

Third-Party CAG 7-07(a) (b) (c)/2013 compliance for organisations contracted by ICBs to provide CEfF services

Integrated Care Boards (ICBs) NHS England CSUs have received approval under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002¹ to process patient identifiable information without consent for the purposes of invoice validation.

Further to this approval the Confidentiality Advisory Group agreed that where a ICB contracts with a third-party provider from NHS England's Lead Provider Framework, that the organisation could set up and implement a CEfF service for validating invoices. This approval provides the legal basis for Health Service Providers to disclose patient confidential information to the named organisation for the purposes of invoice validation.

NHS England has undertaken to the Secretary of State for Health to seek assurance from eligible organisations and to provide a register of approved organisations for the receipt and processing of the patient data for this purpose. As such NHS England is seeking assurance from the organisation named as data processor in this assurance statement that processing of the data is in accordance with the Data Protection Act 2018² and that the conditions set out for the controlled environment for finance are undertaken and maintained.

Please complete Sections A to provide assurance that your organisation is in compliance with the requirements of the Controlled Environment for Finance (CEfF) outlined in the [Who Pays? Information Governance Advice for Invoice validation](#). On completion, please retain a copy for your records and send completed pages 1 to 6 to:

Corporate IG

NHS England

Email: england.invoicevalidation@nhs.net

¹ <http://www.hra.nhs.uk/about-the-hra/our-committees/section-251/what-is-section-251/>

² <http://www.legislation.gov.uk/ukpga/2018/12/contents>

Section A: Assurance Statement

1. To provide assurance that good Information Governance practices are being maintained, the organisation will ensure it meets the following requirements, which NHS England reserves the right to audit. **Please tick box appropriate box to indicate acceptance**

Meets the Data Security and Protection Toolkit (DSPT) requirements

Organisation Name:	
DSPT Standards met?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Publication date (in last 12 months):	
Organisation (ODS) code:	

Or

Has allocated appropriate resources to undertake the actions to meet DSPT standards in accordance with an improvement plan agreed with NHS Digital

2. The organisation undertakes to ensure that:

2.1. It has read, understood and implements the requirements within the [Who Pays? Information Governance Advice for Invoice validation](#) guidance and any subsequently issued versions.

2.2. It has made arrangements to ensure that the public understand the proposed use of data for financial invoice validation purposes between commissioners and a provider of NHS funded health services. (This may be achieved through fair processing notices by ICB and its member practices).

2.3. It processes personal confidential data (PCD) for the purpose of invoice validation under the conditions set out for the controlled environment for finance (CEfF)

2.4. Has ensured that all staff handling data for the purpose of invoice validation are made aware and will operate in compliance with the requirements of Section 251 approval

2.5. It processes the minimum data necessary (e.g. minimum data sets for backing data set out in Annex 1)

2.6 It has set up a separate controlled environment for finance where invoice validation processing will be undertaken. This environment will ensure separation of staff and processes (paper and electronic) with access to patient demographic information (PDS, Spine, Exeter, NHAIS). This data can only be used to determine the responsible commissioner for invoice validation and will be kept separate from access to other data for different purposes.

2.7. It will provide a written procedure outlining a secure mechanism for receipt and processing of data within the controlled environment for finance. These should include as a minimum the process for:

1. Receipt of data
2. Retention periods
3. Process to cross reference invoice data to determine the responsible commissioner
4. How challenges will be responded to and the level of data that will be included and the process for notifying the data supplier of any potential data breach due to the miss-allocation of a responsible commissioner
5. Induction and training processes
6. How audit trails will be maintained, and confidentiality audits may be undertaken

2.8. Staff operating within the controlled environment for finance will receive formal training and can demonstrate they are working in compliance to the written procedure.

2.9. Staff handling patient confidential data are made aware of and will operate in compliance with the obligations set out in the confidentiality clauses in their contract of employment

2.10. Access to patient demographic systems is limited to named individuals and will work towards minimising access as per ICB requirements for their footprint (Please provide details in Section C.)

2.11. It has appropriate processes to securely destroy all PCD held in manual or electronic form once deemed it is no longer necessary purpose of invoice validation

2.12. It works with providers processing invoices so that they know where to securely send information and how to minimise the use of PCD going forward

2.13. It undertakes an audit on its CEfF to ensure that it has taken all reasonable organisation and technical measures to prevent unlawful processing of the PCD held for Invoice Validation purposes within the CEfF

I undertake to ensure the appropriate processes and controls are in place to comply with the conditions set out 2.1 to 2.13 above and that the information provided in 1 above is correct

Section B: Assurance Statement and conditions for processing

Confirm that there is a data processing agreement/SLA in place between the named organisations and each ICB listed below (add further rows as required):

ICB Name	Yes	No

Section C: List the organisations for which invoice validation service is being undertaken under ICB responsibility

Name and Organisation Code (ODS)	CEfF email address	Name/email address of Orgs Authorising Officer
		Please note: We also require an email conformation from the ICB Authorising Officer to the individual completing the assurance statement. Name:
		Email:
		Name:
		Email:
		Name:
		Email:
		Name:
		Email:
		Name:
		Email:
		Name:
		Email:

Section D: Change of circumstances

Is the completion of this assurance statement...

the result of a merge? Y /N

If yes please list merged ICB's so they can be removed from the register:

the result of a change of supplier? Y /N

Section E: Systems accessed

The organisation will maintain a local staff list of those requiring access to GP Registration data and patient demographic information – please provide a list of named roles and the systems they need to access to undertake validation.

#	Staff Role	Number in role	SCRa ³	Open Exeter	SPINE (PDS)	DBS ⁴	SUS	Other ⁵
1								
2								
3								
4								
5								
6								

³ <http://nww.hscic.gov.uk/demographics> using the B0264 - Access SCRa (Perform Patient Trace) functionality only. This does not allow access to any clinical information.

⁴ <http://nww.hscic.gov.uk/demographics/dbs/index.html>

⁵ Where other systems are in use please document and include confirmation that you have any other source systems to undertake validation.

Section F: Signatures	
I undertake to ensure the appropriate processes and controls are in place to comply with the conditions set out 2.1 to 2.12 above and that the information provided in A-E above is correct.	
Authorised signatory name:	
Signature: Please note: for electronic signatures we also require an email confirmation from the ICB Authorised Officer to the individual completing the assurance statement.	
Date:	
Senior Information Risk Owner (SIRO) Name:	
Signature: Please note: for electronic signatures we also require an email confirmation from the SIRO to the individual completing the assurance statement.	
Date:	

Section G: Key Contacts	
Please nominate key contacts that will be responsible for any CEfF queries.	
Information Governance key contact email:	
Finance key contact email:	

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Annex 1 - Backing Data set approved for inclusion

Data Item	Example	Purpose	Justification
Invoice Number	Not PCD	Identifies the relevant invoice and allows associated with backing data	To enable backing data to be matched with the relevant invoice
NHS Number	NHS Number	The unique identifier for the patient	Needed to determine if the individual is the responsibility of the commissioner
Date of Birth	Date of Birth	To ensure that batch tracing on the new PDS facility can be used to pick up the correct patient	Required to ensure that the new PDS functionality can be used efficiently and effectively after the closure of NHAIS batch tracing functionality.
Unique Patient Event identifier	Hospital Provider Spell Number/AE or OP Attendance identifier unique within Provider for the patient event	To ensure the same episode of care isn't paid for by the commissioner more than once. For example, a patient may have several attendances of treatment on the same day.	To distinguish between multiple events carried out for a particular patient on the same day.
Unique Patient Identifier	Local Patient Identifier, GP Practice identifier	To ensure any issue or payment is attributed to the same patient	To identify the individual to the healthcare provider. Particularly as NHS Number is not always known by the provider.
Geographical Locator (identifying location)	Post Code, Lower Layer Super Output Area (LSOA) or Middle Layer Super Output Areas (MSOA)	To resolve issues around services not commissioned via GP or ICB route. Note this is not required in all instances but may be part of a challenge process. Where a Unique Patient Identifier cannot be used or is not relevant.	An NHS Number is not, currently, always present and geographical location is an alternative means of identifying the relevant commissioner. This is required for identifying the usual residence of patients

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Provider Details	Organisation Data Service (ODS) ⁶ code of provider submitting invoice related to backing data. IF an ODS code not known then Name of provider as displayed on Invoice	To identify who requires reimbursement for the treatment already provided.	Required to match activity, to provider and ensure payment
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Data Item	Example	Purpose	Justification
Point of Delivery	Outpatient, Emergency Admission, Day Case Admission, Maternity, Accident and Emergency	Required in some circumstances to judge that the requested price/payment noted by the provider complies with PBR or local tariff arrangements for that type of patient care event, delivered in this point of delivery setting.	Required to match activity and appropriate tariff.
Relevant date of treatment	Admission Date and Discharge Date of IP Admissions; Arrival Date for AE and Appointment Date for OP.	To identify the relevant commissioner at the point of payment (as outlined in guidance). This may be a period of treatment or the date of attendance and will vary with circumstances.	Date of treatment will help determine the relevant commissioner, especially when the patient moves or circumstances change. It is also used to assess the relevant tariff.
Relevant GP's ODS Code (identifying the relevant and unique GP practice)	SUS Derived Practice	To ensure that the appropriate commissioner is identified. This identifies the approximate location of the patient and the fact they are in receipt of medical care	As ICB are required to pay for those patients they have responsibility for (as outlined in Health and Social care Act, s13). Identifying the relevant practice helps to determine the relevant commissioner.
Description of service (for example, oncology or radiology which may indicate the patient's condition)	Oncology	To identify the treatment and source of the invoice, to facilitate any challenges	Describes service or location to identify point of challenge

⁶ <https://digital.nhs.uk/services/organisation-data-service>

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Description of treatment (Clinical Code, written description)	Clinical Code	To identify the treatment and attribute the appropriate cost or schedule	Identifies activity
Description of Prescribed drug		To identify the prescribed drug	To identify tariff of commissioner (for example, those determined by NICE Guidelines) and whether prescription is justified or a non-brand alternative is available