as part of the use case: a. Identifiable b. Pseudonymous c. Anonymous.

Reference to ‘a professional’ in the document should be taken to mean a health or social care professional (with professional registration) or an administrative member of the team working under the supervision of a care professional.

Control over what users of applications can access is assessed in the DPIA for the relevant sharing initiative, considering the functions of the relevant Information Assets. It is not the function of this ‘purpose’ appendix to set access controls beyond the expectation of how identifiable the data is at any point in the activity.

‘Analytics and Intelligence functionality/dashboards’ – this describes where information that has been analysed and collated is presented to the end user.

Cohort Finding

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for care, treatment and management (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

Screening

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of a local screening activity (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for a local screening activity (requires a pseudonymous data view (if necessary to re-identify))
- to identify and invite cohort members to take part in the local screening activity (requires an identifiable data view)
- to monitor outcomes for the local screening activity (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

Vaccination and Immunisation Management

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of a local vaccination and immunisation activity (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for a local vaccination and immunisation activity (requires a pseudonymous data view (if necessary to re-identify))
- to identify and invite cohort members to take part in the local vaccination and immunisation activity (requires an identifiable data view)
- to monitor outcomes for the local vaccination and immunisation activity (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

Medication Usage and Outcomes Reviews

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of a local medication review activity (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

- to define and develop a cohort for a local medication review activity (requires a pseudonymous data view (if necessary to re-identify))
- to identify and invite cohort members to take part in the local medication review activity (requires an identifiable data view)
- to monitor outcomes for the local medication review activity (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

Individual Care Requirements

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of local programmes to commission and offer tailored care packages to individuals and small cohorts (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for local programmes to commission and offer tailored care packages to individuals and small cohorts (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to monitor outcomes for the local programmes to commission and offer tailored care packages to individuals and small cohorts (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

Targeted Interventions

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of local programmes to provide targeted interventions to selected cohorts (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for local programmes to provide targeted interventions to selected cohorts (requires a pseudonymous data view (if necessary to re-identify))
- to identify and invite cohort members to take part in the local programmes to provide targeted interventions to selected cohorts (requires an identifiable data view)
- to support initiatives such as NHS England's "Core 20 plus 5" https://www.england.nhs.uk/about/equality/equalityhub/national-healthcare-inequalities-improvement-programme/core20plus5/ (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

Prevention and Wellness

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of local programmes to address prevention requirements and wellness deficits (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for local programmes to address prevention requirements and wellness deficits (requires a pseudonymous data view (if necessary to re-identify))
- to identify and invite cohort members to take part in the local programmes to address prevention requirements and wellness deficits (requires an identifiable data view)
- to monitor outcomes for the local programmes to address prevention requirements and wellness deficits (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to support initiatives such as NHS England's "Core 20 plus 5" https://www.england.nhs.uk/about/equality/equalityhub/national-healthcare-inequalities-improvement-programme/core20plus5/ (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

Care Delivery Outcomes and Quality Improvements

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of local programmes to assess and understand care delivery outcomes (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for local programmes to assess and understand care delivery outcomes (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a control cohort for local programmes to assess and understand care delivery outcomes (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to access a specific cohort for the purposes of local programmes to assess and understand quality improvement opportunities (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for local programmes to assess and understand quality improvement opportunities (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a control cohort for local programmes to assess and understand quality improvement opportunities (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))

- to monitor and compare outcomes from interventions made by the local programmes (requires an anonymous data view or pseudonymous data view (if necessary to re-identify)
- to identify specific patients where the evaluation of care delivery outcomes and quality improvement opportunities indicate that specific interventions would be of value (requires an identifiable data view)

Variations in Care and Referral Practice

Population Health with a potential need to identify – a professional makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to access a specific cohort for the purposes of local programmes to assess and understand variations in care (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for local programmes to assess and understand variations in care (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a control cohort for local programmes to assess and understand variations in care (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to access a specific cohort for the purposes of local programmes to assess and understand variations in referral practice (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a cohort for local programmes to assess and understand variations in referral practice (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to define and develop a control cohort for local programmes to assess and understand variations in referral practice (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to monitor and compare outcomes from interventions made by the local programmes (requires an anonymous data view or pseudonymous data view (if necessary to re-identify))
- to identify specific patients where the evaluation of outcomes and variations in care and in referral practice indicate that specific interventions would be of value (requires an identifiable data view)

Service Evaluation

Population Health WITHOUT a need to identify – a professional or manager makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to evaluate a service or pathway (requires an anonymous data view)
- to understand outcomes (requires an anonymous data view)
- to understand demand (requires an anonymous data view)
- to understand capacity (requires an anonymous data view)

• without an expectation that specific patients and cohorts will need to be identified (requires an anonymous data view)

Planning and Modelling Demand and Capacity

Population Health WITHOUT a need to identify – a professional or manager makes use of the analytics and intelligence functionality directly or supported by an analyst:

• to understand demand without an expectation that specific patients and cohorts will need to be identified (requires an anonymous data view)
• for the population as a whole (requires an anonymous data view)
• or for subsets of the population (requires an anonymous data view)
• to understand capacity (requires an anonymous data view)
• to understand workforce requirements and capacity (requires an anonymous data view)

Public Communications

Population Health WITHOUT a need to identify – a professional or manager makes use of the analytics and intelligence functionality directly or supported by an analyst as part of preparing a public communication:

• to understand key local data about the population as a whole or subsets of the population (requires an anonymous data view)
• to define and develop a cohort for a local programme to assess and understand care delivery outcomes (requires an anonymous data view)
• to define and develop a control cohort for a local programme to assess and understand care delivery outcomes (requires an anonymous data view)
• to monitor and compare outcomes from interventions made by the local programmes (requires an anonymous data view)

Local and National Programmes Planning, Assessment and Reporting

Population Health WITHOUT a need to identify – a professional or manager makes use of the analytics and intelligence functionality directly or supported by an analyst for the purposes of a local programme or the local instance of a national programme:

• to understand the local cohort (requires an anonymous data view)
• to define and baseline the local cohort (requires an anonymous data view)
• to monitor and compare outcomes from interventions made by the programmes (requires an anonymous data view)
• without an expectation that specific patients and cohorts will need to be identified (requires an anonymous data view)

Pathway and Service Management

System operations – a professional or manager makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to manage a service or pathway without an expectation that specific patients and cohorts will need to be identified (requires an anonymous data view)
- to understand the workforce requirements of the service or pathway (requires an anonymous data view)

System-wide Bed State

System operations – a professional or manager makes use of the system-wide bed state functionality within the analytics and intelligence dashboards and tools to inform decisions regarding system flows (requires an anonymous data view).

System Flow Management

System operations – a professional or manager makes use of the system-wide demand and capacity functionality within the analytics and intelligence dashboards and tools to inform decisions regarding system flows (requires an anonymous data view).

Commissioning Planning

Commissioning – a professional or commissioning manager makes use of the analytics and intelligence functionality directly or supported by an analyst:

- to understand demand (requires an anonymous data view)
- to understand capacity (requires an anonymous data view)
- for the population as a whole (requires an anonymous data view)
- or for specific pathways (requires an anonymous data view)
- or for specific services (requires an anonymous data view)
- in support of the development of commissioning plans (requires an anonymous data view)
- without an expectation that specific patients and cohorts will need to be identified (requires an anonymous data view)

Performance Management

Commissioning - a professional or commissioning manager makes use of the analytics and intelligence functionality directly or supported by an analyst to understand actual activity and demand in relation to commissioning plans (equires an anonymous data view).

Preparation and Submission of National Returns

National Returns – a professional or manager with or without the support of an analyst makes use of the system-wide and provider specific data within the analytics and intelligence dashboards and tools:

- to prepare and submit identifiable patient level data in response to a direction of the Secretary of State for Health (enquires an identifiable data view)
- to prepare and submit anonymised patient level data in response to a national direction issued by NHS England (requires an anonymous data view)
- to prepare and submit aggregated data in response to national direction (requires an anonymous data view)

Research:

In support of the sharing of data between partner organisations in the conduct of research programmes, either as specific sharing activities for the research, or the sharing of data into analytical platforms where a purpose for the platform is to support research. Such platforms may also support other purposes set out in this appendix.

The purpose is only applicable where appropriate Research Ethics, Health Research Authority and/or Confidentiality Advisory Group (CAG) approvals are in place:

A professional or research investigator makes use of analytical/intelligence tools directly or supported by an analyst:

- To identify a specific cohort of individuals as potential research candidates, based on the research proposal and objectives *(Anonymous or pseudonymous data - if necessary to re-identify with the appropriate team with a care relationship)*
- To identify a specific cohort of individuals based on the research objectives for direct care, treatment and management during a research programme (e.g. clinical trial).
- To extract and provide data for an approved research programme from existing data sources, including linking other datasets as required and either providing data to the researcher or providing access to the data for the researcher in a secure environment *(anonymous/pseudonymous data, unless specific legal basis in place for identifiable data such as S251 support from CAG).*