

Date: 23/06/2016

FREEDOM OF INFORMATION REQUEST FOI/012797 – Data sharing agreements

1 - How many data sharing agreements or information sharing agreements does the trust currently have with private organisations to share patient files or records?

2 - For each, please state

- i) the organisation concerned
- ii) the number of patients involved
- iii) the purpose of the agreement

3 - Please also specify whether patients were asked beforehand if their information could be shared or whether the agreement was made on the basis of implied consent.

The Trust currently has 8 information sharing agreements with non NHS organisations

1.

i) Action Heart

- ii) The number of patients referred to Action Heart by the Trust is not held in a centralised electronic reporting system as patients can be referred by multiple Wards and departments.
 - iii) Information Sharing for continued patient care, where the care is initiated with a referral to Action Heart from the Trust's Cardiovascular and exercise referral schemes.
- Informed documented consent

2.

- i) Dudley Stroke Association
- ii) From January 1st 2016 to 12.6.2016 there were @ 160 Dudley patients referred.
- iii) Information will be shared with nominated staff from the Dudley Stroke Association for the purposes of undertaking patient 6 month post discharge reviews for Dudley Patients
Dudley Stroke Association visit the patients on the ward to discuss their referral.

3.

i) British Red Cross

- ii) The most recent figures available are only from the 1st Quarter 2016, Jan to March. In that time, British Red Cross supported 160 patients. The 2nd Quarter figures are not yet available.

iii) Information is shared to enable joint discharge planning, provision of appropriate care in other settings, to support safe patient discharge planning, to support reporting of delayed discharges and add quality to the discharge process.

Informed documented consent

4.

i) Carehome Selection Limited

ii) For period Jan to May 2016 there have been 217 patients referred to this agency. June figures are not available yet.

iii) Information is shared to enable joint discharge planning, provision of appropriate care in other settings, to support safe patient discharge planning, to support reporting of delayed discharges and add quality to the discharge process.

Informed documented consent

5.

i) Compton Hospice

ii) The Trust does not hold a centralised electronic reporting database holding the figures for this information. Information will be held in individual patient records.

iii) For the on-going care of palliative care patients and end of life care.

Where patients have a poor diagnosis they can choose to be referred to Compton Hospice. The relevant patient information will be then be shared between the Trust and Compton Hospice for on-going care.

6.

i) Abena UK Scancapture

ii) There are currently @ 4,500 patients involved

iii) In support of conducting a patient product trial in respect of the supply of continence products through a home delivery service

Informed documented consent for sharing name, address and prescription details

7.

i) Boston Scientific (Latitude System)

ii) There are currently no patients on this system, the sharing agreement has only recently been signed.

iii) The LATITUDE system allows healthcare providers to remotely monitor Boston Scientific implantable cardiac medical devices

Informed documented consent

8.

i) Community Safety Partnership

ii) There have been 15 requests for information under this sharing agreement between Jan 2016 - to date

iii) Crime and Disorder reduction

Common Law stipulates that the following reasons justify sharing confidential data about a person:

a) When consent is obtained from the person who is identified as the subject in the data (wherever possible, practicable, or appropriate the permission of the Data Subject should be obtained);

b) When the law or a court orders that the data must be shared;

c) When it can be demonstrated that disclosure is considered to be more in the best interests of the public than confidentiality, e.g.:-

- Where there is a public interest or a public health interest
- Where there is a risk of death or serious harm risk to person(s);
- When disclosure is necessary to detect, prevent or prosecute serious crime;
- Where an individual's health is at serious risk (either the person identified in the data or another person);
- Where it is identified as being in the interest of the person concerned.

There will only be disclosure of sufficient data to enable signatory partners to carry out the relevant purpose for which the data is intended. This we will determine on a case-by-case basis.