**Berkshire, Buckinghamshire & Oxfordshire Local Medical Committee**

**An OPEL Framework for General Practice**

Data Privacy Impact Assessment

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| **Background Information** | | | | |
| **Project/Activity Name:** | BBO LMC SitRep and OPEL Framework Platform | | **Date of DPIA completion:** | 09 May 2023 |
| **Project/Activity Leads Name:** | Dr Richard Wood (CEO) & Dr James McNally (MD) on behalf of the  Secretariat to the BBO LMCs. | **Project/Activity Leads Contact Details:**  Dr Richard Wood (CEO): [richard.wood@bbolmc.co.uk](mailto:richard.wood@bbolmc.co.uk)  Dr James McNally (MD): [james.mcnally@bbolmc.co.uk](mailto:james.mcnally@bbolmc.co.uk) | | |
| **What is the purpose of the DPIA?**  This project does not involve the transfer of personal or patient level data to meet the aims of the project. As such, it falls outside of the scope of GDPR regulations and, technically speaking, a data privacy impact assessment (DPIA) is not required for this.  However, the names, email, telephone number registered users is stored for login purposes, and this is personal identifiable data, which is subject to GDPR. Furthermore, practices are invited to share activity data that may be considered commercially sensitive. To enable the BBOLMC Secretariat to give clarity to issues around privacy, this DPIA has been created.  This DPIA has been prepared for BBO GP practices by BBOLMC. Each practice is at liberty to complete its own DPIA also, should it wish to.  This DPIA has been prepared to offer reassurance to all stakeholders that due diligence and careful consideration has been given to the requesting and handling of potentially commercially sensitive data. It reassures practices of our commitment to confidentiality between BBOLMC and the practice. | | | | |
| **Brief description of proposed overall activity and activity period:**  BBO SitRep asks practices to run an EMIS search (“BBOLMC workload Reporting v1.4.xml”) which captures the number of consultation entries in EMIS over the previous week, Monday-Sunday, for the practice, together with the practice population size.  The output data of the search is in the format of an excel spreadsheet, the data of which is largely uninterpretable to the casual user. For this to be meaningful to the practice, they are invited to upload the search result to the BBOLMC SitRep and OPEL Platform, which will interpret it for the user. The platform links the activity to their practice, locality, place, county, and ICS.  The practice is also asked to self-complete on the submission portal for the week to which the search relates:   1. their practice population size 2. number of GP clinical sessions that week 3. the total number of incoming demand (gross in-coming telephone calls + e-consults + walk-ins and others at practice discretion) 4. protected admin time allocated to GPs (in minutes per week), 5. and a self-RAG rating of their service viability for that week (Black, Red, Amber, or Green).   The submitted data allows the platform to capture the following for General Practice in BBO:   1. **Demand** - incoming calls, e-consults etc 2. **Capacity** – GP sessions available per week, and FTE list sizes 3. **Activity** – the types of EMIS encounter medical record entries made (clinical, docman, lab reports filing, or other), and whether these were done by a GP, AHP, or other clinical or non clinical staff.   The data is also used to create an OPEL score for each practice, in the following domains:   1. **Demand-Capacity Matching** – how the demand coming in matches your GP workforce capacity 2. **Admin Workload** - whether the practice has enough time for the admin/workflow coming in 3. **Service Delivery** – to capture unforeseen events and give a more subjective practice RAG-rating of how sustainable their service is.   See accompanying explanatory slides for further details on how these are calculated.   1. What the practice sees on the platform:  * The practice will be able to see its own data in chart and tabular form, usually plotted over time. Specifically (but not limited to): the gross incoming demand, the numbers of EMIS consultations of different types, the proportion of clinical consultations performed by an AHP vs GP, and practice level OPEL status in 3 domains: demand-capacity mismatch, admin workload, and service delivery. * The practice will be able to compare its own activity to any PCN, locality, place, county, and ICS. However, the capability to compare to compare to other PCNs is currently locked until a sufficiently large number of practices are contributing regulary. This is to ensure anonymity for practices. * The practice will not be able to see the activity of other individual practices.  1. What “guest” users are able to see on the platform:  * The BBOLMC will grant “guest” access to specified named individuals on a need-to-know basis as determined by the secretariat. These would normally include ICB planned care and urgent care leads. * Those guests will only be able to see aggregate data down to locality level – not PCN or practice level – except by *express prior consent* of the practice. (There is no expectation that the practice needs to do this).  1. What the BBOLMC Secretariat can see on the platform (“Admin users”):  * The BBOLMC secretariat (and those it contracts for the technical upkeep of the digital platform and who are bound by confidentiality agreements) will have admin rights are able to see all individual practice’s data. This is to allow for the appropriate upkeep of the platform, and to support practices in a more tailored way should they approach the secretariat for support. * The secretariat does **not** include elected county LMC representatives. Reps do not have admin rights to the platform and cannot see practice-level data beyond their own practice’s submissions.   Practice-level data will never be shared outside the secretariat without the express prior consent of the practices involved.  The project will continue for as long as it is considered useful to General Practice in BBO. This may be determined by the secretariat, the elected LMCs for each county in BBO, or the board of the BBOLMC. | | | | |
| **Background: Why is the new system/change in system/sharing of information/data processing required?**   * NHSE has adopted a national approach to monitor GP workload by capturing “appointment book” entries (GPAD). Engaging with this appointment book monitoring has been written into practice contracts via the GMS contract amendment (Oct 2020) * Locally, historical CCGs developed their own situation Reports (“SitReps”), by asking practices to report data such as staff numbers off sick, PPE supplies, and self-RAG-ratings (Red, Amber, Green) on how well they are functioning. These are not obligatory, but can be helpful. They are now redundant. * BBO LMCs have concerns that neither of the above will adequately capture a significant amount of GP workload – current estimates suggest looking at appointment books in isolation could show you as about “one 5th as busy” as you actually are. * BBOLMC is keen to help practices provide more robust evidence of workload and has developed this project to help with this. It has integrated this into an OPEL Framework which allows the profession in BBO to alert the system to their pressures. This allows us to advocate more powerfully on your behalf. * *No method is perfect* – people have tried and failed for decades to capture GP workload. But this is a significant step forward, and captures a richer dataset than prior approaches. * Contributing to the BBOLMC SitRep and OPEL Framework is optional. But the data will help us advocate for GPs in BBO. | | | | |
| **Overall Benefits:**   * BBO LMCs are accountable to their GP constituents. We are recognised in statute as the voice of General Practice and independent of commissioners, NHSE and other government organisations. This makes us a trusted organisation for our constituents. The benefit of sharing activity data with the LMC, rather than other organisations is our complete commitment to your viability and wellbeing. We do not regulate or performance-manage practices. The data will be stored and used in a way consistent with this philosophy. * Taking part is an ICB-approved part of a practice’s Capacity and Access Improvement Plan (2023). * Practices will be able to see their own granular activity data on the number of EMIS consultations. This search provided to enable this was highly complex to write and beyond the capacity of most practices to create for themselves. * This allows practices to identify trends in their own activity over time, which can help with staffing models, and predict viability in the longer-term. * Practices will have access to aggregate, anonymised, above-practice level data in their region (such as locality level) which will allow them to understand with own activity with reference to activity in their region. * The activity data captured here captures a more robust quantification of practice activity than simply counting appointments. * The data is subdivided into clinical events and administrative consultation entries, which is informative in capturing workload beyond simply consulting with a patient. * The data submitted allows the platform to calculate the practice’s OPEL status for 1) demand-capacity matching; 2) admin workload; and 3) general service sustainability. These can be used to alert the system (the ICS) to pressures in General Practice. It should command a supportive response from the system. It will be referenced by other leaders in the system when monitoring and planning system activity. * The data allows the BBOLMC secretariat to advocate for practices more effectively, because we can demonstrate out attestations of demand-and-supply issues with real data (not possible until now) * The self-RAG rating allows practices to tell their LMC when they are struggling and invite LMC support if wanted. | | | | |
| **Overall Constraints:**   * Currently, this project is only available to practices who use EMIS Web. There are currently a small number of practices who use other notes systems and will therefore not be able to run the provided xml searches. The BBO LMC secretariat commissioned work to see if similar searches could be created for Cegedim Vision and TPP SystmOne; the outcome was that no searches could be created that extracted the required data. **However, those practices are still able to submit a “Service Delivery OPEL Status” on a weekly or daily basis.** * Running searches and submitting data is optional for practices. The usefulness of the data will be in proportion to the number of participating practices * The data still leaves some activity uncaptured, such as:   + Text messages to patients   + ‘Externally Entered’ Work done outside of the practice – including the COVID Vaccination Programme and OOH entries   + Econsultations (unless entered as a medical record entry in EMIS   + Medical record entries for patients who left the practice’s list before the search was initiated (e.g. recently died, or moved out of area)   + Medication requests processed   + Referrals (unless entered as a medical record entry in EMIS)   + ‘Task notes’   + All practice work done outside of medical records * The activity data still requires careful interpretation. For example, it does not explicitly differentiate between the many different models of service delivery out there. | | | | |
| **Does the delivery of the project involve multiple organisations? If yes – please name them, and their project lead details:**  Yes:   * BBOLMC Secretariat. Project leads as detailed above (and updated as required) * Practices willing to participate in the project. This is open to all practices in BBO who pay their statutory levy to BBOLMC. The individual lead for each practice will be designated by the practice. * “Guest” users: These would normally be named individuals from the ICB Primary Care Team and Urgent Care leads, on a named, need-to-know basis, as determined by the BBO LMC secretariat. The secretariat may give guest access to national leads where it sees this as advantageous to General Practice in BBO. | | | | |
| **Other Key Stakeholders and consultees:**  As above. | | | | |
| **Does the DPIA link to any procurement activity? If so, please detail at what stage of the process this DPIA relates to and include relevant detail on the dates that the IG/IT assurances were obtained?**  No. | | | | |
| **Does the project link to any other project management activity? If so give reference numbers of supporting project documents where known and include agreed project priority and timescales (e.g. CSU IT Programme Management Office, Annual planning cycle etc.)**  No. | | | | |
| **Where the DPIA relies upon documents submitted as part of PMO activities, please detail them here and attach them as part of your submission:**  Not applicable. | | | | |
| **Has anything similar been undertaken before? If yes, please detail:**  Yes. Historical BOB CCGs previously created their own SitRep. The Oxfordshire CCG SitRep is below:    Other regions of the county use a SitRep and OPEL reporting platform based on the Devonshire model. The BBOLMC platform is different, offering greater granularity of demand, capacity and activity data, and uses OPEL domains that are quantitative rather than qualitative | | | | |

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| 1. **Information/Data – types/sources/collection/flows/legal basis/responsibility**   **(you should be able to complete this part of the PIA from existing project plans/commissioning plans or other activity outcome document)** |
| **1.1**  **What types of data/information will be used as part of this proposed activity?**  **(Be specific e.g. Personal Confidential Identifiable Data (PCD), Corporate, Sensitive etc.)**  The project does **not** collect the following:   * Personal Identifiable Data (PID), beyond the registered users of the platform (user name, email, telephone number) * Personal Confidential Data (PCD) * Personal Level Data (PLD)   To be clear, there is no data collected that might identify or relate to individual patients, beyond a log of the registered users  The following data for each participating practice will be used which *may* be considered commercially sensitive:   * Number of EMIS consultation entries in the previous week, subdivided into number of entries made by clinicians, docman, and processed lab reporting. * The number of GP sessions available in that practice the reported week. * The practice’s self-RAG-rating of their service sustainability that week. * The practice’s OPEL status with regards demand-capacity matching, admin workload, and general service delivery status.   For clarity: aggregated, anonymised, above-practice level data, where the individual practice cannot be identified, is not considered “confidential” or “commercially sensitive” information.  The following practice data is also collected but is already publicly available:   * Practice population size * Practice ODS code   The database has a record of a practice’s historic Carr-Hill figure which will be updated as needed from resources already in the public domain. |
| **1.2**  **Why is this data/information being used?**   * The EMIS consultation counts capture decision-making events that reasonably equate to a significant portion of practice workload * The practice population size and GP consultations per week will provide a standardised metric of comparison (for example, number of clinical contacts per 10,000 practice population, or the number of consultations performed y a GP per session) * The OPEL system is used to alert wider system stakeholders or pressures in General Practice in a quantitative way, and should compel a system response. * The ODS code allows the secretariat to identify individual practice submissions and map to appropriate footprints (such as locality) * Having this data allows LMCs to advocate more effectively on their constituents’ behalf. * Making aggregate, anonymised, above-practice-level data available to practices may help them better understand their service delivery with reference to area-level data. * See above benefits. |
| **1.3**  **How is the data/information being collected?**  **(e.g. verbal, electronic, paper)**  Electronic, uploaded to BBOLMC secretariat secure web portal. |
| **1.4**  **Who is responsible for the data/information i.e. who is currently or will be the Data Controller/s?**  After submitted by the practice, BBOLMC secretariat will be the responsible Data Controller for the data. |
| **1.5**  **How is the data/information to be edited or deleted?**  The practice-level submitted weekly data will be ‘read only’. It may be aggregated but not changed.  Daily submissions (incoming daily demand, and the Service Delivery OPEL status) is editable. The sitrep system invites practice users to return to their submission to edit and include inbound demand. Currently there's no restriction on them returning to edit historical submissions.  Practices may ask the secretariat that their data, including user data, is deleted: [assistance@bbolmc.co.uk](mailto:assistance@bbolmc.co.uk) |
| **1.6**  **How is the data/information to be quality checked?**  Veracity of the algorithms for collection and analysis have been field-tested over two years and are now automated to minimise human error.  Errors or other issues of data quality are likely to come from errors by the submitting practice. These can be alerted to us ([assistance@bbolmc.co.uk](mailto:assistance@bbolmc.co.uk)) and may also be identified when the secretariat inspect the charts and tables of submitted data. This to be fed back to contributing practices where appropriate. |
| **1.7**  **What business continuity or contingency plans are in place to protect the data/information?**  The BBOLMC secretariat has subscribed to a service provided by the developers of the platform ([CreateIT](https://www.createit.co.uk/)) that maintains the servers, their software and security patches. This subscription also includes responses to problems raised by the secretariat, and edits to the platform to improve functionality. CreateIT is bound by a confidentiality clause in our contract with them and the servers only access for maintenance and development under the instruction of the BBOLMC secretariat. Please contact the secretariat directly if you are having issues - [assitance@bbolmc.co.uk](mailto:assitance@bbolmc.co.uk) – **not** CreateIT.  Server Level Virtual Machine Snapshots are taken daily and retained as follows:   * 1 week of dailies, * 1 month of weeklies, * 1 year of monthlies |
| **1.8**  **What training is planned (if required) to support this activity?**  The software was designed from scratch by the BBOLMC secretariat and is a bespoke piece written from scratch for them, with close supervision and input throughout.  The secretariat is headed by GPs who respect and are re-trained on the highest high standards of information governance as per their professional duties. All secretariat staff are subject to information governance good practice as per our staff handbook.  Users are provided with accompanying instructions on how to use the platform, and can email [assistance@bbolmc.co.uk](mailto:assistance@bbolmc.co.uk) if they have any questions. |
| **1.9**  **Who are the Data Custodians/Information Asset Administrators and Information Asset Owners supporting the project/area/team this activity relates to?**   * The EMIS searches were written by the BBOLMC secretariat, but are under EMIS’s copyright, according to each practice’s license agreement with EMIS. * The data produced by the EMIS searches belongs to the practices. * The copyright for the sitrep & OPEL platform is owned by BBOLMC secretariat. * Once data is uploaded to the platform, it is owned by BBOLMC secretariat. However, a practice has a right to request deletion of their submitted data (unless publicly available such as registered list size and ODS codes). This helps protect practices - BBOLMC is not a public body so is not legally required to respond to Freedom of Information (FOI) requests – and we would not do so. Practices are subject to FOI requests, but their obligation would only extend to providing the raw output of the EMIS search (largely uninterpretable to the non-expert eye) – not the processing of that data, nor charts and tables on platform itself because they are owned by BBOLMC. |
| 1. **Information/Data – flows/legal basis/responsibility/sharing**   **(you may need help from your Information Governance Lead and your Business Intelligence or Data Management support team to assist with this part of the PIA)** |
| **2.1**  **For what purpose and under what Legal Basis are you proposing to use this Data/Information?**  There is no legal requirement for practices to share their data. It is provided by consent.  The activity and workforce data submitted data falls outside of GDPR regulations because it is not personal information. However, given it may be considered commercially sensitive information, its use will be according to the principles laid out in this DPIA. User information is personal identifiable information and is covered by GDPR. |
| **2.2**  **Are you proposing to link data sets in order to achieve the project/activity aims? If so, please detail the linkages.**  It is technically possible for the data to be correlated with publicly available information on GP practices, such as that available from NHS Digital Website (e.g. Carr-Hill formula). The secretariat may explore this where it deems it in the interests of General Practice in BOB. At the time of writing, there is no intention to link to other datasets related to practices. |
| **2.3**  **Are you proposing to share any data/information as a result of this activity? If so please detail the following** What data/information is being shared, and who is it being shared with? See “Brief Description” section on page 1 above.  No practice-level granular data will be shared with anyone without practices’ explicit prior consent. Practices may choose to consent to sharing with their commissioners when negotiating practice-level assistance, for example.  Above-practice-level, aggregated (anonymised) data will be available to other practice users, providing at least 3 or more practices have contributed to that level of data. Guest users will be able to see aggregated data down to locality level only (unless express consent given by the practice or PCN for a lower level of visibility).  Above-practice-level, aggregated (anonymised) data will be shared with relevant stakeholders (usually leads in their relevant ICB on a named, need-to-know basis), as decided by the BBOLMC Secretariat, in the interests of general practice in BBO.  **Why is this data/information being shared?**  To provide a more accurate picture of supply-and-demand pressures on General Practice than current data acquisitions currently provide.  To enable the BBOLMCs to better advocate for their constituents.  To alert other stakeholders in the local healthcare system to pressures in General Practice and command a response.  **How will the data/information be shared?**  Graphical and/or table format via access to the platform. Screen grabs of tables and charts may be used for distribution if appropriate. |
| **2.4**  **What are the Data Flows?**   1. Data searches are run locally on each practice’s EMIS system. 2. Practices export the search outputs as an excel spreadsheet which is stored by the practice. 3. The practice uploads the excel file to the platform and manually enters other data parameters 4. The data received by the platform will be stored securely on its servers. 5. Aggregate (anonymised) data may be made available on the password-protected platform |
| **2.5**  **What information sharing protocols and operational agreements are or will be in place to support this sharing?**  Data sharing will adhere to the principles and practicalities laid out in this DPIA.  The BBOLMC secretariat is bound by the duties of confidentiality and privacy laid out in the BBOLMC Staff handbook, and the BBOLMC Records Retention and Disposal Policy emailing [assistance@bbolmc.co.uk](mailto:assistance@bbolmc.co.uk), and here: |
| **2.6**  **What reports will be generated from this data/information?**  Tables and charts depicting activity at an above-practice area level (such as locality), in an aggregated & anonymised form. |
| **2.7**  **Does this activity propose to use Data that may be subject to or require approval from NHS Digital?**  No. |
| **2.8**  **If using NHS Digital data, is the new use covered by the purposes agreed under the existing Data Sharing Agreement?**  Not applicable. |
| 1. **Information/Data – Security**   **(you may need help from your IT department or Information Security specialists to assist with this part of the PIA)** |
| **3.1**  **Are you proposing to use a third party/data processor/system supplier as part of this project/activity?**  The hosting provider is [CreateIT](https://www.createit.co.uk/) and they are the data processor.  The development of the platform was through [CreateIT](https://www.createit.co.uk/), who the BBOLMC secretariat have a maintenance contract with. CreateIT are contractually bound by a confidentiality clause. Their access is necessary for the development and maintenance of the platform. Create IT are GDPR compliant regarding data protection; access to data is secured by industry standard security measures, and access restricted by engineer access levels; staff are trained in data protection and GDPR compliance. |
| **3.2**  **How and where will the data/information be stored?**  The SitRep application runs on 1 webserver  Server Operating System: Windows Server 2016 Datacenter  Server Hardware: The server is a virtual machine EC2 instance provided by Amazon Web Services.  The servers are located at AWS London |
| **3.3**  **How is the data/information accessed?**  Invited login access to the platform on a named, need-to-see, basis, as decided by the BBOLMC secretariat.  Access by CreateIT – the developer of the project and hosting provider – for maintenance and development purposes only.  See ‘Brief Description’ section above on the different types of access. |
| **3.4**  **How will access be controlled and monitored depending on role?**  Access to the platform is controlled by BBOLMC secretariat. Practice user registration is only possible via unique and unguessable links that are specifically enabled for registration, and auto-expire after a predetermined period of time.  Access to the hosting platform/server is restricted to senior engineers at Create IT for routine/adhoc maintenance tasks.  Users can be added or deleted by the BBOLMC secretariat. |
| **3.5**  **As part of this work is the use of Cloud technology being considered either by your own organisation or a 3rd party supplier?**  Yes, the server is a virtual machine EC2 instance provided by Amazon Web Services. |
| **3.6**  **What security measures will be in place to protect the data/information**  **(e.g. physical, electronic etc.)**  Application Security:   * Communication with site is secured via mandatory SSL connections over HTTPS, * Site access is restricted to authorised user logins. Protections against brute-force attacks are provided by temporary account lock-out after 5 incorrect attempts.   Server Security: Online:   * Server Administration (RDP) is restricted by secure credentials and location (IP address). * Server services/ports are restricted to only required services:   + HTTP (80),   + HTTPS (443),   + FTP (20, 21, 41000-41099)   + RDP (3389) * Operating System Critical/Security updates are automatically applied. * Windows defender provides real-time + cloud-based antivirus and antimalware protection, and updates automatically * Audit logging tracks server access/access attempts * AWS EC2 Cloud Administration: Is protected by Multi-Factor Authentication, and restricted to senior engineer access level.   Server Security: Physical/Infrastructure:   * Amazon Web Services (the cloud provider) has extensive security protections and mitigations in place. More information can be found here: https://aws.amazon.com/compliance/data-center/controls/   Company-wide Information Security: Create IT are Cyber Essentials certified.  Reports provided to other stakeholders would normally be prepared and shared in electronic form (such as Word or PDF documents). They are uncontrolled when distributed. The LMC will highlight the commercially sensitive nature of the data where applicable. |
| **3.7**  **Are you transferring any personal/sensitive data outside of the EEA?**  No. |
| **3.8**  **Is a System Level Security Policy in place or required?**  Not applicable. |
| **3.9**  **Is the third party/data processor/system supplier registered with the Information Commissioner?**  Yes.  Organization name:  Create It Limited  **Registration number:**    ZA380938  **Date registered:**    19 June 2018  **Registration expires:**    18 June 2023  **Payment tier:**    Tier 1  **Data controller:**    The Secretariat Of The Local Medical Committees For Berkshire, Buckinghamshire & Oxfordshire |
| **3.10**  **What IG assurances can the third party/data processor/system supplier provide?**  Create IT are GDPR compliant regarding data protection; access to data is secured by industry standard security measures, and access restricted by engineer access levels; staff are trained in data protection and GDPR compliance. |
| **3.12**  **Does the contract with the third party/data processor/system supplier contain all the necessary IG clauses?**  Yes |
| **3.13**  **Is there or will there be a Data Processing agreement in place with the third party/data processor/system supplier?**  Confidentiality agreements, as well as agreements as to the maintenance and running of the platform, are in place with the data processor; it is BBOLMC’s intention that a data processing agreement will be drawn up. |
| **3.14**  **Who will be responsible for monitoring the contract/Data Processing Agreement with the third party/data processor/system supplier?**  BBOLMC has a contract with CreateIT for the provision of cloud services and will monitor this for any performance / delivery issues. As GDPR relates to processing of personal data, and no personal data is being processed for this product, a DPA is not strictly required. |
| **3.15**  **Has the Data Processor been identified in any relevant Data Sharing Agreement (DSA) with NHS Digital (where appropriate – see 2.7 and 2.8 above)**  Not applicable. |
| 1. **Information/Data - consent/notification/retention**   **(you may need help from your Information Governance lead to assist with this part of the PIA)** |
| **4.1**  **Is consent from the data subject required?**  Yes. Consent from the practice will be in the act of providing BBOLMC with their activity data, and it is optional. |
| **4.2**  **What is the process for obtaining and recording consent/dissent from the Patient or Service User? (how, where, when, by whom)**  Not applicable. No personal data is being collected. Participation is the act of consent, and practice submissions are the record of that consent. |
| **4.3**  **If consent has not been obtained or is not required is there a legal basis to share data/information?**  Not applicable as this project does not come under GDPR. |
| **4.4**  **What changes have been made or are proposed to Fair Processing Notices of the organisations involved (Privacy Notices)?**  Not applicable; this project does not come under GDPR. |
| **4.5**  **How can the Data Subject access any data/information relating to them as a result of this activity?**  Practices will be able to hold copies of the data they submit to the BBOLMC. They will also see their submitted data when accessing the platform with their practice-level login.  Users will also be able to view and delete their Personal Data from within their login area. |
| **4.6**  **How long is the data/information to be retained?**  Data is retained for the life of the project/solution, which may extend beyond 6 years providing it continues to fulfil its function, unless any of the following apply:  Practice-identifiable data will be kept until one of the following is met:   * the practice requests deletion of some or all of its own submissions * the elected representatives of the relevant BBO County LMC directs by majority vote that the data for their county is deleted * the chair of the elected board of BBOLMC requests data to be deleted where exercising his/her mandate and due process to do so. * the BBOLMC secretariat deem it appropriate to delete   Aggregate (anonymised) data at above-practice area level may have been used in reports and distributed, where appropriate, to stakeholders, so it cannot be controlled when released in this form. Nonetheless, it is deemed not confidential. Aggregate, anonymised data held on our servers may be deleted if one of the following is met:   * the elected representatives of the relevant BBO county LMC directs by majority vote that the data for their county is deleted * the chair of the elected board of BBOLMC requests data to be deleted where exercising his/her mandate and due process to do so. * the BBOLMC secretariat deem it appropriate to delete |
| **4.7**  **How will the data/information be archived?**  Server Level Virtual Machine Snapshots are taken daily and retained as follows:   * 1 week of dailies, * 1 month of weeklies, * 1 year of monthlies |
| **4.8**  **What is the process for requesting the destruction of records?**  Practices may ask for their submitted data to be destroyed by emailing in to [assistance@bbolmc.co.uk](mailto:assistance@bbolmc.co.uk).  Anonymised, aggregated data may still remain available if used for the purpose of generating reports that are externally distributed. |
| **4.9**  **What is the process for start-up and closing down this piece of work?**  The data collection is optional for practices and they can decide at any time not to tun searches and/or not submit their activity data to BBOLMC. They may request deletion of their own submitted data. The project commenced in Nov 2020 in pilot form, and the platform became operational in April 2023. The project will continue to run until one of the following is met:   * the BBOLMC secretariat deem it appropriate to cease the project * the elected representatives of the county LMC request by majority vote that the project ceases (in which case, that county’s data will be deleted) * the chair of the elected board of BBOLMC request it to cease where exercising his/her mandate and due process to do so.   There will be a periodic review by the BBOLMC board at board meetings (currently quarterly).  Aggregate, anonymised data will continue to be kept until one of the following is met:   * the elected representatives of the relevant BBO county LMC directs by majority vote that the data processing for their county is deleted (in which case, that county’s data will be deleted) * the chair of the elected board of BBOLMC requests data to be deleted * the BBOLMC secretariat deem it appropriate to be deleted   Aggregate (anonymised) data at above-practice area level may have been used in reports and distributed, where appropriate, to stakeholders, so it cannot be controlled when released in this form. |
| **4.10**  **If the organisation/service ceases what will happen to the data/information?**  All data will be deleted, except where there are prior arrangement made and with the consent of the contributing practices. |
| 1. **Risks, issues and activities** |
| **5.1**  **Are there any known risks or issues?**  Individual practices may not want their granular practice level data to be available to commissioners – for example, through fear of being performance-managed or bench-marked. BBOLMC has therefore committed that no practice-identifiable data would be shared with anyone without that practice’s express prior consent.  No known risks identified at present.  Cyber security risks may present themselves as an issue at any time for any organisation, though it is acknowledged the data stored is likely to be of low value outside of local primary care stakeholders. |
| **5.2**  **Are there any known activities that will have a direct effect on this piece of work?**  None known at time of writing. |
| **5.3**  **Any further comments to accompany this DPIA that the panel should consider?**  SitRep data collection has been approved by the elected Berkshire, Buckinghamshire, and Oxfordshire LMCs, and the Board of BBOLMC in November 2020. |

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| 1. **For IG Team completion:** | |
| **6.1**  **IG Manager (consulted or presenting)** | Dr Richard Wood, CEO, BBOLMC  Dr James McNally, MD, BBOLMC  The secretariat of the BBOLMCs. |
| **6.2**  **IG Manager comments/observations/specific issues** | Comments from Dr JM and data processor received and actioned 11th May 2023. |
| 1. **BBOLMC Board completion:** | |
| **7.1**  **Comments/observations/specific issues** | [To be inspected and approved at next board meeting, due 25th July 2023] |
| 1. **Berkshire, Buckinghamshire & Oxfordshire completion:** | |
| **8.1**  **Comments/observations/specific issues** | On-going comments and approval of project given during LMC county meetings during development history. |
| 1. **Outcome of IG Panel** | |
| **Based on the information contained in this PIA along with any supporting documents, the outcome is as follows:**  Reviewed with no further recommendations. | |
| Signed on behalf of the BBOLMC Secretariat:  Name: …Wood, Richard (Dr)………………………………………………………….  Job Title: …CEO, BBOLMC secretariat……………………………………………………….  Signature: …A picture containing text  Description automatically generated Date: 11-May-2023 | |
| **Please note:**  **Though not strictly required for the project, this DPIA has been drawn up in good faith for the reassurance of practices. It may be updated on an as needed basis and it is therefore uncontrolled if printed.** | |