

Future Proof Health Limited

Protocol for Information Handling

Document Description

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Service Application	General Company
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Relevant guidance	

Lead Author(s)

Name	Position within the Company
<IG Lead>	IG Lead

Change History

Version	Date	Comments
1.0		

Document complies with the Equality Act 2010

Discrimination

Gender	This policy will be applied equally regardless of the gender of the patient
Race	This policy will be applied equally regardless of the Race of the patient
Disability	This policy will be applied equally regardless of whether or not the patient has a disability or not
Sexual Orientation	This policy will be applied equally regardless of the sexual orientation of the patient
Age	This policy will be applied equally regardless of the age of the patient
Religion/Belief	This policy will be applied equally regardless of the religion/belief of the patient
Human Rights	This policy will not impact on anyone's human rights

The nature of General Company requires all staff and those associated with it to handle confidential information in a secure manner. Transfer must be controlled and compliant with any relevant legislation, e.g. the Data Protection Act 1998 (DPA2018 by May 2018), Confidentiality: NHS Code of Company, Caldicott Principles and newly introduced GDPR (General Data Protection Regulation 2016).

On a daily basis, confidential information moves around the Company and between organisations in paper, electronic and other media e.g. telephone, memory sticks, images

Each mode of data handling will be risk assessed to ensure that appropriate measures have been incorporated into how that activity must be carried out. Haven procedures must be complied with to ensure appropriate protection of confidential/personal information

Procedures and standards to protect information and media have been established to reflect 'best Company'. Failure to comply with instructions given within this document may result in disciplinary action being taken against any individuals

This document has been approved by the Company's IG Lead and Caldicott Guardian and will be subject to review and monitored for compliance.

Telephone

Wherever possible, ensure that the call is being taken out of earshot of patients/visitors. Where a glass panel screens the reception area, keep it closed when talking on the telephone

Individual Offices/Consulting Rooms:

Doors should be kept closed to prevent your conversation being overheard by patients/visitors who may be standing nearby

Answer Machines

Must be located in a secure area, safeguarded by a lockable door with access restricted to authorised personnel

Receiving Telephone Calls

When receiving incoming calls where you need to confirm something personal or book an appointment that requires the caller to establish their identity you need to ask

- Who is calling
- Confirmation of their address/other personal identifiers (date of birth, telephone number)
- The nature of their call

Under no circumstances repeat what they have said back to them if you are not in a secure location

If the caller is asking for specific personal information, be sure that they are entitled to receive it. If in doubt, you should take advice from your Line Manager

Making Telephone Calls

Always make telephone calls that involve personal information in an area that is secure and away from people who should not overhear your conversation

- Verify the identify of the person you wish to speak to
- Keep the level of detail to a minimum – the individual will usually know the reason for the communication
- Never take direct dial number if you need to call the individual back at work – always go through the main switchboard
- Do not leave any messages on answer phones that contain personal information – you should only leave a message asking the person to call you back leaving a telephone number.

Telephone Answering Machines

Be careful when taking messages off answering machines. Always ensure that audio messages cannot be overheard by other people whilst playing them back

Record information obtained from this type of media by following the Written Messages Protocol contained within this document

Fax Transmission

Personal or confidential information must not be faxed unless absolutely necessary

Use the minimum amount of data to convey your communication

Ensure the data you send is accurate, up-to-date and relevant to the subject matter before transmission to a named Recipient/department

- Fax personal and clinical details separately where possible. Always use the NHS number as a unique identifier
- Make sure the Recipient is aware that you are about to send a fax
- Always use a fax header sheet marked 'Private and Confidential'. Address it for an individual's attention together with the name of their department. Double-check the fax number
- When the fax has been transmitted, obtain a copy of the transmission slip and attach it to your communication
- Ensure you communicate (by email or telephone) with the Recipient to check that the fax has been received by them
- Should you have any concerns regarding fax transmission, report it to your Line Manager immediately

Incoming Faxes

Fax machines should be kept clear of transmitted information. If you are expecting to receive a fax, make sure that you check the machine to see if it is ready to be collected

If you are responsible for distributing incoming faxes to other members of staff ensure that the machine is checked regularly and that the document is promptly delivered to the Recipient

Electronic Transfers of Patient Data

There is a statutory and contractual obligation on Companies under the PMS/GMS contract to have in place a written procedure for the transfer electronically of patient data. The purpose of this protocol is to define circumstances in which this takes place within the Company and the administrative and security procedures which will apply.

For the purposes of this, electronic transmission is defined as:

- Email
- Pathology Test Results
- Out of Hours Transmissions (OOH)
- Electronic Prescription Requesting (EPMS)

The overriding standard applicable to each of these is the General Data Protection Regulation 2016 and Data Protection Act 2018 (previously 1998) as summarised on the NHS Digital website.

Email

Sending/receiving information by email does not offer 100% security, therefore Company email accounts should only be used for business purposes in order to reduce the possibility of virus attacks, data hacking, etc.

Email attachments are one of the most common methods for transmitting viruses. Whilst the Company has anti-virus software installed on its computers, users should not open attachments received if they were not expecting them

Staff must not send any patient identifiable or other sensitive information by email.

If person identifiable information needs to be sent by email, please contact the Company Manager

- Patient identifiable information will not generally be sent by e mail.
- It is acceptable for patient identifiable information to be sent by e mail providing it is wholly within the NHS NET system.
- Where, in the interests of expedience, an e mail with or without attachments must be used to provide information, texts, images or other identifiable sections must be removed prior to dispatch. In these circumstances the

recipient will be contacted by telephone to advise them that the e mail will be sent and they will be informed verbally of the identity of the patient along with any relevant personal detail. The de-personalised items may then be e mailed.

- Care will be taken to ensure that minor errors in the e mail address used do not result in an inappropriately or incorrectly addressed e mail.

If person identifiable information needs to be sent by email, please contact the Company Manager

Pathology/Test Results

- Most results are transmitted to the Company via the clinical system pathology link.
- The following results will NOT be received electronically – MRI Scans.
- The decryption password is known to the Receptionists who are responsible for keying the password daily, or arranging for this to be keyed in the event of their joint absence.
- Senior DR's *will* be responsible for viewing the results on a daily basis. In his/ her absence the results will be divided between the doctors that are in that day and they will view the results. The reviewing clinician will identify any patient related action required.
- Nominated administrative staff will be responsible for the re-allocation of results to alternative GPs in the event of named GP absences.
- The nominated administrative staff will check for any unmatched patients or unmatched doctors daily. If the result cannot be matched manually they will print off the result and return it to the pathology department advising that the Company is unable to trace the patient.
- The pathology department will be contacted regarding any missing results or interchanges.
- All administrative staff will check that the Admin results action queue created by the GPs is actioned daily and that all appropriate actions have been taken. Results will not be removed from this queue until all actions are complete.
- All patient related reports will be dealt with on the day of receipt.

- Individual clinicians will append comments to the results and file as a consultation into the clinical patient record.

- The clinicians will notify reception by means of the “Electronic Company Notes” system of any additional action required.
- Receptionists/administrative staff will check the “Electronic Company Notes” at regular intervals throughout the day and prior to leaving, to ensure that action has been taken.

Out of Hours Transmissions (OOH)

- Information relating to OOH consultations are transmitted directly into the clinical system each morning.
- Receptionists are responsible for viewing the transmissions prior to 11:00 hours. In the event of absence the nominated person will arrange for the role to be deputised.
- The transmissions will be printed and passed to the appropriate GP for viewing prior to 12:00 hours.
- The GP will action the information and arrange any follow up action.
- The nominated person will create a consultation record and file the electronic transmission within the patient record on the clinical system. Where the details suggest a particularly urgent situation the GP may be interrupted in surgery to view the details.

Electronic Prescription Requesting (EPMS)

The Electronic Prescription Management Service provides electronic requesting transmissions directly into the clinical system, electronic authorisation of prescription requests and re-transmission of the authorised prescription back to the pharmacy for issue.

- The patient must complete a consent and application form prior to registration to the system.
- The patient will have the choice to opt in and out of the system and will be able to select either of the methods (electronic or normal/manual) at any time.
- The administration and clinical staff accessing the system will ensure at each authorisation that there is no duplication, or potential duplication, of prescriptions being obtained either electronically or concurrently, manually.
- Reception staffs are responsible for accessing the inbox twice daily to view new electronic prescription requests. However, the senior receptionists are the nominated “In Box Manager” and will be in overall control of the process.

- The nominated persons are responsible for initial review of the request, investigation of pharmacy queries relating to that prescription and either accepting or rejecting the request back to the pharmacy.
- The nominated persons will be responsible for the manual matching of patients to GPs where necessary.
- The nominated persons are responsible for the initiation of any requests received direct from patients attending the surgery for a prescription to be processed and delivered electronically.
- The nominated persons are responsible for the monitoring of each prescription request received electronically until each has been authorised back to the pharmacy by the patient's "Usual GP" or the GP responsible for the authorisation.
- All repeat prescription requests received electronically will be accepted and authorised, or rejected, within 24 working hours of receipt within the clinical system.

All other Transfers of Patient Data Electronically

Will be managed in accordance with the Latest NHS digital Guidance - .i.e. GP2GP guidance and GDPR NHSD Best Company.

Resources:

Department of Health <http://www.dh.gov.uk> Policy and Guidance – Data Protection Act

Department of Health <http://www.dh.gov.uk> Policy and Guidance – Electronic Transmission of Prescriptions