

Minutes of the meeting of the Sub Committee of the Confidentiality Advisory Group

28 March 2016

Reviewers:

<i>Name</i>
Tony Calland

AMENDMENTS

ECC 7-05(g)/2011; The Trauma and Audit Research Network (TARN)

Purpose of application

This application from the University of Manchester set out details of an activity which would allow PCTs to link SUS activity data to TARN data. TARN data provides an assessment of injury severity of patient injuries, seniority of clinicians treating the patient, time to transfer for non-emergency referrals for specialist care and presence of a prescription for rehabilitation. It was noted that the collection of confidential patient information for these purposes was included within a separate application, PIAG 3-04(e)/2006. The datasets would be linked at PCT level in order to support the implementation of the Best Practice tariff for trusts receiving major trauma and continue monitoring standard of care across the country.

A recommendation for classes 4, 5 and 6 support was requested to provide a legitimate basis for TARN to access confidential patient information for the purposes of providing PCTs with a method to link TARN data to SUS activity data.

In 2012 an amendment was approved to allow access to HES data from the Health and Social Care Information Centre for all patients who met the TARN inclusion criteria, including NHS number, ICD10 code, and NHS trust. This allows TARN to feedback NHS numbers to trusts and PCTs for patients who had not been included in their submission, allowing them to identify patients who should form part of the audit.

A further amendment was received in 2012 to access ONS mortality data via HSCIC as part of assessment of long term outcomes.

Confidential patient information requested

Access to NHS number and date of birth by TARN was requested to facilitate linkage at PCT level.

Amendment request

EMRTS (Emergency Medical Retrieval & Transfer Service) Cymru has been in operation since 2015 and supports the pre-hospital emergency care service by providing specialist enhanced support such as emergency consultants who can deliver specialised treatments to patients at scene as well as providing emergency transfer of patients who require definitive specialist care.

To evaluate the effectiveness of this new service, and contribute to continuous quality improvement, the care delivered at scene and *en route* must be matched to the in-hospital care processes and patient outcome (alive/dead). The data would be from all patients treated in Welsh units and from Welsh patients treated in England.

The amendment from TARN is to extend the current approval to cover a new data flow to NHS Wales Informatics Service (NWIS) in order to support this service evaluation project by allowing data to be provided to SAIL (Secure Anonymised Information Linkage). As SAIL doesn't receive or handle identifiable data, data from TARN will be provided to SAIL via NWIS, which acts as their 'Trusted Third Party (TTP) for anonymisation and encryption. NWIS replaces the commonly-recognised identifiable items (including name, address and date of birth) for each person with an encrypted code and sends this, along with minimal information (on gender, area of residence and week of birth) to SAIL. The data required to perform this linkage is NHS Number, DOB and gender.

Confidentiality Advisory Group advice

The amendment requested was forwarded to the vice-Chair who was satisfied that additional data-linkage was required in order to EMRTS (Emergency Medical Retrieval & Transfer Service) Cymru. Given the potential importance of this study, the vice-Chair was satisfied that the additional linkage justified.

Confidentiality Advisory Group conclusion

In line with the considerations above, the vice-Chair agreed that the minimum criteria under the Regulations appeared to have been met for this amendment, and therefore advised recommending support to the Secretary of State for Health.