IRIS DOMICILIARY SERVICES

Version Date: Apr 2018 **Review Date:** Apr 2019

DATA MANAGEMENT POLICY

This policy describes the data that we hold about patients, how we hold it, how we protect it, how we use and process it (including what patients need to be provided with) and how we transfer it (if necessary).

There are certain legislative requirements for every organisation to hold information. Information about this is provided below.

- The Practice complies with the eight data protection principles under the Data Protection Act 1998 in its processing of personal data in that such data is:
    - fairly and lawfully processed
    - processed for limited purposes
    - adequate, relevant and not excessive
    - accurate and up to date
    - not kept for longer than is necessary
    - processed in line with patients' rights
    - secure
    - not transferred to other countries without adequate protection

- The practice is registered with the Information Commissioner
    - Registration No. Z173414X
    - Security No. 10782961

- The practice has an up to date Freedom of Information Act statement and this is available to patients

- A practice policy notice on handling patient data is available to patients **(See appendix below)**

- Susan Anderson is responsible for procedures relating to confidentiality and data management.

What information we hold and how we hold it

- Patient records are held in a variety of formats:
    - Paper records for sight test and contact lens clinical records.
    - Paper records are used for spectacle prescription and dispensing information

- Clinical records are held electronically on computer
- Spectacle prescription and dispensing information is held in the practice management software.
- Recall dates are managed manually
- Recall dates are held in the practice management software.
- Photographic information (retinal and anterior segment) is held in the imaging software.
- Visual Field records may be held as paper, as data in the VF software or as images within the imaging software.

How we protect this information

- All practice staff have a confidentiality clause within their contracts.
- All personal information contained on practice records, whether paper or electronic, is considered confidential.
- No personal information is discussed with anyone other than the patient or their parent or guardian (except where Gillick competency applies) without the patient's permission.
- Care is taken that records are not seen by other people in the practice
- All staff are aware of the importance of ensuring and maintaining the confidentiality of patients' personal data and that such data must be processed and stored in a secure manner.
- All electronic data is protected by suitable back-up procedures and any on-line backup uses a service, which encrypts the data securely before transmitting it from the practice PC. ***(See also our separate "guide to preparing a backup policy" below)***
- When computers are replaced, old hard drives are securely erased or physically destroyed.
- Records are retained for periods as agreed by the optical bodies. **(See record retention policy below).**
- Confidential paper information requiring destruction is shredded.
- Records due for destruction are shredded.
- We have an IT security policy regarding specific access to electronic information **(See IT security policy below)**
- If the need arises to transfer information we have procedures that include consent and secure transfer **(See section on how we transfer personal data below)**

- Any suspected breaches of security or loss of information are reported immediately and are dealt with appropriately by the person responsibility for confidentiality and data management.

- Paper records are kept secure and away from access by the public.

How we use and process the information we hold

To discharge our legal and contractual duties:

- Patients are given a copy of their spectacle prescription immediately following their sight test.

- If a patient is referred, they are given a written statement that they are being referred, with a reason *[e.g. "cataract" written on the GOS2 or similar private form]*. They are also offered a copy of the referral letter

- Patients are given a copy of their contact lens specification on completion of the fitting process.

- Where a patient has diabetes or glaucoma, the GP is informed of the result of the sight test

- Staff assisting in the provision of GOS are appropriately trained, and supervised for the tasks that they undertake.

We may also use the information we hold about patients to remind them when they are due for checkups and we may send them eye care and eyewear information.

How we transfer personal data

We always transfer personal information (data) in a secure manner.

We seek permission before transferring personal information except in some cases where it is to another healthcare professional responsible for patient care and who needs that information to assist in patient care **or where we are legally required not to.**

See Policy & procedures on:

Patient consent to the provision of information **(see appendix below)**

Handling requests for Rx and clinical information **(see appendix below)**

Transferring Patient Identifiable Data **(see appendix below)**

Recording telephone calls and conversations **(see appendix below)**

Communication strategy **(see appendix below)**

Disclosure of Data to Commissioners **(see appendix below)**

Data Protection principles **(see appendix below)**

NHS Care Record Guarantee **(see appendix below)**

Caldicott recommendations **(see appendix below)**

NHS Quality Statements **(see appendix below)**

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APPENDIX

Guide to preparing a Backup Policy

You should describe your own practice backup procedures. These might include some or all of the following:

- Mirrored hard drives for business continuity
- Regular backups to:
    - DVD *(Low quality dyes used on cheap CD/DVD-R can cause optical disks to degrade and lose data within a couple of years)*
    - USB memory sticks
    - External hard drives
    - NAS devices (Network Attached Storage)
    - Online backup services
    - Remote company servers
    - Tape devices

Points to bear in mind when devising a policy:

- It is useful to be able to restore quickly – this may mean an onsite copy of the backup.
- Store onsite backups and software discs in a fireproof safe
- It is important for safety to keep a backup off site
- Any data taken offsite should be secure (password protected or not left unattended and/or locked away)
- If online backup services are used (and some are very simple and convenient these days), ensure that it encrypts the data securely before transmitting it from the practice PC (most do so).
- Full backups take longer than incremental backups
- Restores from full backups are quicker than those from incremental backups
    - i.e. don't do too many incrementals between full backups
- If your backup is not a mirror or snapshot of the hard drive, but a copy of the data, then you will need to restore the operating system and programmes as well as the data. Ensure that you have copies of the original software discs safely stored.

Backups are only any use if (a) they are carried out regularly and (b) they work. Don't leave any longer between backups than you feel you can afford in terms of the time it will take to re-input lost data. Daily is generally appropriate. Do ensure that your backup works. Even if you don't wish to try an actual restore, do check that the backup is running when you think it is, that it completed rather than stopped with an error message and that the data is present in the backup.

APPENDIX

RECORD RETENTION

- This policy applies to the following:
    - Spectacle records

- Contact lens records
- Appointment diaries
- Telephone and/or Tele-health consultations

- All records are retained for 10 years* from the date of last seeing the patient.

- Records of children are retained until they are 25 AND it is 10 years since they were last seen.

- Records of the deceased are kept for 10 years.

- Records are destroyed by shredding.

Examples:

Age at last test	**Time to retain record**
Age 5	Until age 25
Age 10	Until age 25
Age 17	Until age 27
Over 18	For 10 years

* although 7 years is the minimum requirement in GOS contacts, 10 years is the minimum recommended by the optical representative bodies.

APPENDIX

Recording of telephone calls and/or consultations

Telephone calls between patients and providers will not be recorded or monitored due to the complexity of obtaining consent for this process and the subsequent storing of patient sensitive data.

If telephone calls are to be monitored and/or recorded a specific policy will be required taking into account :

- Regulation of Investigatory Powers Act 2000 ("RIPA")
- The Telecommunications (Lawful Business Practice) (Interception pf Communications) Regulations 2000.
- The Data Protection Act 1998
- The Employment Practices, Data Protection Code.
- Human Rights Act 1998
- Code of Practice – FSA Handbook – Code of Business Handbook and Direct Marketing Association's Code of Practice, PCI DSS.
- Telecoms Licence obligations – The Service Provision Licence

Communications strategy and Implementation plan

The provider should have readily available information relating to paragraph 2(3) of Part II of Schedule 1 of the Data protection act.

(2)A data controller is not obliged to supply any information under subsection (1) unless he has received—

(a)a request in writing, and (b)except in prescribed cases, such fee (not exceeding the prescribed maximum) as he may require.
[F2(3)Where a data controller—

(a)reasonably requires further information in order to satisfy himself as to the identity of the person making a request under this section and to locate the information which that person seeks, and

(b)has informed him of that requirement ,the data controller is not obliged to comply with the request unless he is supplied with that further information.]

APPENDIX

Disclosure of Data to commissioners

The practice (provider) agrees to provide anonymised, pseudonymised or aggregated data as may be requested by the co-ordinating commissioner or LOC company.
Personal data will not be disclosed without written consent or lawful reason for disclosure.

Exceptions to this are covered by:

Section 251 of the NHS Act 2006 (originally enacted under Section 60 of the Health and Social Care Act 2001), allows the common law duty of confidentiality to be set aside in specific circumstances where anonymised information is not sufficient and where patient consent is not practicable.

Data Protection Principles

Personal data must be:

1. Processed fairly and lawfully
2. Processed for specified purposes
3. Adequate, relevant and not excessive
4. Accurate and kept up to date
5. Not kept longer than necessary
6. Processed in accordance with the rights of data subjects
7. Protected by appropriate security (practical and organisational)
8. Not transferred outside the EEA without adequate protection

APPENDIX

NHS Care Record Guarantee

All data processed on behalf of the commissioner with regard to community services must be processed and handled in line with the NHS Care Record Guarantee.
All staff handling data should be aware of the obligations placed upon them by the NHS Care Record Guarantee and the commitments laid out in it.

In summary this covers:

Why people may access patient records:

- As the basis for health decisions
- Ensure safe effective care
- Work effectively with other
- Clinical audit
- Protect health of the general public
- Monitor NHS spending
- Manage the health service
- To investigate complaints
- Teaching and research

Law relating to records

- Confidentiality under common-law duty of confidentiality
- Protection about how information is processed (Data Protection Act 1998)
- Privacy (Human Rights Act 1998)

These rights are not absolute and they need to be balanced against those of others.
Other patient rights regarding records

- To ask for a copy of all records held in paper or electronic form (a fee may be payable)
- Choose someone to make decisions about the patients healthcare if the patient becomes unable to do so (lasting power of attorney)

Duties placed upon the practice (provider)

- Maintain accurate records of the care provided
- Keep records confidential, secure, and accurate (even after the patient dies)
- Provide information in accessible formats (e.g. large print)

The complete NHS Care Record Guarantee will be available for staff members to consult.

APPENDIX

Caldicott Principles

1. Justify the purpose(s) of using confidential information
2. Only use it when absolutely necessary
3. Use the minimum that is required
4. Access should be on a strict need to know basis
5. Everyone must understand his or her responsibilities
6. Understand and comply with the law

Quality Statements

1. Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
2. Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
3. Patients are introduced to all healthcare professionals involved in their care and are made aware of the roles and responsibilities of the members of the healthcare team.
4. Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.
5. Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
6. Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.
7. Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8. Patients are made aware that they can ask for a second opinion. Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
9. Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
10. Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
11. Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
12. Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.

13. Patients are made aware of who to contact, how to contact them and when to make contact about their on going healthcare needs.

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APPENDIX

Handling requests for Rx and clinical information

Spectacle Prescription (Spec Rx) or Contact Lens Specification
Where a patient requests a copy of their own, or their child's spectacle prescription or contact lens specification this should be provided. It should be double checked for accuracy and signed by an optometrist. Such information may be collected or posted or faxed to the patient. It may also be emailed to their personal email address if they so request.

Contact Lens Specification
Where a 3rd party supplier requests the verification of a contact lens specification they should provide the following details:

- Patient's full name and address
- Full specification including parameters and power of the lenses
- An expiry date of the specification
- The name or registration number of the person signing the specification

The answer can only be yes or no; the details are correct or not. If the details are not correct, further information must not be supplied without the explicit consent of the patient. In that event the supplier should be told that a copy of the specification, with all the correct details, will be posted to the patient. The request, and the result, should be noted on the patient's record.

Requests from another optometrist for spec Rx information
In all cases you should be satisfied that the patient has consented to the transfer of the information. That may be obvious and implicit "the patient is on holiday elsewhere and has broken their glasses", but if not, ask to speak to the patient or for a signed consent to be faxed to us. The request should be noted on the patient's record.

Requests from another optometrist for clinical information
The optometrist should satisfy themselves that the request is for the clinical and health benefit of the patient and should conduct the phone conversation and provide the information themselves. They should also be satisfied that the patient has consented to the transfer of information.

Requests by us for clinical or spec Rx information.
These requests will be made by the optometrist personally. A signed consent should be held in case this is requested by the other party. If the information is not urgent the request may be made in writing using the form in the Appendix 1

APPENDIX

Communicating Patient Identifiable Data

Patient data may be communicated in the following ways:

By ordinary 1st or 2nd class post

- This will be in a sealed envelope

By Fax

- This will be to a safe haven fax where possible. The cover sheet will

The cover sheet will state:

This fax contains proprietary confidential information some or all of which may be legally privileged and or subject to the provisions of privacy legislation. It is intended solely for the addressee. If you are not the intended recipient, you must not read, use, disclose, copy, print or disseminate the information contained within this fax. Please notify the author immediately by replying to this fax and then destroy the fax.

By email:

Patient consent is required for sending data that can identify an patient except where both sender and recipient have NHS emails ending in @nhs.net.

Emails will carry a message stating:

This e-mail contains proprietary confidential information some or all of which may be legally privileged and or subject to the provisions of privacy legislation. It is intended solely for the addressee. If you are not the intended recipient, you must not read, use, disclose, copy, print or disseminate the information contained within this e-mail. Please notify the author immediately by replying to this e-mail and then delete the e-mail.

Verbally

- With care that confidentiality is maintained
- The recipient of the information is identified
- A note is made on the record.
- Information that could result in errors will be communicated in writing where possible

Appendix 1

IRIS DOMICILIARY SERVICES

Patient consent to the provision of information

To:

Patient:

Address:

I request that you provide IRIS DOMICILIARY SERVICES Optometrists with the following information:

Signed . . . . . .

Date: