

Ref: FOI/00012/CMICB  
16 August 2022

**Your Request:**

**1) I'm aware that there are a number of ICS-level Shared Care Records, and that each UCS is required to have one. Please tell me the name of the Shared Care Record for your ICS, and also the name or names of the software provider(s) - e.g. Graphnet, Orion, Interweave, etc. In addition, if your ICS's Shared Care Record is shared between several ICSs, please let me know the names of the other ICSs with which your Shared Care Record is shared**

**Our Response:**

1) The NHS Cheshire & Merseyside ICB shared care record is called Share2Care. The software providers are Phillips and Maywood Limited. The NHS Cheshire & Merseyside ICB shared care record is shared with NHS Lancashire & Cumbria ICB.

**Your Request:**

**2) Other than processing patient data for the provision of direct care what other permissions or purposes would these software companies have.**

**Our Response:**

2) Phillips supply the e-Xchange platform and Maywood Limited provide audit capabilities for e-Xchange for Share2Care.

**Your Request:**

**3) Could you please provide a list of any and all bodies and organisations outside the NHS to either the shared care record or any data within it.**

**Our Response:**

3) Please find listed below the non-NHS organisations with access to the Share2Care e-Xchange Platform:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Borough Council
- Liverpool City Council
- Sefton Council
- St Helens Council
- Warrington Borough Council
- Wirral Council
- Primary Care 24 (Merseyside) Limited [Primary Care 24 (PC24) is a not-for-profit social enterprise established in 2004, delivering NHS contracts exclusively.]

Your Request:

**4) Are there any circumstances at all in which police or immigration authorities specifically would be able to have access to ShCR's and how would consent for this be given?**

Our Response:

4) NHS Cheshire & Merseyside ICB does not hold information specifically on whether police/immigration authorities would be granted access to the Share2Care e-Xchange Platform. However, the police and immigration authorities would not have direct access to the Share2Care e-Xchange Platform.

Your Request:

**5) I have a specific question about delegated consent ie people who cannot make decisions for themselves - please could you provide me with a copy of the policy on delegated consent.**

Our Response:

5) The Share2Care e-Xchange Platform is for direct care, and so delegated consent is not applicable.

Your Request:

**6) Please could you provide your policy or policies around consent for the use of data in the shared care record by external sources, police, private health, sexual health clinics, child services, DwP, local councils, and mental health services**

Our Response:

6) Access to the Share2Care e-Xchange Platform is only for the Cheshire and Merseyside ICB GP Practices, NHS Trusts, Primary Care 24 (Merseyside) Limited, and the Local Authorities (together with the equivalent in the Lancashire and South Cumbria ICB).

The Share2Care e-Xchange Platform is for direct care, and so consent is not necessary. The lawful basis relied on to process data is met by the UK General Data Protection Regulations (GDPR):

- Processing Personal Data - Article 6
- Processing Sensitive Personal Data – Article 9

The following is an extract taken from the Cheshire and Merseyside Health and Care Partnership Integrated Care Systems (ICS) Data Protection Impact Assessment (DPIA) Workstream: Unified Direct Care:

### **“Lawful Basis**

*UK General Data Protection Regulations (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*

### **Fairness**

*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.”*

**Your Request:**

**7) will the shared care record in your ICS be used for any purposes beyond direct care, eg population health management, planning, and research. If so, which uses, by whom, and how have these been communicated to users of the shared care record and patients themselves.**

**Our Response:**

7) No, the Share2Care e-Xchange Platform is for direct care only.

**Your Request:**

**8) How have people been told they can opt-out, as in, by Email, Phone, or leaflet in a local GP surgery etc. and what % of people that your ICB (or relevant body) covered have been informed directly about this restructuring or their records, and to stress, how have they been most importantly - please list any and all initiatives for this, and if you have any of those materials can you please give me a copy of them.**

**9) How many opt-outs have there been as of the date of this request being sent?**

**Our Response:**

8 - 9) Data for people who have objected to sharing their data will not flow from the GP record into the Share2Care e-Xchange Platform.

All participating organisations within the Cheshire and Merseyside Shared Care Records Programme are expected to have a robust policy in place with regard to offering or permitting a person the right to opt-out from the sharing of their care records.

Cheshire and Merseyside Shared Care record organisations (data controllers to this data sharing arrangement) that inform a person about their rights to opt-out, are expected to also provide the public with relevant transparency and privacy notices to ensure the public is adequately informed of how health and care organisations use their data, particularly data concerning children and vulnerable groups.

Therefore, e-Xchange opt out remains under the control of the data controller at organisation level. The public is directed to contact all organisations directly. e-Xchange has no functionality for the public to access the solution to opt out directly. NHS Cheshire & Merseyside ICB does not hold information on the number of opt-outs.

**Your Request:**

**9) if a patient who has opted out in your ICS moves to another ICS, will they need to opt-out again?**

**Our Response:**

9) NHS Cheshire & Merseyside ICB understands that this would depend on how the data flows for that particular ICB which a patient moves to.