





# Cheshire and Merseyside Health and Care Partnership

# Combined Intelligence for Population Health Action (CIPHA):

## Data Sharing Agreement (Tier Two)

# Workstream: Population Health

Version Co	Version Control	
V1.0	Final for Distribution	
V1.1	Minor amendments made to Section 5, signature page and Annex B to correct erroneous references to COVID workstream DSA	
V1.2	Correction of St Helens CCG GP practice codes	







#### **Data Sharing Agreement Tiered Framework**

There are three tiers to the Data Sharing Agreement Tiered Framework:

#### **Tier Zero Memorandum of Understanding**

Overarching Memorandum of Understanding which sets out an organisations agreement in principle to share information with the partner organisations in a responsible way. The tiered approach provides a governance framework to standardise procedures and processes when sharing confidential personal information between partners where there is a lawful basis to do so. The Tier Zero is signed by a Chief Executive (or equivalent) and commits to their organisation operating within the agreed framework of data sharing. Only one Tier Zero needs to be signed regardless of the number of Tier One and Tier Two documents beneath it.

#### **Tier One Data Sharing Agreement - Standards**

These are the overarching standards which outline the agreed procedures for sharing confidential information. The document recognises that not all organisations which are party to the agreement will have the same assurance requirements (such as the Data Security and Protection Toolkit) and therefore sets the minimum standard of each of the participating organisations. The document sets the standards for obtaining, recording, holding, using and sharing of information and outlines the supporting legislation, guidelines and documents which govern information sharing between partners. The Tier One is signed by the designated responsible officer for each partner organisation, for the whole C&M Health and Care Partnership.

#### **Tier Two Data Sharing Agreement**

The Tier Two provides a template for the safe sharing of personal data. The agreement shows what information should be shared and how, under what circumstances and by whom, and is tailored to individual partnerships/projects. Each Tier Two Data Sharing Agreement will need to be signed off by each participating organisation. Tier Two Data Sharing Agreements could be for all partners at Tier Zero, or a selected cohort of partners who are participating in a specific project. Each Tier Two is signed by the Senior Information Risk Owner (SIRO) and/or Caldicott Guardian (CG), alternatively the Chief Executive or equivalent if there is no SIRO/CG, for each of the partner organisations.

#### Clause

Sharing agreements negotiated prior to the commencement of the Tiered framework and related Share2Care documentation are not terminated or otherwise varied by the implementation of the Share2Care documentation.

Share2Care recognise that each partner organisation will have their own local policies and procedures regarding information security and confidentiality and to make clear that this Tier Two, and the Tier Zero and Tier One documents, are not designed to negate or supersede existing local policies but to enhance them by facilitating cross-boundary dialogue and agreement.







#### **Tier Two - Data Sharing Agreement**

#### 1. Title and Reference Code

Project	Cheshire and Merseyside Health and Care Partnership
Workstream	Population Health: Combined Intelligence for Population Health Action (CIPHA)

#### 2. Population Health Intelligence

This Tier Two sharing agreement is for:

#### Population Health: Combined Intelligence for Population Health Action (CIPHA Programme)

This Data Sharing Agreement (DSA) covers the sharing of data across Cheshire and Merseyside Health and Care Partnership to support a set of Population Health analytics designed to inform both population level planning and support the targeting of direct care for populations.

#### 3. Parties to the Agreement

The DSA is between the 9 Clinical Commissioning Groups, 367 General Practices, 9 Local Authorities, and 20 NHS Providers that make up Cheshire and Merseyside Health and Care Partnership, with Graphnet/System C as a Data Processor, Arden and Greater East Midlands Commissioning Support Unit (AGEMCSU) CSU as a Data Processor, and Midlands and Lancashire CSU (MLCSU) as a Data Processor.

The **Data Controllers** are the GP Practices; Local Authorities; and 20 NHS Providers from where the data is sourced.

The **Data Processors** are the Cheshire and Merseyside Health and Care Partnership Combined Intelligence for Population Health Action (CIPHA) Intelligence Team, together with the system supplier Graphnet using System C; AGEMCSU and MLCSU.

The table below explains the organisations receiving data as part of this DSA and the data controllers providing data, and data processors.

Agreement Owner/HostChristine Walters Director of Informatics St Helens and Knowsley Teaching Hospitals NHS Trust	
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Receiving Organisation (s)	NHS Cheshire CCG NHS Halton CCG NHS Knowsley CCG NHS Liverpool CCG NHS South Sefton CCG NHS Southport and Formby CCG NHS St Helens CCG NHS Warrington CCG NHS Wirral CCG
	All GP Practices within each of these CCGs - please see list at Annex A.
	Alder Hey Children's NHS Foundation Trust Bridgewater Community Healthcare NHS Foundation Trust Cheshire and Wirral Partnership NHS Foundation Trust Countess of Chester Hospital NHS Foundation Trust East Cheshire NHS Trust Liverpool Heart and Chest NHS Foundation Trust Liverpool University Hospitals NHS Trust (Royal, Aintree & LCL) Liverpool Women's NHS Foundation Trust Mersey Care NHS Foundation Trust North West Boroughs Healthcare NHS Foundation Trust NWAS Primary Care 24 Southport & Ormskirk Hospital St Helen's Care Record St Helens and Knowsley Teaching Hospitals NHS Trust The Clatterbridge Cancer Centre NHS Foundation Trust The Mid Cheshire Hospitals NHS Foundation Trust Warrington and Halton Hospitals NHS Foundation Trust Warrington and Halton Hospitals NHS Foundation Trust Wirral Community NHS Foundation Trust Wirral University Teaching Hospital NHS Foundation Trust
	Cheshire East Council Cheshire West and Chester Council Halton Borough Council Knowsley Borough Council Liverpool City Council Sefton Council St Helens Council
	Wirral Council Warrington Borough Council
	Warrington GP OOH Service Wirral GP OOH Service CWP Out of Hours Service Southport And Formby Health: 7day GP Service







Population Health Action		
	St Helens Rota OOH	
	South Sefton GP Extra OOH	
	NHS England and Improvement (Aggregate-anonymised only)	
Providing	NHS Cheshire CCG	
Organisation	NHS Halton CCG	
(s) (Data	NHS Knowsley CCG	
Controllers)	NHS Liverpool CCG	
Controllers)	NHS South Sefton CCG	
	NHS Southport and Formby CCG	
	NHS St Helens CCG	
	NHS Warrington CCG	
	NHS Wirral CCG	
	All GP Practices within each of these CCGs - please see list at Annex A.	
	Arden and Greater East Midlands Commissioning Support Unit (AGEMCSU)	
	Alder Hey Children's NHS Foundation Trust	
	Bridgewater Community Healthcare NHS Foundation Trust	
	Cheshire and Wirral Partnership NHS Foundation Trust	
	Countess of Chester Hospital NHS Foundation Trust	
	East Cheshire NHS Trust	
	Liverpool Heart and Chest NHS Foundation Trust	
	Liverpool University Hospitals NHS Trust (Royal, Aintree & LCL)	
	Liverpool Women's NHS Foundation Trust	
	Mersey Care NHS Foundation Trust	
	North West Boroughs Healthcare NHS Foundation Trust	
	NWAS	
	Primary Care 24	
	Southport & Ormskirk Hospital	
	St Helen's Care Record	
	St Helens and Knowsley Teaching Hospitals NHS Trust	
	The Clatterbridge Cancer Centre NHS Foundation Trust	
	The Mid Cheshire Hospitals NHS Foundation Trust	
	The Walton Centre NHS Foundation Trust	
	Warrington and Halton Hospitals NHS Foundation Trust	
	Wirral Community NHS Foundation Trust	
	Wirral University Teaching Hospital NHS Foundation Trust	
	Cheshire East Council	
	Cheshire West and Chester Council	
	Halton Borough Council	
	Knowsley Borough Council	
	Liverpool City Council	
	Sefton Council	
	St Helens Council	
	Wirral Council	







	Warrington Borough Council
	Warrington GP OOH Service Wirral GP OOH Service CWP Out of Hours Service Southport And Formby Health: 7day GP Service St Helens Rota OOH South Sefton GP Extra OOH
	Also, datasets from central Government including from NHS England, NHS Digital, NIMS and NIVS e.g. testing, vaccinations, and health conditions.
Data	Graphnet/System C
Processors	Arden and Greater East Midlands Commissioning Support Unit (AGEMCSU)
	Midlands and Lancashire Commissioning Support Unit

#### 4. Terms of the Agreement

Start Date	30 June 2021
End Date	31 <sup>st</sup> March 2022

#### 5. Purpose of the Data Sharing

Purpose for Data	The overarching purpose for data sharing is to support a set of
Sharing	Population Health analytics for population level planning and
	improvement of outcomes and also the targeting of direct care to
	vulnerable populations in need.
	There are four main purposes, which can be described as follows:-
	Use Case 1: Epidemiology Reporting: Understanding health
	needs of populations, wider determinants of health and
	inequality for the improvement of outcomes: The data would be
	used to create intelligence, with the aim of understanding and
	improving physical and mental health outcomes, promote wellbeing
	and reducing health inequalities across an entire population.
	Specific types of analysis that may be undertaken include: Health
	needs analysis understanding population's health outcomes and
	deficits; Demographic forecasting, disease prevalence and







relationships to wider determinants of health; Geographic analysis and mapping, socio-demographic analysis and insight into inequalities.
Use Case 2: Predicting outcomes and population stratification of vulnerable populations: The data will be used to predict the risk of outcomes for individuals in order that services can be targeted proactively to those most vulnerable. The data will be re- identified for the purposes of direct care.
Use Case 3: For planning current services and understanding future service provision: The data would be used to create intelligence on service provision to understand current service capacity and demand and forecasting future service demand to ensure enough provision is available for populations in need. This may include forecasting disease and prevalence and understanding how it impacts on service provision.
<b>Use Case 4: For evaluation and understanding causality:</b> The data would be used to evaluate causality between determinants of health and outcomes. Also, used to understand effectiveness of certain models of care across the health and care system.

#### 6. Data Protection Impact Assessment

Data Protection Impact Assessment (DPIA)	The DPIA can be found embedded below:
	HCP C&M CIPHA DPIA Population Hea

#### 7. Data Details

Data to be Shared	Annex B provides the categories of data to be shared from GP; Acute; Mental Health; Community; and Social Care (children and adult). The table incudes a brief description of the data categories and the use case(s) within which the data will be used. The specific data items will only be coded (structured) data, that is to say no free text (unstructured) data.
	AGEMCSU will also provide a set of data to the CIPHA programme for linkage with the above via consistent pseudonym. The datasets being linked to include those listed in the DSA agreement with NHS Digital which is inclusive of, but not







	limited to SUS (secondary care), CSDS (Community care), MHMDS (Mental Health), GDPPR (General Practice), NWAS (Ambulance), COVID Testing and
	COVID Vaccinations.
Lawful Basis	Legal Basis under the General Data Protection Regulation (GDPR)
for Data Sharing	Below explains how this agreement is compliant with GDPR:
	6 (1) (e) Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
	9(2)(h) Necessary for the reasons of preventative or occupational medicine, for assessing the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management of health or social care systems and services on the basis of Union or Member State law or a contract with a health professional
	9(2)(i) Necessary for the reason of public interest in the area of public health, such as protecting against serious cross border threats to health or ensuring high standards of healthcare and of medicinal products or medical devices
	9(2)(j) Necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes in accordance with Article 89 (1)
	Common Law Duty of Confidentiality
	For Population Health the Common Law Duty of Confidentiality requires that there should be no use or disclosure of any confidential patient information for any purpose other than the direct clinical care of the patient to whom it relates, unless:
	The patient explicitly consents to the use or disclosure;
	<ul> <li>The disclosure is required by law;</li> <li>The disclosure is permitted under a statutory process that sets aside the duty of confidentiality.</li> </ul>
	Appropriately psudonymised or aggregated data is not owed a duty of confidentiality. Under this Data Sharing Agreement the Common Law Duty of Confidentiality does not apply, to data which is pseudonymised, and presented as aggregate data.
	For patient identifiable data used for direct patient care the Common Law Duty of Confidentiality is addressed by implied consent. "Section 251B [of the Health and Social Care Act 2012 (as amended by the Health and Social Care (Safety and Quality) Act 2015)] and implied consent under CLDC will together provide the lawful basis to share in most cases of direct care. In these cases, and any cases of direct care based on explicit consent, the national data opt-out will not apply." https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document/appendix-2-definitions







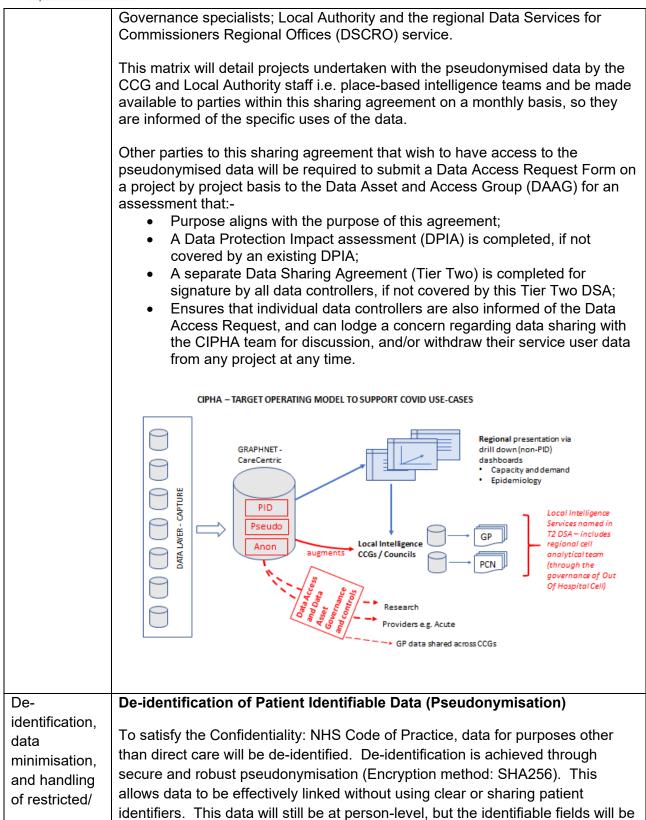
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	The right to object under S21 of the General Data Protection Regulation 2016, as enacted, is also relevant. Patients and service users have a right to object to their medical information being used in order to provide safe and effective care, and have the right to register this objection in writing, or verbally, to the clinician concerned. The section: <b>Role Based Access Controls</b> , and <b>De-identification and sensitive codes</b> explains the controls in place in more detail.
Access	Role Based Access Controls
Controls	Role Based Access Controls (RBAC) will be applied to a set of 'data marts' as follows:
	<b>Patient Identifiable Data:</b> Only those with a legitimate direct care relationship with the individual will be granted access. Access will be granted by individual Data Controllers and for GP Practices for their populations as the Data Controller.
	<b>Pseudonymised Data:</b> CCG and Local Authority Staff i.e. place-based intelligence teams (including staff with honorary contracts with those organisations who may undertake work on their behalf) will be granted access for the purposes described in <b>Section 5: Purpose of the Data Sharing</b> . All analytical projects undertaken with the data will be listed in the Data Access and Asset Matrix (see 'Governance' below) explaining the specific purpose, requestor, output, legal basis and timescale.
	Other parties to this Data Sharing Agreement that wish to have access to the data for one of the purposes listed in Section 5, will be required to go via a governance gateway explained below in <b>Governance</b> for approval of such data access.
	<b>Anonymised-aggregate Data:</b> Access to individuals employed by organisations listed in <b>Section 3: Parties to the Agreement</b> will be granted access to all anonymised-aggregate data.
Governance	The programme will maintain and strictly enforce a Data Access and Data Asset matrix to ensure requests to use the CIPHA regional data sources ensure full compliance with the purposes laid out in <b>Section 5: Purpose of the Data</b> <b>Sharing</b> and that data is securely shared and appropriated.
	This process will be governed through a regional Data Asset and Access Group (DAAG) that will draw its membership from: the regional Clinical Informatics Advisory Group (CIAG); GP and Local Medical Committees; Information















sensitive codes	removed from the data. This includes removal of names and addresses. Date of Birth will be formatted to age; post code will be shortened. Pseudonyms will be linkable across datasets. Re-identification will be possible via a set of controlled processes for those who have been granted the correct permissions, as per ' <b>Role Based Access Controls</b> section.
	Anonymised Data
	Anonymised data will meet the ICO standards for anonymisation including small number suppression.
	Sensitive Codes
	Sensitive data excluded from retrieval follows the recommendations made by The Royal College of General Practitioners (RCGP) ethics committee and the Joint GP IT Committee:
	<ul> <li>Gender reassignment.</li> <li>Assisted conception and in vitro fertilisation (IVF)</li> <li>Sexually transmitted diseases (STD)</li> <li>Termination of pregnancy</li> </ul>
National Data Opt Out Programme	Type 1 opts out (those who do not want their information shared outside of General Practice for purposes other than direct care) will be upheld. This means that data for people who have objected to sharing their data will <b>not flow</b> from the GP record into the Graphnet solution.
Fair Processing	Organisations party to this agreement will comply with Fair Processing guidelines ensuring Privacy Notices accurately reflect the uses of data for their organisation.
	A project specific Privacy Notice will be available on a public facing project website.
Details of retention and destruction	The data will be retained for as long as the purpose(s) described above remains valid or a new legal purpose agreed. This will be in line with the Records Management Code of Practice for Health and Social Care 2016.







#### Workstream: Population Health Data Sharing Agreement (Tier Two)

#### Signatory Sheet

Each party to this Data Sharing Agreement (Tier Two) is required to complete & sign below.

### Data Sharing Agreement Owner – Host Organisation - St Helens and Knowsley Teaching Hospitals NHS Trust

Signed for and on behalf of:

St Helens and Knowsley Teaching Hospitals NHS Trust

Name

**Christine Walters** 

Role

**Director of Informatics** 

Signature

WO

Date

19/07/2021

#### Party to the Data Sharing Agreement – Partner Organisation

Signed for and on behalf of:

GP Practice Code (If applicable):

Name

Role / Job Title e.g. Chief Executive/SIRO/Caldicott Guardian

Signature

Date

#### Please return to the following:

CIPHA@merseycare.nhs.uk







### ANNEX A – List of intended participating GP Practices in Cheshire and Merseyside (Subject to change following signature)

Practice Code	Practice Name
Halton	
N81035	Appleton Village Surgery
N81037	Beeches
N81011	Bevan Group Practice
N81119	Hough Green Health Park
N81064	Newtown
N81619	Oaks Place Surgery
N81045	Peel House
N81651	Upton Rocks
N81096	Brookvale
N81019	Castlefields Health Centre
N81066	Grove House
N81072	Murdishaw Health Centre
N81054	Weaver Vale Practice
N81057	Tower House Practice
Knowsley	
N83015	Bluebell Lane Medical Practice
N83610	Colby Medical Centre in Bluebell Centre
N83025	Cornerways Medical Centre
N83014	Dinas Lane Medical Centre (Pat Puddifer)
N83609	Dr K T Kyaw (Cedar Cross)
N83601	Dr K F Thong's Practice (Macmillan Surgery)
N83018	Dr P Rigby's Practice
N83047	Dr Rashid's Practice (Tarbock Medical Centre)
N83033	Dr R I King's Practice (St Laurences Medical Centre)
N83621	Hillside House Surgery in Bluebell Centre
N83605	Hollies Medical Centre
N83043	Longview Primary Care Centre
N83028	Manor Farm Primary Care Resource Centre
N83032	Millbrook Medical Centre
N83633	Nutgrove Villa Surgery
N83024	Park House Medical Centre





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Combined Information for Population Health Action

Pilch Lane Surgery
Prescot PCRC
Primrose Medical Practice in Bluebell Centre
Roby Medical Centre
Roseheath Surgery
The Health Centre Surgery
Towerhill Primary Care Res & Comm Centre
Trentham Medical Centre
Wingate Medical Centre
Anfield Group Practice
Great Homer Street Medical Centre
Old Swan HC.
Westmoreland GP Centre
Belle Vale Health Centre
Rock Court Surgery
Yew Tree Centre
Stoneycroft MC
Green Lane MC
Kirkdale Medical Centre
Greenbank Rd Surgery
Grassendale Medical Practice
Edge Hill HC
Fulwood Green MC
Margaret Thompson M C
Village Surgery
The Valley Medical Centre
The Village Medical Centre
Long Lane Medical Centre
Speke Health Centre
Vauxhall Health Centre
Dovecot HC
The Surgery (Greenbank Drive)
Benim MC
Brownlow at Princes Park







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CIPHA
Combined Information for Population Health Action

Population Health Actio	201
N82663	Hornspit MC
N82082	St James MC
N82671	Bigham Road MC
N82087	Gillmoss Medical Centre
N82668	Walton Village Medical Centre
N82018	Ellergreen Medical Centre
N82084	Gateacre Brow
N82081	Islington House
N82078	Bousfield Health Centre
N82004	Garston Family Health Centre
Y00110	West Speke Health Centre
N82633	Knotty Ash MC
N82116	Hillfoot Health
N82676	Fir Tree Medical Centre
N82077	Bousfield Surgery
N82052	Townsend Medical Centre
N82107	Mossley Hill Medical Centre
N82049	Westminister Medical Centre
N82033	Dingle Park Practice
N82678	Stopgate Lane Medical Centre
N82066	Woolton House Medical Centre
N82109	Speke Neighbourhood Health Centre
N82089	Picton Medical & Children's Centre
N82039	Storrsdale Medical Centre
N82054	Abercromby Holistic Health Centre
Southport & Fo	rmby
N84012	Ainsdale Medical Centre
N84014	Ainsdale Village Medical Centre
N84002	Aintree Road Medical Centre
N84020	Blundellsands Medical Centre
N84015	Bootle Village Surgery
N84023	Bridge Road Medical Centre
N84013	Christiana Hartley Medical Centre
N84006	Chapel Lane Medical Centre
N84017	Churchtown medical Centre
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Combined Information for Population Health Action

Crosby Village Surgery
Crossways PC24 Surgery
Cumberland House Medical Centre
DR Vitty, Pfeiffer & Berni
Maghull Family Surgery
30 Kingsway
Drs Misra & Bird
Eastview Surgery
Ford Medical Practice
Freshfield Surgery
Glovers Lane Surgery
High Pastures Surgery
Hightown Village Surgery
Kew Surgery
Concept House Surgery
Lincoln House
Litherland Town Hall PC24
Maghull Health Centre DR Sapre
Maghull PC24
Marshside Surgery
Moore Street
Netherton Practice
North Park Surgery
Norwood Surgery
Orrell Park Medical Centre
Park Street Surgery
Rawson Road Surgery
Roe Lane Surgery
Seaforth Village UC24
St Marks Medical Centre
Strand Medical Centre
The Corner Surgery
The Family Surgery
The Grange Surgery
The Hollies







The Village Surgery Formby Thornton Village Surgery
Thornton Village Surgery
5 5 7
Westway Medical Centre
15 Sefton Road Dr McElroy
Cockhedge Medical Centre
Dallam Lane Medical Centre
Fearnhead Cross Medical Centre
Fearnhead Cross Medical Centre - Longford Branch Surgery
Folly Lane Medical Centre
Manchester Road Surgery
Stockton Heath Medical Centre
Stretton Medical Centre
Stretton Medical Centre - Stretton Branch Surgery
4 Seasons Medical Centre
Birchwood Medical Centre
Brookfield Surgery
Causeway Medical Centre
Chapelford Health Plus
Culcheth Medical Centre
Fairfield Surgery
Greenbank Surgery
Guardian Street med/ctr
Helsby Street med/ctr
Holes Lane Medical Centre
Latchford Medical Centre
Padgate Medical Centre
Parkview Medical Centre
Penketh Health Centre
Springfields Medical Centre
The Eric Moore Partnership
The Lakeside Surgery
Westbrook Medical Centre
Blackheath Medical Centre





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N85017	Cavendish Medical Centre
N85027	Central Park Group Practice
N85633	Church Road Medical Centre
N85006	Civic Medical Centre
N85009	Commonfield Road Surgery
N85015	Devaney Medical Centre
N85005	Eastham Group Practice
N85629	Egremont Medical Centre
N85031	Gladstone Medical Centre
N85032	Greasby Group Practice
N85052	Grove Road Surgery
N85021	Hamilton Medical Centre
N85037	Heatherlands Medical Centre
N85007	Heswall & Pensby Group Practice
N85022	Holmlands Medical Centre
N85059	Hoylake & Meols Medical Centre
N85046	Hoylake Road Medical Centre
N85054	Kings Lane Medical Centre
N85640	Leasowe Medical Practice
N85616	Liscard Group Practice
N85023	Manor Health Centre
N85002	Marine Lake Medical Practice
N85001	The Estuary Medical Practice
N85625	Miriam Primary Care Group (Miriam)
N85625001	Miriam Primary Care Group (Earlston & Seabank)
N85625002	Miriam Primary Care Group (Field Road Health Centre)
N85028	Moreton Cross Group Practice
N85040	Moreton Health Clinic
N85048	Moreton Medical Centre
N85034	Parkfield (Oates)
N85044	Paxton Medical Group (Claughton)
N85044002	Paxton Medical Group (Fender Way)
N85643	Prenton Medical Centre
N85643001	Woodchurch Medical Centre
N85016	Riverside Surgery
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Combined Information for Population Health Action

Silverdale Medical Centre	
Somerville Medical Centre	
Spital Surgery	
St Catherine's Surgery	
St Georges Medical Centre	
St Hilary Group Practice	
Sunlight Group Practice	
Teehay Lane Medical Centre	
The Allport Surgery	
The Orchard Surgery	
The Villa Medical Centre	
The Village Medical Centre	
Townfield Health Centre	
Upton Group Practice	
Vittoria MC (Karamputi)	
Vittoria MC (Green)	
West Wirral Group Practice	
Whetstone Medical Centre	
Audlem	
Kenmore Medical Centre	
Helsby Health Centre	
Bunbury Medical Practice	
Cedars	
Heath Lane Medical Centre	
Nantwich Health Centre	
High Street Surgery	
Millcroft	
Tarporley_RS	
Bollington Medical Centre	
Beningten Medical Centre	
Swanlow Lane	
Swanlow Lane	
Swanlow Lane       Firdale Medical Centre	







Population Health	
N81030	The Knoll Surgery
N81031	Tarporely Health Centre
N81032	Ashfields PCC
N81033	George Street Surgery
N81034	Boughton Health Centre
N81038	Malpas Surgery/Laurel Bank
N81039	The Oaklands
N81040	High Street
N81042	Manchester Road Medical Centre
N81043	Haslington
N81044	Hungerford
N81046	Park Medical Centre
N81047	Kiltearn
N81049	Annandale Medical Centre
N81050	Great Sutton - Dr Griffith
N81051	Weaverham
N81052	Lawton House Surgery
N81053	Earnswood
N81055	Watling Street
N81060	Neston Surgery
N81061	Witton Street
N81062	Cumberland House
N81063	York Road Group Practice
N81067	Oakwood MC
N81068	Grosvenor
N81069	Chelford Surgery
N81070	Handforth Health Centre
N81071	Scholar Green
N81074	Launceston
N81077	Holmes Chapel Health Centre
N81079	The Elms Medical Centre
N81080	Northgate Medical Centre
N81081	Garden Lane Medical Centre
N81082	City Walls Medical Centre
N81084	Rope Green







N81085	Park Lane House Medical Centre
N81086	Wilmslow Health Centre
N81087	Danebridge
N81088	Park Green Surgery
N81090	Tudors
N81092	Hope Farm Medical Centre
N81093	Whitby JS
N81100	Upton Village Surgery
N81101	Handbridge Medical Centre
N81102	Hoole Road Surgery (Fountain)
N81111	Merepark
N81113	Middlewich Road
N81115	Lache Health Centre
N81117	Old Hall Surgery
N81118	Meadowside Medical Centre
N81120	Kelsall Surgery
N81121	Northgate Village Surgery
N81123	Willow Wood
N81125	Neston Medical Centre
N81127	Weavervale
N81607	Westminster Surgery
N81614	Wrenbury Surgery
N81624	Rookery Surgery
N81626	Western Avenue
N81632	Broken Cross Surgery
N81642	Watersedge MC
N81655	St Werburghs Medical Practice
Y04664	Willaston Surgery
St Helens	
N83054	Bethany Medical Centre
N83027	Central Surgery
N83604	Cornerstone Surgery
N83635	Crossroads Surgery
N83624	Dr Rahil Surgery
N83614	Eccleston Medical Centre







N83008	Ferguson Family Mp (Berrymead Medical Centre)			
N83021	Four Acre Surgery			
Y00475	Garswood Surgery			
N83017	Hall Street Medical Centre			
N83020				
N83060	Haydock Medical Centre Holly Bank Surgery			
N83049	Kenneth Macrae Medical Centre			
N83007	Lingholme Hc			
N83053	Lingholme ne Longton Medical Centre			
N83005	Vista Road Surgery			
Y02510	Marshalls Cross Mc			
N83012	Mill Street Medical Ctr			
N83637	Newholme Surgery			
N83628	Newton Community Hospital Practice			
N83045	Newton Medical Centre (Bridge St Surgery)			
N83003	Ormskirk House Surgery			
N83023	Park House Surgery			
N83026	Parkfield Surgery			
N83002	Patterdale Lodge			
N83006	Phoenix Medical Centre			
N83001	Rainbow Medical Centre			
N83041	Rainford Health Centre			
N83010	Rainhill Village			
N83620	Sandfield Medical Centre			
N83035	Spinney Medical Centre			
N83050	The Bowery			
N83054	Bethany Medical Centre			
N83027	Central Surgery			







#### ANNEX B – Data to be shared

The specific data items will only be coded (structured) data, that is to say no free text (unstructured) data. As noted in the section on access controls the data will be strictly governed as anonymised-aggregate, pseudonymised and only as person identifiable for the purpose of direct care. Additionally, for use cases beyond those given in this agreement there will be the additional governance of a Data Asset and Access Group (DAAG) to ensure full compliance with the parameters of this data sharing agreement

This Annex provides the categories of data to be shared from GP; Acute; Mental Health; Community; and Social Care (children and adult). The table incudes a brief description of the data categories and the use case(s) within which the data will be used for:

Use Case 1: Epidemiology Reporting

Use Case 2: Predicting outcomes and population stratification of vulnerable populations

Use Case 3: For planning current services and understanding future service provision

Use Case 4: For evaluation and understanding causality







#### 1. Social Care – Child

NOTE: no free text will be extracted. Only coded data.

Item (data spec doc cross reference)	Field Name	Description	Use Case
1.1	Extract Identifier	Reference data item	Reference data item
1.2	Person Core	Patient Identifiable Data	<b>Use Case 2:</b> Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
1.3	Person Extended	Patient Identifiable Data	<b>Use Case 2:</b> Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
1.4	Referral	<b>Open referrals</b> and <b>referrals</b> that have closed since a predefined number of months prior to go live of the export.	Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
1.5	Event	<ul> <li>The data range of active events or which have an end date after the predefined number of months prior to go live of the export:</li> <li>Assessment</li> <li>Meetings</li> <li>Case Notes</li> </ul> This does not include the free text associated with the event	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
1.6	Alert	<ul> <li>Alerts of the following types that are still active or have an end date after the predefined number of months prior to go live of the export:</li> <li>Child Protection</li> <li>Child in Need</li> <li>Child Looked After</li> <li>Missing Person</li> <li>Hazard</li> <li>MARAC</li> </ul>	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 4: Evaluation and Causality Proposal: due to sensitive nature of codes this category may be excluded from the extract
1.7	Disability	<b>Disabilities</b> that are still active or have an end date after the predefined number of months prior to go live of the export.	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population







			Stratification. Re-id for direct care purposes only
			<b>Use Case 3:</b> Planning and Future Service Provision
			<b>Use Case 4:</b> Evaluation and Causality
1.8	Related Person	Relationship Types and Relationship Flags	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
1.9	Practitioner (staff type)	Only those <b>Practitioner</b> involvements that are still active or have an end date after the predefined number of months prior to go live of the export.	<b>Use Case 3:</b> Planning and Future Service Provision
1.10	Classification	<ul> <li>Primary Support Reasons that are still active or have an end date after the predefined number of months prior to go live of the export: may include:</li> <li>Physical support – Access and mobility</li> <li>Social support – Substance</li> </ul>	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and
		<ul> <li>Social support – Substance misuse</li> <li>Sensory support</li> <li>Mental Health support</li> </ul>	Future Service Provision
		<ul> <li>Learning Disability support</li> </ul>	and Causality







#### 2. Social Care – Adult

Item	Field Name	Description	Use Case
2.1	Extract Identifier	Reference Data Item	Reference Data Item
2.2	Person Core	Patient Identifiable Data	<b>Use Case 2:</b> Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
2.3	Person Extended	Patient Identifiable Data	<b>Use Case 2:</b> Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
2.4	Referral	<b>Open referrals</b> and <b>referrals</b> that have closed since a predefined number of months prior to go live of the export.	Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
2.5	Event	<ul> <li>Consider the data range of active events or which have an end date after the predefined number of months prior to go live of the export:</li> <li>Assessment</li> <li>Safeguarding</li> <li>Organisational Safeguarding Case</li> <li>Deprivation of Liberty Safeguards (DOLS)</li> </ul>	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
2.6	Alert	<ul> <li>Alerts that are still active or have an end date after the predefined number of months prior to go live of the export.</li> <li>Risks</li> <li>Special Factors</li> </ul>	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 4: Evaluation and Causality Proposal: due to sensitive nature of codes this category may be excluded from the extract
2.7	Disability	<b>Disabilities</b> that are still active or have an end date after the predefined number of months prior to go live of the export.	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision







			Use Case 4: Evaluation and
			Causality
2.8	Related Person	Relationship Types and Relationship Flags	<b>Use Case 2:</b> Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
2.9	Practitioner (staff type)	Only those <b>Practitioner</b> involvements that are still active or have an end date after the predefined number of months prior to go live of the export.	<b>Use Case 3:</b> Planning and Future Service Provision
2.10	Classification	<ul> <li>Primary Support Reasons that are still active or have an end date after the predefined number of months prior to go live of the export: may include:</li> <li>Physical support – Access and mobility</li> <li>Social support – Substance misuse</li> <li>Sensory support</li> <li>Mental Health support</li> <li>Learning Disability support</li> </ul>	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
2.11	Care Plan	Care plans linked to referrals that have been exported in the Referral data file that are still active or have an end date after the predefined number of months prior to go live of the export.	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
2.12	Service Provision	All service provisions linked to care plans that have been exported in the Care Plan data file should be included. Those that are still active or have an end date after the predefined number of months prior to go live of the export should be exported.	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
2.13	Care Plan Need and Outcome	All needs and outcomes linked to care plans and service provisions that have been exported in the Care Plan data file.	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision







	Use Case 4: Evaluation and
	Causality







#### 3. Acute

Item	Field Name	Description	Use Case	
3.1	Demographics	<ul> <li>Data items supporte</li> <li>MPI Load.</li> <li>Surname</li> <li>NHS Number (a status)</li> <li>DOB</li> <li>Sex</li> <li>Address</li> <li>Postcode</li> <li>Death Status ar</li> <li>Ethnic Group</li> </ul>	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only	
3.2	Medications			Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
3.3	In-Patient	Unique Identifier (Event ID) Admission Date Stay Type Ward Specialty Admission Type Admission Category Admission Source Diagnosis	Consultant Admitting Doctor Attending Doctor Transfer Date Transfer Reason Discharge Date Discharge Method Discharge Destination Procedures	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
3.4	Out-Patient	Unique Identifier (Event ID) Originating Referral ID Referral Date Referral Outcome Referral Priority	Referral Disposition Referral Type Referral Category Speciality	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification.







3.5	A&E	Unique Identifier (Event ID) Attendance Date Discharge Date Discharge Method Diagnosis	Discharge Destination Location Consultant Referring Doctor Procedures	Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
3.6	ICE/PathologyResults	Pathology Results I from the ICE systen		Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 4: Evaluation and Causality







#### 4. Community (Individual Spec document for each item)

Item	Field Name	Description	Use Case
4.1	Demographics	Data from the demographics CSV will be used for creating or updating the demographics of a patients.	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
4.2	Referral		Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and
4.3	Alerts	When providing Alert information, each message will need to contain all the current available Alerts for a patient i.e. the file would not be expected to contain historic alerts (inactive/ended)	Causality Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 4: Evaluation and Causality Proposal: due to sensitive nature of codes this category may be excluded from the extract
4.4	Community Health	<ul> <li>Immunisations</li> <li>Care Plan</li> <li>Problems</li> <li>Interventions</li> <li>Encounters &amp; Appointments</li> <li>Diagnosis</li> <li>Medications</li> </ul>	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
4.5	Allergies		
4.6	Contacts		Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision

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	Use Case 4: Evaluation and
	Causality







#### 5. Mental Health (Individual Spec document for each item)

Item	Field Name	Description	Use Case
5.1	Demographics	Data from the demographics CSV will be used for creating or updating the demographics of a patients.	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only
5.2	Referral		Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
5.3	Alerts	When providing Alert information, each message will need to contain all the current available Alerts for a patient i.e. the file would not be expected to contain historic alerts (inactive/ended)	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 4: Evaluation and Causality Proposal: due to sensitive nature of codes this category may be excluded from the extract
5.5	Care Programme Approach (CPA)	<ul> <li>Diagnosis</li> <li>Mental Health Act</li> <li>Risk Assessment</li> <li>Risk Scores</li> <li>Risk Plans</li> <li>Early Intervention in Psychosis (EIP)</li> <li>Free text will not be included.</li> </ul>	<ul> <li>Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only</li> <li>Use Case 3: Planning and Future Service Provision</li> <li>Use Case 4: Evaluation and Causality</li> </ul>
5.6	Contacts		Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality







#### 6. General Practice

Item	Field Name	Description	Use Case
6.1	GP COVID-	GP COVID-19 Status	Use Case 1: Epidemiology
	19/Advance	GP Advance Care Planning	
	Care Planning	Alerts	Use Case 2: Predicting
	_		Outcomes and Population
			Stratification. Re-id for direct
			care purposes only
			Use Case 3: Planning and
			Future Service Provision
			Use Case 4: Evaluation and Causality
6.0	Allergies		,
6.2	Allergies Summary		
6.3	GP Medications		Use Case 2: Predicting
	Issued		Outcomes and Population
			Stratification. Re-id for direct
			care purposes only
			Use Case 3: Planning and
			Future Service Provision
			Use Case 4: Evaluation and
			Causality
6.4	GP Repeat		Use Case 2: Predicting
••••	Medications		Outcomes and Population
			Stratification. Re-id for direct
			care purposes only
			Use Case 3: Planning and
			Future Service Provision
			Has Case & Evaluation and
			Use Case 4: Evaluation and Causality
6.5	GP Problems	Active Problems	Use Case 1: Epidemiology
		Past Problems	
		Additional Problems	Use Case 2: Predicting
			Outcomes and Population
			Stratification. Re-id for direct
			care purposes only
			Use Case 3: Planning and
			Future Service Provision
			Use Case 4: Evaluation and
			Causality







	ition Health Action		1
6.6	GP Results		Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
6.7	GP Vitals and Measurements	Latest height/weight; latest blood pressure; latest physiological function result ordered by date descending.	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
6.8	GP Lifestyle		<ul> <li>Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only</li> <li>Use Case 3: Planning and Future Service Provision</li> <li>Use Case 4: Evaluation and Causality</li> </ul>
6.9	Additional GP Information	<ul> <li>GP Encounter</li> <li>Vaccinations &amp; Immunisations</li> <li>Contraindications</li> <li>OTC and Prophylactic Therapy</li> <li>Family History</li> <li>Child Health</li> <li>Diabetes Diagnosis</li> <li>Chronic Disease Monitoring</li> <li>Medication Administration</li> <li>Pregnancy, Birth and Post Natal</li> <li>Contraception and HRT</li> <li>GP Imaging</li> <li>Other Investigations</li> <li>Investigations Administration</li> <li>Operations</li> <li>Obstetric Procedures</li> <li>Other Diagnostic Procedures</li> <li>ECG</li> </ul>	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality

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		Other Broventative Broadures	
		Other Preventative Procedures	
		Other Therapeutic Procedures	
		Recent Test Results (last 12	
		months)	
6.10	Data Categories	Active Problems	Use Case 1: Epidemiology
		Administration	
		<ul> <li>Alcohol Exercise and Diet</li> </ul>	Use Case 2: Predicting
		Allergy	Outcomes and Population
		Blood Chemistry	Stratification. Re-id for direct
		Blood Pressure	care purposes only
		Cervical Cytology	
		Child Health	Use Case 3: Planning and
		Chronic Disease Monitoring	Future Service Provision
		•	
		Contraception and HRT	Use Case 4: Evaluation and
		Contraindications	Causality
		Diabetes Diagnosis	
		ECG Pulmonary	
		Encounters	
		<ul> <li>Family History</li> </ul>	
		<ul> <li>Full Problems List</li> </ul>	
		<ul> <li>Glucose/hba1c</li> </ul>	
		Haematology	
		Height and Weight	
		Imaging	
		<ul> <li>Investigations Admin</li> </ul>	
		<ul> <li>Medications Administration</li> </ul>	
		<ul> <li>Medication Issues</li> </ul>	
		Obstetric Procedures	
		Operations	
		OTC Prophylactic Therapy	
		<ul> <li>Other Cytology/Pathology</li> </ul>	
		<ul> <li>Other Diagnostic Procedures</li> </ul>	
		<ul> <li>Other Investigations</li> </ul>	
		Other Preventative Procedures	
		Other Therapeutic Procedures	
		Past Problems	
		<ul> <li>Physiology Function Tests</li> </ul>	
		<ul> <li>Pregnancy, Birth and Post Natal</li> </ul>	
		Recent Tests	
		<ul> <li>Referrals and Admissions</li> </ul>	
		<ul> <li>Repeat Medication</li> </ul>	
		•	
		Smoking     Secial History	
		Social History	
		Unmatched	
		Urinalysis	
		<ul> <li>Vaccination and Immunisations</li> </ul>	







#### 7. General Practice - TPP

Item	Field Name	Description	Use Case
7.1	Medications	<ul> <li>Repeat Medications</li> <li>Medications Issued</li> </ul>	Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality
7.2	GP Problems	<ul> <li>Active Problems</li> <li>Past Problems</li> <li>Additional Problems</li> <li>GP Results</li> <li>GP Lifestyle</li> <li>Blood Pressure</li> <li>Additional GP Information</li> <li>GP Encounters/Administration</li> <li>GP Encounters</li> <li>GP Administration</li> <li>Referrals</li> <li>Radiology</li> <li>Operations</li> <li>Investigations</li> <li>Contraception and HRT</li> <li>Pregnancy, Birth &amp; Post Natal</li> <li>GP Family History</li> <li>Contraindications</li> <li>Vaccinations and Immunisations</li> </ul>	Use Case 1: Epidemiology Use Case 2: Predicting Outcomes and Population Stratification. Re-id for direct care purposes only Use Case 3: Planning and Future Service Provision Use Case 4: Evaluation and Causality