

Annex one

Privacy impact assessment screening questions

These questions are intended to help you decide whether a PIA is necessary. Answering 'yes' to any of these questions indicates that a PIA would be a useful exercise. You can expect to provide answers as the project develops if you need to.

You can adapt these questions to develop a screening tool that fits more closely with the types of project you are looking at.

Will the project involve the collection of new information about individuals?

No – already as part of the 111 call flow we obtain a telephone number for the patient, so no new information is to be taken.

Will the project compel individuals to provide information about themselves?

No – as above, a telephone number is already taken from the patient.

Will information about individuals be disclosed to other organisations or people who have not previously had access to the information?

No – as part of this initiative, no information would be shared with anyone other than the patient and on their consent.

Are you using information about individuals for purposes other than those for which it was collected?

Will the project result in you making decisions or taking action against individuals in ways that can have a negative impact on them?

No

Is the information about individuals of a kind likely to raise privacy concerns or expectations, for example, health records, criminal records or other sensitive information that people would consider to be private?

No – nothing patient identifiable will be shared but care advice that is presented within NHS Pathways about patient's symptoms.

Will the project require you to contact individuals in ways that they may find intrusive?

The key factor in this project is that it will remain confidential. Reaching the care advice within Pathways, patient's option of having this information sent to them in a way of their choice is the number they have provided us. Those who decline to receive the information verbally; those that accept us sending them this information.

Annex two

Privacy impact assessment template

This template is an example of how you can record and results. You can start to fill in details from the project, after the screening questions have identified PIA. The template follows the process that is used in practice. You can adapt the process and this template something that allows your organisation to conduct integrated with your project management processes.

Step one: Identify the need for a PIA

This project seeks to develop and integrate a function allow both the 111 and 999 service to send select care advice that presents at the end of a triage to text message on a mobile rather than having to receive information verbally. This would be accompanied message with a link on which the patient can access detailed advice, as well as a text confirming the location of an appointment if one has been booked for the clinically appropriate, it has been determined that be available to patients whose symptoms are deemed certain acuity, and would exclude any and all dispensing timeframe of 1 hour or less.

The main benefit to the patient is that care advice meaningful. At present, all of this information is provided at the end of a call and can quite often involve a considerable amount of information and advice being given which is difficult to understand and retain when received all at once. Anecdotal evidence suggests that at the end of a call patients are more

To the service, the benefit is much the same. We are in a stronger position to be confident that the care and support we are giving to patients is being absorbed in a meaningful way. While there are costs involved in increased use of the service, the facility there are also efficiency savings to be made through the average handling time for calls. The creation of the service has the ability to send patients a link that will direct them to the advice for their call also links in to NHS England's ongoing technological developments within the 111 service.

Furthermore, by sending a text message confirming the appointment time when one has been booked by the patient we are also increasing the likelihood that the appointment will be kept. Academic evidence demonstrates a correlation between kept appointments and people receiving the care they need. The impact of this includes both less follow up calls to cancel/confirm appointments, less follow up calls from providers reporting that patients have not attended appointments, and we are contributing to an overall saving in the health economy by ensuring that what would have been empty slots and wasted time can be utilised appropriately.

Step two: Describe the information flows

At present in 111 at the outset of a call we already have the contact telephone number for the patient. If calling the number automatically pre-populates through the system. This project, after reaching an appropriate disposition

In terms of volume, including all the disposition codes, we anticipate this affecting approximately 350,000 calls per year. Currently around 55% of calls are received from non-emergency calls equating to approximately 193,000 calls per year.

Consultation requirements

- Seema Srihari, Information Governance Officer, is included in the Project Group providing consultation advice throughout the development and initial testing of the new service.
- Clinical Practice Manager Alison Kimber also part of the Project Group working alongside Mathew Bevan, the Care Lead.

Step three: Identify the privacy and related risks

Identify the key privacy risks and the associated corporate risks. Larger-scale PIAs might record the risks on a more formal risk register.

Annex three can be used to help you identify the compliance risks.

Privacy issue	Risk to individuals	Compliance risk

for text messaging.		
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Step four: Identify privacy solutions

Describe the actions you could take to reduce the risks, and any future steps wh (eg the production of new guidance or future security testing for systems).

Risk	Solution(s)	Result: is the risk eliminated, reduced, or accepted?
Care advice related to that particular call containing potentially sensitive information being sent and visible to anyone able to use the	Care advice by text is kept as a voluntary service. Patient's must consent to this care advice being sent to the mobile number that	Eliminated

Step five: Sign off and record the PIA outcomes

Who has approved the privacy risks involved in the solutions need to be implemented?

Risk	Approved solution	Approved by

Step six: Integrate the PIA outcomes back into the project plan

Who is responsible for integrating the PIA outcomes into the project plan and updating any project management plans? Who is responsible for implementing the solutions approved? Who is the contact for any privacy concerns that may arise in the future?

Action to be taken	Date for completion of actions	Responsible person

Annex three

Linking the PIA to the data protection principles

Answering these questions during the PIA process will help you to identify where there is a risk that the project will fail to comply with the DPA or other relevant legislation, for example the Freedom of Information Act.

Principle 1

Personal data shall be processed fairly and lawfully. In particular, shall not be processed unless:

a) at least one of the conditions in Schedule 3 is met, and

b) in the case of sensitive personal data, one of the conditions in Schedule 3 is met.

Have you identified the purpose of the project?

How will you tell individuals about the use of their data?

Do you need to amend your privacy notices?

Have you established which conditions for processing apply?

If you are relying on consent to process personal data, how will you ensure it is freely given, and what will you do if it is withheld or withdrawn?

If your organisation is subject to the Human Rights Act, what steps do you need to consider?

Will your actions interfere with the right to privacy?

Have you identified potential new purposes as the project expands?

Principle 3

Personal data shall be adequate, relevant and in relation to the purpose or purposes for which processed.

Is the quality of the information good enough for the purpose it is used?

Which personal data could you not use, without compromising the needs of the project?

Principle 4

Personal data shall be accurate and, where necessary, up to date.

If you are procuring new software does it allow you to update data when necessary?

How are you ensuring that personal data obtained from other organisations is accurate?

Principle 5

Personal data processed for any purpose or purposes shall not be kept for longer than necessary for that or those purposes.

What retention periods are suitable for the personal data?

If the project involves marketing, have you got a process for allowing individuals to opt out of their information being used for marketing purposes?

Principle 7

Appropriate technical and organisational measures shall be implemented against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

Do any new systems provide protection against the risks you have identified?

What training and instructions are necessary to ensure staff know how to operate a new system securely?

Principle 8

Personal data shall not be transferred to a country or territory outside the European Economic Area unless the country or territory ensures and adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

Will the project require you to transfer data outside the UK?

If you will be making transfers, how will you ensure the data is adequately protected?