Secondary use of data at HRCH

HRCH works with local health and social care providers such as the Clinical Commissioning Groups (CCG’s), local Social Services and Hospital Trusts to process data for ‘secondary use’. This is when we use data outside of the normal direct health care provision.

The types of secondary use processing we carry out are:

1. **Risk Stratification**

   Risk stratification is a process which applies computer-based algorithms, or calculations to identify those patients who are most at risk from certain medical conditions and who will benefit from clinical care to help prevent or better treat their condition.

   To identify those patients individually from the patient community would be a lengthy and time-consuming process which would by its nature potentially not identify individuals quickly and increase the time to improve care. A health professional at HRCH review this information before a decision is made.

   There are two types of risk stratification:
   - Risk Stratification for case-finding identifies/manages patients who are at high risk of emergency hospital admission or to reduce the risk of certain diseases developing. This is called Risk Stratification for case-finding.
   - Risk Stratification for Commissioning allows the CCG to understand the health needs of the local population in order to plan and commission the right services.

   In the majority of cases, HRCH will be sharing anonymised data with key partners such as the CCGs, as part of this process. However, if there is a need to use personal identifiable data, HRCH will either ask for your consent or apply under Section 251 of the 2016 NHS Act to use the data without consent.

   Section 251 of the NHS Act 2006 provides a mechanism which can enable the use of confidential information for certain purposes where it is unreasonable for consent to be obtained or that would otherwise be unlawful. An application will be made to the Confidentiality Advisory Group (CAG).

   The CAG assesses applications against the Health Service (Control of Patient Information) Regulations 2002 and provides independent expert advice to the Health Research Authority (HRA) and the Secretary of State for Health on whether an application to process patient information without consent should be approved.

   The use of data for which an application is made must be for a medical purpose as defined in section 251 (12) of the NHS Act 2006. This includes medical research and the management of health and social care services. Further information can be found on the Health Research Authority.

   Type of data processed: Pseudonymised / Anonymised / Aggregate Data

   Source of Data: GP’s, Hospital Trust, CCGs, Social care and providers

   Legal basis for processing Personal Data and Special Category of data under GDPR
Article 6 (1)(c) - Processing is necessary for compliance with a legal obligation (Section 251 NHS Act 2006)

Article 9(2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems

If you do not wish information about you to be included in the risk stratification programme, please contact us.

2. Invoice Validation

There may be times where one healthcare organisation will need to invoice another for treatment given to a patient. This can occur, for example, when you need treatment while away from home on holiday. HRCH works with partner organisation to provide information regarding such treatment. A limited amount of information about you needs to be processed. Information such as your NHS Number and details of treatment. This information may be passed on to enable the billing process to proceed. This process is known as invoice validation

Type of data: Personal Data – demographics
Pseudonymised – coded health care data

Source of Data: other care providers

Legal basis for processing Personal Data and Special Category of data under GDPR

Article 6 (1)(c) - Processing is necessary for compliance with a legal obligation (Section 251 NHS Act 2006, NHS Constitution (Health and Social Care Act 2012)

Article 9(2)(h) - Processing is necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health and social care systems.