

Data Provision Notice

COVID-19 At Risk Patients data collection Detained Estate v5

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Background

The Health and Social Care Act 2012 (the **2012 Act**) gives the Health and Social Care Information Centre, now known as **NHS Digital** and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care (**Secretary of State**) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice (**DPN or Notice**), is required to support a Direction from the Secretary of State to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under sections 259(1)(a) 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

NHS England has recommended that a COVID-19 Therapeutics Service is set up to enable assessment and treatment to people diagnosed with COVID-19. The treatments, which include though not limited to neutralising monoclonal antibody (nMAb) or Anti-Viral treatments aim to reduce the health impact of a COVID-19 infection. The same treatment will be provided for people who are in the detained estates (DE), to ensure they receive equitable treatment to that delivered to people in the community.

NHS Digital is commissioned to build and maintain the digital infrastructure to support central identification of potentially eligible patients for therapeutic treatment or COVID-19 and flu vaccinations. The digital infrastructure draws on a range of clinical and demographic data sources including but not limited to GP practice, hospital, radiotherapy, chemotherapy and COVID-19 test results data.

The COVID-19 At Risk Patients data collection Detained Estate has been completely revised. This is in line with the identification of cohorts to align with the McInnes report changes: <https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies>.

The revised data collection will feed a variety of COVID-19 related cohorting programmes including COVID-19 therapeutics and vaccination programmes and will continue as long as the rationale continues for the collection of data. Information on the version history of the data collection can be found in [Appendix B](#).

The detained estate is categorised by five places of detention:

- Adult prisons
- Youth Offender Institutions (YOI)
- Immigration Removal Centres (IRC)
- Secure Children's Homes (SCH)
- Secure Training Centres (STH).

Information on the detailed specification is available in [appendix A](#).

Purpose of the collection

The Secretary of State has directed NHS Digital to collect, process and analyse data in connection with COVID-19 to support the Secretary of State's response to COVID-19 and support various COVID-19 purposes set out in the [COVID-19 Public Health Directions 2020, 17 March 2020 \(COVID-19 Direction\) \(as amended\) \(COVID-19\) Direction](#) and below. This enables NHS Digital to collect data and analyse and link the data for COVID-19 purposes with other data held by NHS Digital.

This DPN is to cover a data collection for the purpose of direct care in response to the spread of the COVID-19 (also known as coronavirus) in England for the following purposes identified in the COVID-19 Directions:

- identifying and understanding information about patients or potential patients with or at risk of COVID-19
- the management of patients with or at risk of COVID-19 including locating, contacting, screening, flagging, treating and monitoring such patients.

The objective of this collection is on an ongoing basis to identify patients registered on the Health and Justice Information System (HJIS) in England who may be more at risk of getting seriously ill with COVID-19 and who would be potentially eligible for treatment should they contract COVID-19. The data collected will be analysed and linked with other data NHS Digital holds to identify a list of potentially eligible patients.

Treatment options are available for some people who have tested positive for coronavirus (COVID-19). NHS Digital is providing the technology to support the NHS to identify patients eligible for the drugs.

The methodology NHS Digital has used to produce the COVID-19 Treatment cohort is explained in the detailed algorithm published on the NHS Digital COVID-19 Treatment Methodology website page here: [Population Health: COVID-19 Treatment Methodology - NHS Digital](#).

The extract may also be used for future direct care purposes relating to the COVID-19 outbreak

Benefits of the collection

Organisations, including Government, health and social care organisations need to access this vital data for a range of COVID-19 purposes, to help plan, monitor and manage the national response to the COVID-19 pandemic, which will help save lives. COVID-19 purposes for which this data may be analysed and used may include:

- understanding COVID-19 and risks to public health, trends in COVID-19 and such risks, and controlling and preventing the spread of COVID-19 and such risks
- identifying and understanding information about patients or potential patients with, or at risk of COVID-19, information about incidents of patient exposure to COVID-19 and the management of patients with or at risk of COVID-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from COVID-19.

While the purpose of this collection is for Direct Care, there will be secondary uses of the data as a consequence of delivering the Direct Care, such as payment for and monitoring of administering the Direct Care. Any secondary use of the data will use anonymised data and thus Type 1 will not be removed (for example to allow payment for patients with Type 1 opt outs).

Data will be analysed and linked to other data held by NHS Digital or held by other organisations to which access to the data is granted for COVID-19 purposes, through the process described above. This data set will not be available via our Data Access Request Service, but for transparency purposes we will publish any agreed disseminations of the data via the NHS Digital Data Uses Register <https://digital.nhs.uk/services/data-access-request-service-dars/data-uses-register>. It will allow for service alignment between the approaches used for general population direct care and detained estates. This also has the benefit of minimising the burden of data collection and reduce divergence of treatment approaches delivered between general population and those within the criminal justice secure and detained estate.

Patients facing the greatest risk if they contract COVID-19 and/or at risk of complications from flu:

- will be identified and known to health organisations
- will have a greater awareness of the recommended treatment and vaccination options
- will be able to follow clear advice
- will be able to ask for help and support.

If patients facing the greatest risk follow advice, it is hoped that this will contribute to the delay and mitigation of the spread of COVID-19 and save lives.

Legal basis for the collection, analysis, publication, dissemination and transparency

Collection and Analysis

NHS Digital has been directed by the Secretary of State under section 254 of the 2012 Act under the COVID-19 Directions to establish and operate a system for the collection and analysis of the information specified for this service: COVID-19 at-risk patients. A copy of the Directions is published here:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/covid-19-public-health-directions-2020>

This information is required by NHS Digital under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the 2012 Act, all organisations in scope, in England must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8) of the 2012 Act.

National Data Opt-out does not apply to this collection as the data is required for direct care purposes. Further information on the National Data Opt-out can be found here:

<https://digital.nhs.uk/services/national-data-opt-out>.

Data collected under these Directions may also be linked to other data sets held by NHS Digital to provide richer information, enhance existing publications, develop new publications, and to respond to the COVID-19 pandemic. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on the [NHS Digital Data Collections and Data Sets webpage](#).

Publication

In accordance with section 260(2)(d) of the 2012 Act, NHS Digital is directed not to publish any information it obtains under section 254 of the 2012 Act by complying with the Original Directions, except for the publication of anonymous statistical data (with small numbers suppressed) as agreed by NHS England or which NHS Digital reasonably believes to be in the public interest to publish, in consultation with relevant parties and where this does not to any significant extent interfere with the performance by NHS Digital of its other functions in response to COVID-19 or its other functions more generally.

Any information that is published will be fully anonymised in accordance with the [Information Commissioner's Office Anonymisation Code of Practice](#)¹ and be in accordance with the Code of Practice for Statistics.

Dissemination

NHS Digital retains responsibility and accountability at all times for the dissemination of data from the collection as the Controller under the UK General Data Protection Regulation 2016 (UK GDPR). It will do so through ensuring that requests for data are necessary, proportionate, that the minimum amount of data necessary for the purpose only is shared and that the transfer and use of the data shared will be secure and lawful.

Requests by organisations to access record level (pseudonymised or identifiable) data from this collection will also be subject to consideration and advice by Data Access Request Service (DARS) and Independent Group Advising on the Release of Data (IGARD) against specific criteria underpinned by information governance assessment standards. These standards include additional scrutiny when there is involvement of any organisation where the public may have particular concerns about their involvement in health and social care. The DARS process is robust and well-established, and consists of enquiry, triage, review, independent oversight through IGARD, approval, access, audit, and destruction phases. All data approved for release through DARS and IGARD are subject to robust data sharing agreements between NHS Digital and the Controller requesting the data. More detail on the DARS process, standards and the data sharing agreements used are available here: <https://digital.nhs.uk/services/data-access-request-service-dars>.

The application of the National Data Opt-Out will be considered on a case by case basis for each dissemination and may or may not apply depending on the specific COVID-19 purposes for which the data is to be used. This is because during this period of emergency, the National Data Opt-Out will not generally apply where data is used to support the coronavirus outbreak, due to the public interest in and legal requirements to share information. For more information on the National Data Opt-Out and its application during the COVID-19 period see Section 6.2 of the National Data Opt-Out Operational Policy Guidance.

¹ <https://ico.org.uk/media/for-organisations/documents/1061/anonymisation-code.pdf> or any subsequent document on the same topic published by the ICO

Transparency

NHS Digital is collecting personal data from detained estates to facilitate the COVID-19 At Risk Patients data collection Detained Estate. The Detained Estate have a legal duty to be transparent and to provide patients with transparency information under the UK General Data Protection Regulation (UK GDPR) about the data they are sharing with NHS Digital.

NHS Digital has issued a Transparency Notice for this data collection. This Transparency Notice ensures that NHS Digital meets its legal duty in line with the Data Protection Act 2018 and supports The Detained Estate in meeting their legal duty in line with the Data Protection Act 2018.

The Detained Estate need to update their own Transparency Notices to include details of this collection. It is intended that The Detained Estate should be able to link to the information included in the NHS Digital Transparency Notice to enable them to perform their legal duty in providing adequate fair processing information to their patients.

To meet fair processing responsibilities for this data collection, The Detained Estate is required to:

- inform their patients how their personal data will be used (including what type of data will be used) and for what purpose(s) their personal data will be used
- reassure their patients that their personal data will remain safe and confidential and will be used only for its intended purpose.

NHS Digital will disclose in its Data Release Register², the organisations to whom it disseminates the data obtained through this DPN and the purposes of the dissemination

Persons consulted

Following receipt of a direction to establish a system to collect COVID-19 At Risk Patients data collection Detained Estate, NHS Digital has, as required under section 258 of the Act, consulted with the following organisations:

- Department of Health and Social Care, as directing organisation
- Public Health England (now known as the UK Health Security Agency)³
- NHS England (as Data Controllers of the source data to be collected)
- the Data Alliance Partnership Board (DAPB)⁴, which includes representatives from the Department of Health and Social Care, NICE, NHS England, Care Quality Commission (CQC), Local Government Association (LGA), Health Research Authority (HRA), Association of Directors of Adult Social Services (ADASS) and NHS Digital.

² <https://digital.nhs.uk/services/data-access-request-service-dars/register-of-approved-data-releases>

³ PHE has now been replaced and a number of its public health functions transitioned to NHS England on 1 October 2021.

⁴ The Data Alliance Partnership Board (DAPB) was established in November 2020 as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed, and priorities assigned.

Scope of the collection

Under section 259(1)(a) and (5) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- NHS England (as Data Controllers of the data held on HJIS in England)

Under section 259(1) and (5) of the 2012 Act the organisation type specified in the above Scope must comply with the Form, Manner and Period requirements below.

Form of the collection

The GPES data extraction will identify all patients currently registered within HJIS who fall under the cohort count and code clusters specified in the business rules. These are outlined in [Specification https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof#other-extracts](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof#other-extracts)

GPES business rules will be provided to TPP, the GP System Supplier (GPSS), to set out the scope of the collection. The GPSS develops the extract in accordance with the business rules.

For each patient registered within a detained estate, NHS Digital will request the following personal data:

- NHS Number
- date of birth
- sex
- first name
- surname
- address and postcode
- date of death
- ethnicity
- age.

Where a patient's record contains a defined long-term medical condition, such as Downs syndrome, cancers, haematological disease, renal disease, liver disease, immunosuppression, transplants and neurological disease which poses a COVID-19 risk and/or a condition/code which identifies a patient as being at risk of complications from flu/COVID-19 data will be extracted for:

- the associated [SNOMED⁵ CT](https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct) code(s) and date(s) for the:
 - medical condition
 - recorded activity for COVID-19 in the patient's medical record
 - drug treatment(s)

⁵ <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>

- any values such as scores or prescriptions associated with the SNOMED CT code(s).

All health and justice secure and detained estate in England will be automatically enrolled into the data extract. This will reduce burden on healthcare professionals.

Manner of the collection

The required data will be collected from HJIS clinical IT systems via the General Practice Extraction Service (GPES). The [NHS Digital GP Collections webpage](#)⁶ provides further information on GPES.

Once the extract is developed, GPES will be used to schedule and manage the collection and onward processing of the data into Data Processing Service (DPS). GPES is an established mechanism to schedule, extract and deliver General Practice data from GPSS clinical systems. For the purposes of the COVID-19 At Risk Patients data collection Detained Estate, it is made up of three key components:

- **GPDC:** The GP Data Collector is the solution operated by the NHS Digital's Data Services Alliance team. It will send requests for data to the GPSS solutions. It is located on Amazon web services (AWS) cloud
- **GPET-E:** The GP Extraction Tool-Extractor is the GPSS solution used to extract the data from the clinical system on receipt of the request from the GP Data Collector. The resulting data files are sent to the NHS Digital DPS MESH mailbox
- **MESH:** Message Exchange for Social Care and Health is the secure transport mechanism used to transport the data from the GPET-Es to NHS Digital. Data files are stored on MESH in accordance with MESH's 30-day retention policy and are then deleted from MESH.

DPS is the platform where the data will be processed and stored. NHS Digital uses Amazon Web Services (AWS) to host the data located within the UK, consequently AWS is a data processor for all data stored on DPS and NHS Digital has UK GDPR Article 28(3) compliant contracts in place with AWS.

Once collected, the data will be stored appropriately by the NHS Digital Data Management Service (DMS) in line with the COVID-19 Direction and shared only with those organisations who have a legal basis to process the data and where necessary in order to achieve the COVID-19 purposes, in accordance with the process set out above.

Period of the collection

The GPES data will be extracted on a weekly basis with the revised data collection due in November 2022. The extraction will then be an ongoing collection under the COVID-19 Direction. The Direction will be reviewed annually, with a view to carrying out the first review during December 2022.

The frequency of the data collection may change in response to demand.

⁶ <https://digital.nhs.uk/services/general-practice-gp-collections>

Data quality

Once the data is collected from GPSS, validation on the file structure and contents is carried out before files are accepted by NHS Digital's GP Data Collector system. The data is then processed by the Data Management Service (DMS) to create a data asset.

Burden of the collection

A burden assessment is not required for this collection as healthcare clinicians are not required to accept an offer of participation. The automated extract will take place using an existing data extract technology, GPES, rather than requiring information in another, potentially more burdensome format.

Appendix A – Specification

The patient/record data that will be included in the COVID-19 Clinical Risk Extract version 5.0, or the latest amended version as agreed by NHS England, may be found on the Business Rules page on NHS Digital's website under the section relating to:

Other extracts

Emergency COVID-19 data collections

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof#other-extracts>

Appendix B – Extract versions

Version no.	Version 1 (DPNv1 published)	Version 1.1 (DPNv1.1 published)	Version 1.1 (DPNv1.2 published)	Version 5 of detained estate to align with v5 of the general population business rules (DPNv2 published)
Version history	Data collection for the purpose of direct care in response to the spread of the COVID-19 (also known as coronavirus) in England for the following purposes identified in the COVID-19 Directions: <ul style="list-style-type: none"> identifying and understanding information about patients or potential patients with or at risk of COVID-19 the management of patients with or at risk of COVID-19 including locating, contacting, screening, flagging and monitoring such patients. 	Update to business rules - reference to PRISONID removed.	Update to DPN to remove reference to Shielded Patient List (SPL).	The COVID-19 At Risk Patients data collection Detained Estate has been completely revised. This is in line with the identification of cohorts to align with the McInnes report changes: https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies .
Period of collection	No collection of v1.	A weekly extraction since 20 April 2020.	A weekly extraction since 20 April 2020.	Revised weekly data collection. The first collection is due at the beginning of October 2022.
Medical conditions	<ul style="list-style-type: none"> Respiratory conditions including asthma and chronic obstructive pulmonary disease (COPD) and associated treatment Transplant Haematological cancers diagnosed in the last 24 months Rare genetic, metabolic and autoimmune diseases Congenital heart disease Immunosuppression and treatment Cancers with/without associated treatment which predispose to COVID-19 Those designated separately as at risk from COVID-19 Pregnant patients at any stage of pregnancy. 			The revised data collection will feed a variety of COVID-19 related cohorting programmes including COVID-19 therapeutics and vaccination programmes. Scope of extract: Conditions including: Downs syndrome, cancers, haematological disease, renal disease, liver disease, immunosuppression, transplants and neurological disease. Eligible for flu vaccination
Data items	For each eligible patient, NHS Digital will receive the following personal data, as well as prison registration status for individuals: <ul style="list-style-type: none"> NHS Number first name surname date of birth address and postcode 			For each eligible patient, NHS Digital will receive the following personal data, as well as prison registration status for individuals: <ul style="list-style-type: none"> NHS Number surname and forename date of birth date of death address and postcode ethnicity age sex.

For further information

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