

## Sharing Initiative Fair Processing Materials

### Serious Mental Illness (SMI) Register

Aiming to Improve physical healthcare for people living with severe mental illness (SMI) by ensuring that by 2020/21, 280,000 people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year.

Your practice is involved by sharing information with mental health services in the community about patients with SMI. A register is maintained that allows your practice and the mental health teams to monitor the health checks provided to patients with SMI.

[More Information about the Severe Mental Illness Register](#)

**For more information about your rights or information sharing – see the main privacy notice page.**

### Health Information Exchange (HIE)

Sharing of personal and sensitive (special category data) patient data between Cambridge University Hospital, GP surgeries, East Suffolk & North Essex Foundation Trust and West Suffolk Hospital.

This technology allows your GP to view the clinical systems of the hospitals so they can see information that might be useful for your care.

Hospital staff are bound by confidentiality in the same way that practice staff are and there is an Information Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about Health Information Exchange](#)

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### Suffolk GP Federation: Primary Care Mental Health Service

Suffolk GP Federation provide specialist nurses in areas such as mental health or medications. They have partnered with local GP practices to provide additional support

and services, directly to patients at the surgery.

This means that the nurses and other specialist staff will access patient records on site and take actions such as referring to other service providers or recommending different medication. The nurses are bound by confidentiality in the same way that practice staff are and there is an Information Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about Mental Health in Primary Care](#)

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## NHS Health Check Recall Programme

The NHS Health Check is a prevention programme which aims to reduce the chance of a heart attack, stroke or developing some forms of dementia in people aged 40-74.

It achieves this by assessing the top seven risk factors for certain diseases in England, and by providing individuals with behavioural support and, where appropriate, medication.

Your practice will share patient information with Anglian Community Enterprise CIC (ACE) so that ACE can invite patients that meet the criteria to attend a Health Check

Appointment.

ACE staff are bound by confidentiality in the same way that practice staff are and there is an Information Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about NHS Health Checks](#)

[More about how ACE Use your Information](#)

**For more information about your rights or information sharing – see the main privacy notice page.**

## Integrated OOH Urgent Care Services

As part of the introduction of an Integrated Urgent Care Service, Suffolk GP Federation (SGPF) have partnered with Care UK. Together they will provide a service that allows patients to access urgent care outside of GP practice hours.

Patients can call the 111 service, have a telephone appointment or organise a home visit or an appointment at a clinic in the community.

Suffolk GP Federation or Care UK will have access to all or part of the patient GP record to allow them to provide urgent care. A summary of the appointment will be provided to your GP practice after the appointment

Suffolk GP Federation and Care UK staff are bound by confidentiality in the same way that practice staff are and there is an Information Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about Urgent Care Services](#)

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## Diabetic Eye Screening

Diabetic eye screening is a key part of diabetes care. People with diabetes are at risk of damage from diabetic retinopathy, a condition that can lead to sight loss if it's not treated. The practice regularly identifies patients within their clinical system that are eligible for eye screening and sends their details to a partner called Health Intelligence who will invite them to be screened by the eye screening service.

Health Intelligence staff are committed to confidentiality and there is an Information Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about the National Agenda](#)

[More Information about how Health Intelligence Use my Information](#)

## Summary Care Record Consent Project

As a patient, you currently have a Summary Care Record (SCR) containing key information about the medicines you are taking, allergies you suffer from and any reactions to medicines you have had in the past. Should an illness or injury occur this information is used, with your consent, to assist healthcare staff such as hospital doctors, district nurses or pharmacy staff that may be unfamiliar with your medical history to make better and safer decisions about how best to treat you.

Patients have been given the option to include “additional information” into the Summary Care Record, this will add information relating to illnesses and any health problems, vaccinations, operations, and how patients would like to be treated.

[More Information about Summary Care Records](#)

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## Child Health Immunisations – Provide

[Provide](#) deliver the Child Health Information Service (CHIS) across Essex and East Anglia, one of the key responsibilities is producing immunisation reminders and appointments on behalf of GP Practices.

The practice allows Provide to extract immunisation history from their clinical systems for each child under the age of six years of age registered with the Practice.

Provide will then invite the patient to attend immunisation appointments.

Provide staff are bound by confidentiality in the same way that practice staff are and there is a Data Processing Contract in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about Provide](#)

[More Information about Immunisations](#)

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## High Intensity User (HIU) Project

The GP practice is part of a group formed of members of different health and social care teams (local hospitals and Norfolk and Suffolk Mental Health Trust (NSFT)). The group will

identify patients that are frequently using urgent care services.

The practice will allow members of the team to access information about patients that use urgent care services frequently within the last month. The group will then decide whether to get in touch with the patient to offer support and plan their care to avoid admissions or urgent care visits.

All members of the project team are bound by confidentiality in the same way that practice staff are and there is a Data Processing Contract and Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More about the High Intensity User Project](#)

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## GP Connect (IC24)

The GP Connect programme uses technology to allow different clinical systems to communicate so that health and social care staff in different teams and locations can;

- View a patient's GP practice record
- Manage GP appointments
- Import or download data on a patient's medicines and allergies

This will save time for clinicians, and provide better, more convenient care for patients and allows more information for appointments made outside of usual hours.

[More Information about GP Connect](#)

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## Extended Hours

As a practice, we have worked hard to make extended hours a reality for our patients. We work with other GP practices and NHS organisations to provide these services when our practice is closed. The name of our provider can be found on our main practice privacy notice under "GP Support Organisation".

These providers will be able to access your health record during these consultations so that they can deliver safe and effective care.

The organisations providing extended hours appointments are bound by confidentiality in the same way that practice staff are and there is a Data Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about Extended Hours](#)

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## My Care Record

Your GP, hospital, community health, mental health and social care teams may all hold

important information about your care. To date, these records have not always been easily accessed between those different services. We know that when information is made available between services in a more joined-up way, we can better meet your health and wellbeing needs.

My Care Record enables health and care professionals directly involved in your care to access information about you. For example, a doctor treating you in hospital or a nurse working in the community could view the information they need from your GP record.

Access to your records is made possible by several different types of secure technology.

[More Information about My Care Record](#)



## Norwich CCG, West Norfolk CCG, North Norfolk CCG Medicines Management

The Medicines Management Teams within 8. Norwich CCG, West Norfolk CCG, North Norfolk CCGs support the GP practices in those areas to use medicines in the best way and to ensure good treatment choices are made; they provide information and guidance on prescribing to ensure that our patients receive medicines that are safe, evidence-based, and cost-effective.

This means that the GP practice will allow them to have access to clinical systems and patient personal data so that they can see what medications are being prescribed for our patients and produce reports so that the practice can prescribe medications safely and effectively.

Medicines Management staff are bound by confidentiality in the same way that practice staff are and there is a Data Processing Contract in place to ensure that personal data is used in a lawful and appropriate way.

[More about Medicines Management](#)

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## Social Prescribing (Norfolk)

Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Social prescribing enables patients to find non-clinical solutions to improve their own health and wellbeing by supporting them to connect with their local community. This can include advice and information on local services and connecting individuals to social activities, clubs, groups, and like-minded individuals in their community. The practice will do this by employing someone to act as a 'link' between the practice, the patient and non-clinical services within the community.

Current providers in the Norfolk and Waveney area include;

[Norfolk Citizens Advice Bureau](#)

[North Norfolk District Council](#)

Depending on where they are in the county, the GP practice will refer patients to one of these providers and will send basic information such as name, NHS No, address, date of birth and background to their health and wellbeing needs.

The providers are bound by confidentiality in the same way that practice staff are and there is a Data Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about Social Prescribing](#)

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[More Information about Extended Hours](#)

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## North Norfolk Risk Stratification (Gemima)

Risk stratification is a process that is used across the NHS. The process uses technology to search the records in clinical systems and find information that tells your GP practice who might need extra care or support.

This might be because they have complicated health conditions or because they are at risk of developing conditions.

The information from your GP record will be combined with other information about when you have been to hospital or used other community services and will be used by the local NHS Clinical Commissioning Group (CCG) to plan and buy healthcare services for the local area.

The CCG will not have access to any information that identifies individual patients and instead, will use a code so they will not be able to see particular patients directly.

[More Information about Risk Stratification](#)

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## NSFT Learning Disability Service and GP Practices LD (Waveney Area) Suffolk

The Adult Learning Disability Community Team (Waveney) service as commissioned by the Great Yarmouth and Waveney CCG has been re-modelled. As part of this redesign, the service is developing a project whereby the team link more directly to GP practices in the Waveney area to offer support, advice and training. As part of this project, the team is tasked to assist GP practices in ensuring that their Learning Disability registers are accurate.

This allows health and social care providers to ensure that patients with Learning Disabilities are receiving the correct support.

GP practices will be required to share information with Norfolk and Suffolk Foundation Trust (NSFT).

NSFT are bound by confidentiality in the same way that practice staff are and there is a Data Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way.

[More Information about the NHS and Learning Disabilities](#)

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