



Commissioning Specification: Information Governance Support for Primary Care Providers

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Contents

1. Purpose	5
2. Policy	5
3. Service Specification for Information Governance Support	6
Table 1: Core IG Support Services: Minimum Specification	7
Table 2: Developmental IG Support Services: Suggested Specification.....	10
Table 3: IG Toolkit requirements	11
Table 4: IG Toolkit support – Outline Service Catalogue for General Practices	12
Table 5: IG Toolkit support – Outline Service Catalogue for Pharmacists, Opticians and Dentists	19

NHS England wishes to thank the following CSUs for sharing their service specifications and for their assistance in developing this document: Essex, Greater Manchester, North Yorkshire and Humber, South London, and South West.

1. Purpose

This guidance is intended to inform NHS England's Regions about the information governance (IG) support that they must commission for their primary care providers.

Specifically, the scope of this document is to outline the information governance components of (i) the service catalogue for primary care and (ii) the GP information technology (GP IT) operating model. Both of these specifications should be read in conjunction with NHS England's *Regional Capacity and Capability* document.¹

2. Policy

Although NHS England has delegated the management of GP IT budgets to CCGs, it has retained responsibility for commissioning IG support services. The rationale for this arrangement is firstly to align the IG support arrangements for GPs with those for other primary care services (community pharmacies, dental practices, and community optometry) and secondly to ensure that limited IG skills and expertise are aggregated at the highest level.

NHS England therefore has responsibility for commissioning IG support for all providers of primary care.

3. Introduction

All providers of NHS care are required by law to have effective arrangements in place to govern the use of information. These requirements are set out in the *Information Governance Standards Framework*.² Primary care providers are the data controllers for the personal and confidential data that they hold. They therefore have a legal responsibility to comply with the information governance requirements associated with this designation.

In order to ensure to meet their obligations in relation to information governance, NHS England considers that primary care providers must have access to the range of core support services set out in this guidance.

¹ Patient and Information, Strategic Systems and Technology: Regional Capacity and Technology, V1.0, 29 September 2014

² <http://www.isb.nhs.uk/documents/isb-1512>

4. Service Specification for Information Governance Support

The following tables set out the support that is required by primary care providers in relation to IG.

Table 1 describes the five core elements of IG support commissioned by NHS England that are required by all primary care providers (i.e., the minimum service provision that must be available to support business as usual).

Table 2 suggests some developmental elements of service provision that may be required by primary care providers in certain circumstances. For example, these discretionary elements may be needed to:

- manage particular risks or incidents;
- provide additional public assurance (e.g., for innovative activities or where the data are particularly sensitive); or to
- support continual improvement and the management of change.

Table 3 lists the IG Toolkit requirements that apply to (a) GPs; and (b) pharmacists, opticians and dentists.

Table 4 outlines the service catalogue for General Practice in support of the IG Toolkit. The services required to support the minimum compliance level (Level 2) are listed separately from those required to support optimal compliance (Level 3).

Finally, **Table 5** provides the equivalent information for pharmacists, opticians, and dentists. Again the services required to support the minimum compliance level (Level 2) are listed separately from those required to support optimal compliance (Level 3).

Further Information

The Information Governance Toolkit includes an online help page, an online enquiry form, and telephone contact details.³

Additional information is available in the HSCIC Information Governance web page, which includes links to the *NHS Code of Practice* and the *Manual for Caldicott Guardians*.⁴

³ <https://nww.igt.hscic.gov.uk/>

⁴ <http://systems.hscic.gov.uk/infogov>

Table 1: Core IG Support Services: Minimum Specification

Core Element	Description	Examples	Proposed providers
IG policy support	<p>Support for the production and maintenance of local IG policies and procedures. Provision of advice and support to GP practices on the approval, ratification and adoption of IG policies by their organisations.</p> <p>These policies need to include: confidentiality; consent procedures for the use of personal confidential information; data controllership responsibilities and data protection requirements; human rights requirements in relation to privacy; information security (physical security of paper records, smartcards and access controls for information systems, managing mobile computing risks); incident management and reporting; staff training; and needs assessments.</p>	<p>Provision of template policies and procedures that can be tailored by the practice to meet local circumstances.</p> <p>Best practice advice and guidance incorporated into approved local policy.</p> <p><i>Tables 4 and 5 provide details of the components of this service, including suggested service lines and products to be commissioned from the local IG support service. The services required to support the minimum compliance level (Level 2) are listed separately from those required to support optimal compliance (Level 3).</i></p>	<p>Policy templates may be provided nationally (e.g., by the Information Governance Alliance) but will need to be tailored locally by an IG support service.</p>
IG Consultancy and Support	<p>Provision of advice and support by telephone and/or email on IG issues, including existing operational processes and new business initiatives. Provision of advice and guidance around access and laws (including access to legal advice). Provision of guidance on implementing the recommendations of the Information Governance Review (“Caldicott2”).</p>	<p>Allocation of a set amount of time per practice per month for IG advice.</p> <p>Telephone and email support to IG Leads and Caldicott Lead or Caldicott Guardian in primary care providers.</p> <p><i>Tables 4 and 5 provide details of the components of this service, including suggested service</i></p>	<p>Local primary care IG support service with referral to the Information Governance Alliance where the enquiry relates to a general rather than a specific issue.</p>

		<i>lines and products to be commissioned from the local IG support service. The services required to support the minimum compliance level (Level 2) are listed separately from those required to support optimal compliance (Level 3).</i>	
IG Training	Training in relation to IG, including the development and provision of training materials to support IG as required, and the delivery of <i>ad hoc</i> IG training that is not covered by the mandatory online IG training module.	<p>Online and face-to-face IG updates/refresher courses</p> <p>Monitoring of the mandatory online IG training module</p> <p>Advice on the provision of staff IG handbooks.</p> <p><i>Tables 4 and 5 provide details of the components of this service, including suggested service lines and products to be commissioned from the local IG support service. The services required to support the minimum compliance level (Level 2) are listed separately from those required to support optimal compliance (Level 3).</i></p>	<p>Local primary care IG Support Service</p> <p>Health and Social Care Information Centre</p> <p>Information Governance Alliance (national template to be adapted for local requirements by the local GP IG support service)</p>
IG Toolkit (IGT) Compliance Support ⁵	<p>Provide update reports on benchmarking against IGT requirements.</p> <p>http://systems.hscic.gov.uk/gpsoc/framework</p> <p>Provide advice and guidance on how to</p>	<p>Individual support for providers to discuss IGT progress.</p> <p>Provide advice on the collation and uploading of evidence</p>	Local primary care IG support service

⁵ NHS England is not responsible or accountable for GP practices completing the annual IG Toolkit return for the practice. GP practices must submit a Toolkit return annually and responsibility for this lies solely with the GP practice.

	complete the IGT.	required for the IGT.	IGT support team in the Health and Social Care Information Centre
Incident management and investigations	<p>Provision of advice and/or support to practices on the investigation of possible information security breaches and incidents.</p> <p>Advising on incident assessment and reporting via the SIRI reporting tool within the IG Toolkit to NHS England (dependent upon severity of incident).</p> <p>Advice on post-incident reviews and actions for customer implementation.</p>	<p>Advice and guidance to practices on how to investigate, manage, report, and review incidents.</p> <p>Advice and support to providers to manage the reporting of the incident and advice on remedies.</p>	Local IG support service based on national guidance

Table 2: Developmental IG Support Services: Suggested Specification

Non-core Element	Description	Example	Proposed providers
Wider IG-related compliance support	Advice, guidance and/or support to providers regarding adherence with wider IG-related compliance support statements (e.g., Care Quality Commission; Registration Authority; Quality, Innovation, Productivity and Prevention (QIPP) programme; NHS Litigation Authority.	Support and advice by telephone, online, email and/or face-to-face. Collation of evidence to support compliance statements.	Information Governance Alliance and the Exeter helpdesk for general enquiries. Local IG support service for enquiries related to specific local issues
IG Audits	Provision of an agreed number of audits conducted in relation to IG. These audits could be arranged with the organisation in advance, or they could be spot-audits.	Audit of IG security compliance, processes and policies.	Local IG support service or commissioned separately. <i>NHS England as part of assurance process will agree approach and funding with primary care service provider.</i>
Subject access requests and Freedom of Information requests	Practices may receive subject access requests (SARs) and freedom of information (FOI) requests from patients and the public. These requests are statutory obligations with specific requirements and practices must determine what information should be released. Assisting with an FOI publication scheme.	A CSU that processes data on behalf of the practice could identify relevant data for review by the clinical staff at the practice for a subject access request. Tailored guidance for a SAR or FOI relating to the particular circumstances	National guidance available from the Information Commissioner's Office on general requirements. Information Governance Alliance can provide guidance tailored for health and social care context. Local IG support service to provide tailored guidance for the particular circumstances.
Queries from MPs and Parliamentary Questions	MPs often raise issues on behalf of their constituents, often related to a complaint. Exceptionally, there could also be Parliamentary Questions (PQs) because	Advice and guidance on how to deal with correspondence and questions from parliament.	Local IG support service.

	GMS contractors are public bodies and are therefore required to respond.		
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Table 3: IG Toolkit requirements

Requirement No.	Short Description	GP	Pharmacists, Opticians and Dentists
13-114	IG Responsibilities	Y	Y
13-115	IG Policy	Y	Y
13-116	IG clauses in contracts	Y	Y
13-117	IG Training	Y	Y
13-209	Ex-UK PID transfers	N	Y
13-211	Secure data transfer	Y	N
13-212	Consent	Y	Y
13-213	Fair Processing	Y	Y
13-214	Confidentiality Code of Conduct	N	Y
13-304	Smartcard T&C compliance	Y	Y
13-316	Information asset register	Y	Y
13-317	Physical security	Y	Y
13-318	Mobile computing	Y	Y
13-319	Business continuity planning	Y	Y
13-320	Incident management procedures	Y	Y
13-321	Access control procedures	N	Y
13-322	Information flows mapping	N	Y

Table 4: IG Toolkit support – Outline Service Catalogue for General Practices

This table maps the IG Toolkit requirements for General Practices, including requirements for individual attainment levels, to the service lines and services described in Table 1. The services required to support the minimum compliance level (Level 2) are listed separately from those required to support optimal compliance (Level 3). NHS England is responsible for commissioning services in support of Level 2. As acceptable compliance is achieved at Level 2, provision of support for attainment level 3 is optional, although still recommended.

General Practice Services required to support compliance Level 2 (minimum compliance)							
Service	Service Line	Req. No.	Short Description	Level	Short requirement		
IG Consultancy and Support	Advice and compliance support	13-114	IG Responsibilities	1a	Responsibility for IG assigned		
				1c	IG improvement plan		
				2a	IG improvement plan signed off		
				2b	IG improvement plan implemented		
		13-116	IG clauses in contracts	1a	Audit of contracts for IG requirements		
				1c	Action plan to update existing contracts		
				2a	All contracts updated		
				13-213	Fair Processing	1b	Fair processing leaflet approved by senior management

				2b	Staff aware of fair processing materials and how to respond to queries
		13-316	Information asset register	1a	Responsibility for information asset register assigned
				2a	Information asset register established
		13-317	Physical security	1a	Risk assessment of premises
				2a	Improvements to security of premises
				2b	Staff informed of security measures
	Development of patient communications	13-213	Fair Processing	1a	Fair processing leaflet for service users
				2a	Detailed fair processing information in service user communications and on request
				2c	Communications materials tailored to service user needs
	Development of contract clauses	13-116	IG clauses in contracts	1b	Contractual clauses drafted
IG Policy Support	Advice and compliance support	13-115	IG Policy	1b	IG Policy signed off
				2a	IG policy available
		13-211	Secure data transfer	1a	All areas from which personal and sensitive information is sent or received have been identified.
				1c	Information transfer procedure approved by senior management
				2a	Information transfer procedure available
				2b	All staff informed of information transfer procedure

				2c	New staff made aware of information transfer procedure
		13-212	Consent	1b	Guidelines on consent approved
				2a	Guidelines on consent available
				2b	Staff informed of guidelines on consent
		13-304	Smartcard T&C compliance	1a	Responsibility assigned for developing plan/procedure for NHS Smartcard usage compliance
				1c	Plan/procedure approved by senior management
				2a	The plan/procedure for dealing with breaches in NHS Smartcard usage is accessible to users.
				2b	Plan/procedure implemented and all staff aware
		13-318	Mobile computing	1a	A record of staff members that use mobile computing equipment has been compiled.
				1b	Staff provided with basic guidance
		13-319	Business continuity planning	1a	Risk assessment of critical systems
				2b	Staff aware of business continuity plan
		13-320	Incident management procedures	1a	Responsibility for incident management assigned
				2b	Staff informed of incident reporting procedures
				2c	Reporting of information incidents
	Development of business continuity	13-319	Business continuity planning	2a	Approved business continuity plan in place

	plan				
	Policy development	13-115	IG Policy	1a	IG Policy
		13-211	Secure data transfer	1b	Information transfer procedure
		13-212	Consent	1a	Guidelines on consent
		13-304	Smartcard T&C compliance	1b	Plan/procedure identifies how users will be informed of responsibilities, compliance monitoring. HR process for dealing with breaches
		13-317	Physical security	1b	Reporting and safety measures in place for staff to follow in the event of unauthorised access
		13-318	Mobile computing	2a	Procedures for issuing mobile equipment
				2b	Access control and authentication procedures for remote access
				2c	Comprehensive guidance on mobile computing
		13-320	Incident management procedures	2a	Incident management procedures
IG Training	Advice and compliance support	13-117	IG Training	1a	Responsibility for IG training assigned
	Training provision	13-114	IG Responsibilities	1b	Training for IG staff
		13-117	IG Training	1b	Basic IG training requirements identified
				1c	IG training provided on induction
				2a	All staff have completed or are in the process of completing training
				2b	IG training needs assessment

General Practice						
Services required to support compliance Level 3 (optimal compliance)						
Service	Service Line	Req. No.	Short Description	Level	Short requirement	
IG Consultancy and Support	Advice and compliance support	13-114	IG Responsibilities	3a	IG improvement plan monitored	
				3b	IG arrangements reviewed	
		13-116	IG clauses in contracts	3a	Staff IG responsibilities tested	
				3b	Review of contract clauses	
			13-213	Fair Processing	3c	Review of fair processing information
			13-316	Information asset register	3a	Information asset register maintained
					3b	IAO ensures information asset register is maintained
			13-317	Physical security	3a	Improvements identified by risk assessments fully implemented
					3b	Compliance spot checks and routine monitoring
					3c	Continual risk assessment

	Development of patient communications	13-212	Consent	3b	Patient satisfaction survey on experiences of consent
		13-213	Fair Processing	3a	All written communications include fair processing information
				3b	Patient satisfaction survey on fair processing information
IG Policy Support	Advice and compliance support	13-115	IG Policy	3a	Staff understanding of IG policy tested
				3b	Review of IG Policy
		13-211	Secure data transfer	3a	Compliance spot checks
				3b	Review of information transfer procedure
		13-212	Consent	3a	Compliance checks and routine monitoring
				3c	Review of guidelines on consent
		13-304	Smartcard T&C compliance	3a	Compliance with T&Cs monitored
				3b	Continual awareness raising
				3c	Compliance review
		13-318	Mobile computing	3a	Compliance spot checks and routine monitoring
				3b	Audits are carried out to ensure that equipment is appropriately allocated
				3c	Review of security and access controls
		13-319	Business continuity planning	3a	Annual testing of business continuity plan
				3b	Review of business continuity plan
		13-320	Incident management procedures	3a	Compliance checks and routine monitoring

				3b	Staff awareness of incidents and near misses
				3c	Staff reporting of potential incidents encouraged and adopted in induction training
IG Training	Training provision	13-117	IG Training	3a	Staff understanding of IG training tested
				3b	Bespoke/individual IG training
				3c	Review of IG training materials

Table 5: IG Toolkit support – Outline Service Catalogue for Pharmacists, Opticians and Dentists

This table maps the IG Toolkit requirements for pharmacists, opticians and dentists, including requirements for individual attainment levels, to the service lines and services described in Table 1. The services required to support the minimum compliance level (Level 2) are listed separately from those required to support optimal compliance (Level 3). NHS England is responsible for commissioning services in support of Level 2. As acceptable compliance is achieved at Level 2, provision of support for attainment level 3 is optional, although still recommended.

Pharmacists, Opticians and Dentists Services required to support compliance Level 2 (minimum compliance)							
Service	Service Line	Req. No.	Short Description	Level	Short requirement		
IG Consultancy and Support	Advice and compliance support	13-114	IG Responsibilities	1a	Responsibility for IG assigned		
				1c	IG improvement plan		
				2a	IG improvement plan signed off		
						2b	IG improvement plan implemented
				13-116	IG clauses in contracts	1a	Audit of contracts for IG requirements
						1c	Action plan to update existing contracts
						2a	All contracts updated
				13-209	Ex-UK PID transfers	1a	Responsibility for mapping overseas information flows assigned

				1b	All overseas transfers identified and reviewed for compliance
				2a	All overseas transfers complaint
				2b	In-year review of overseas transfers
		13-213	Fair Processing	1b	Fair processing leaflet approved by senior management
				2b	Staff aware of fair processing materials and how to respond to queries
		13-316	Information asset register	1a	Responsibility for information asset register assigned
				2a	Information asset register established
		13-317	Physical security	1a	Risk assessment of premises
				2a	Improvements to security of premises
				2b	Staff informed of security measures
	Development of patient communications	13-213	Fair Processing	1a	Fair processing leaflet for service users
				2a	Detailed fair processing information in service user communications and on request
				2c	Communications materials tailored to service user needs
	Development of contract clauses	13-116	IG clauses in contracts	1b	Contractual clauses drafted
IG Policy Support	Advice and compliance support	13-115	IG Policy	1b	IG Policy signed off
				2a	IG policy available
		13-212	Consent	1b	Guidelines on consent approved
				2a	Guidelines on consent available

				2b	Staff informed of guidelines on consent
		13-214	Confidentiality Code of Conduct	1b	Confidentiality code of conduct approved by senior management
				2a	Confidentiality code of conduct accessible to staff
				2b	All staff have been informed of confidentiality code of conduct and are aware of their own responsibilities
		13-304	Smartcard T&C compliance	1a	Responsibility assigned for developing plan/procedure for NHS Smartcard usage compliance
				1c	Plan/procedure approved by senior management
				2a	The plan/procedure for dealing with breaches in NHS Smartcard usage is accessible to users.
				2b	Plan/procedure implementd and all staff aware
		13-318	Mobile computing	1a	A record of staff members that use mobile computing equipment has been compiled.
				1b	Staff provided with basic guidance
		13-319	Business continuity planning	1a	Risk assessment of critical systems
				2b	Staff aware of business continuity plan
		13-320	Incident management procedures	1a	Responsibility for incident management assigned
				2b	Staff informed of incident reporting procedures

				2c	Reporting of information incidents
		13-321	Access control procedures	1b	Responsibility for allocating and removing access rights assigned
				1c	Access control procedure approved by senior management
				2a	Access only possible for authorised individuals
				2b	Staff awareness of access control procedure
		13-322	Information flows mapping	1a	Routine flows mapped
				2a	All information flows risk assessed and risks mitigated
				2b	Reporting of information risks
				2c	Staff aware of secure transfer procedure
	Development of business continuity plan	13-319	Business continuity planning	2a	Approved business continuity plan in place
	Policy development	13-115	IG Policy	1a	IG Policy
		13-212	Consent	1a	Guidelines on consent
		13-214	Confidentiality Code of Conduct	1a	Confidentiality code of conduct
		13-304	Smartcard T&C compliance	1b	Plan/procedure identifies how users will be informed of responsibilities, compliance monitoring. HR process for dealing with breaches
		13-317	Physical security	1b	Reporting and safety measures in place for staff to follow in the event of unauthorised access
		13-318	Mobile computing	2a	Procedures for issuing mobile equipment

				2b	Access control and authentication procedures for remote access
				2c	Comprehensive guidance on mobile computing
		13-320	Incident management procedures	2a	Incident management procedures
		13-321	Access control procedures	1a	Access control procedure
		13-322	Information flows mapping	1b	Secure transfer procedure in place and approved by senior management
IG Training	Advice and compliance support	13-117	IG Training	1a	Responsibility for IG training assigned
	Training provision	13-114	IG Responsibilities	1b	Training for IG staff
		13-117	IG Training	1b	Basic IG training requirements identified
				1c	IG training provided on induction
				2a	All staff have completed or are in the process of completing training
				2b	IG training needs assessment
<p>Pharmacists, Opticians and Dentists Services required to support compliance Level 3 (optimal compliance)</p>					
Service	Service Line	Req. No.	Short Description	Level	Short requirement

IG Consultancy and Support	Advice and compliance support	13-114	IG Responsibilities	3a	IG improvement plan monitored
				3b	IG arrangements reviewed
		13-116	IG clauses in contracts	3a	Staff IG responsibilities tested
				3b	Review of contract clauses
		13-209	Ex-UK PID transfers	3a	Regular review of overseas transfers
				3b	Review of overseas transfers against current law and policy
		13-213	Fair Processing	3c	Review of fair processing information
		13-316	Information asset register	3a	Information asset register maintained
				3b	IAO ensures information asset register is maintained
		13-317	Physical security	3a	Improvements identified by risk assessments fully implemented
				3b	Compliance spot checks and routine monitoring
				3c	Continual risk assessment
	Development of patient communications	13-212	Consent	3b	Patient satisfaction survey on experiences of consent
		13-213	Fair Processing	3a	All written communications include fair processing information
				3b	Patient satisfaction survey on fair processing information
		13-214	Confidentiality Code of Conduct	3b	Patient satisfaction survey on confidentiality

IG Policy Support	Advice and compliance support	13-115	IG Policy	3a	Staff understanding of IG policy tested
				3b	Review of IG Policy
		13-212	Consent	3a	Compliance checks and routine monitoring
				3c	Review of guidelines on consent
		13-214	Confidentiality Code of Conduct	3a	Compliance spot checks and routine monitoring
				3c	Review of Confidentiality Code of Conduct
		13-304	Smartcard T&C compliance	3a	Compliance with T&Cs monitored
				3b	Continual awareness raising
				3c	Compliance review
		13-318	Mobile computing	3a	Compliance spot checks and routine monitoring
				3b	Audits are carried out to ensure that equipment is appropriately allocated
				3c	Review of security and access controls
		13-319	Business continuity planning	3a	Annual testing of business continuity plan
				3b	Review of business continuity plan
		13-320	Incident management procedures	3a	Compliance checks and routine monitoring
				3b	Staff awareness of incidents and near misses
				3c	Staff reporting of potential incidents encouraged and adopted in induction training

		13-321	Access control procedures	3a	Compliance monitoring
				3b	Review of access privileges
				3c	Review of access control procedure
		13-322	Information flows mapping	3a	Information flows regularly reviewed
				3b	Compliance spot checks and routine monitoring
				3c	Review of secure transfer procedure
IG Training	Training provision	13-117	IG Training	3a	Staff understanding of IG training tested
				3b	Bespoke/individual IG training
				3c	Review of IG training materials