Schedule 2A Purpose Specific Schedule (Data Sharing Agreement)
Direct Care, Risk Stratification, Population Health Management, Planning &
Analysis

North Central London
Integrated Care System

North Central London Data Sharing Agreement Purpose Specific Schedule for the purposes of: **Direct Care, Population Health Management, Data Analysis and Risk Stratification**
Document Control   Version 00.01: 19th Sept. 2023: prepared by Steve Durbin, GP DPO and based on the 2022 HealtheIntent DSA Schedule.   Version 00.02: 19th Sept. 2023: prepared for senior programme roles review to ensure purposes and planned management of use cases are addressed.   Version 00.03: 21st Sept. 2023: by Amy Bowen, Enrico Panizzo and Tony Haworth   Version 1.0: 1st December 2023: minor corrections.   Version 1.0. 18th December 2023: to add the specific Purposes and Example Use Cases approved by the Secretary of State for Health & Social Care, Sept. 2023.   **Version 2.0 26th Sept. 2025:** Updating the Schedule to reflect the change from Oracle Health's "HealtheIntent" system to the "London Data Service" and "NCL Sandpit"; the "Role of the NCL Data Access Committee in relation to this Schedule, to "review Data Access Requests or Use Cases" and to note the extension of the Secretary of State's Section 251 legal support for processing patient data for the defined secondary purposes.
Purpose of the Schedule   The purpose of this schedule (hereinafter "the Schedule" or PSS) is to document the agreed purpose of sharing personal data between Partners (Controllers of data), to summarise the data shared and the use cases for which the shared data will be used and covers what is to happen to the data. Along with the overarching Data Sharing Agreement it provides assurance to stakeholders, including Controllers and patients, by addressing key components of good practice required by the ICO Data Sharing Agreement Code of Practice[1]. It helps demonstrate Controller compliance with the General Data Protection Regulations and Data Use and Access and Data Protection Acts.

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[1] Data sharing: a code of practice | ICO

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The Schedule is supplementary to the Partners' overall Data Sharing Agreement (DSA) and forms part of that Agreement. It is not a standalone agreement. Both the DSA and PSS have been published for Partners to approve via the digital portal, the London-wide "Data Controller Console".

Participating Controllers specific to this agreement are:
• North Central London (NCL) Integrated Care System members which include:
    o The North Central London Integrated Care Board
    o NHS Trusts in the ICS
    o Local Authorities in the NCL region
    o GP practices in the NCL region
 	
All participants are named on the DSA Framework Agreement and have approved this data sharing schedule and defined flows, and their approval is documented by electronic signature on the Data Controller Console (DCC).
 	
The Controllers will be Jointly Controllers defining purpose and means of processing.

Review dates: NCL IG Working Group, 27th Sept 2023; NCL Information Governance Advisory Group 27th August 2025
Governance of changes to this agreement. Any additions or changes to the below use cases will be based on the agreed consensus across all the Partners. This will be discussed at the NCL Information Governance Advisory Group that will make recommendation(s) to the NCL Digital Board and controllers.
Schedule owners: North Central London ICS Partners (NCL ICS) **Schedule authors:** Steve Durbin, Amy Bowen, Enrico Panizzo, Tony Haworth, Felix Peckitt
Purpose (s) of sharing data: Processing of personal data to support the delivery of population health management to improve the care and outcomes of individuals and populations in north central London. The ICS Population Health Strategy sets out the requirement to become a system that:

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- Is needs-driven, prioritising prevention and pro-active care
- Sees the whole person and takes action on prevention and the wider determinants of health
- Integrates care around the person and communities
- Works to improve life chances, prevent illness and promote physical and mental well-being

This schedule enables the linking of primary care data with data from other NHS providers (acute, mental health, community and specialist) and adult social care data from local authorities and the creation of a normalized integrated care record AND to link that data with NHS England data that relates to NCL ICS patients in order to conduct direct care, population health management and data analysis. This will enable health and care professionals who are working across organizational boundaries, and particularly those within integrated teams and networks, to deliver population health management, support pro-active direct care to patients/service users and manage the delivery of health and care services to our population and individual patients/service users.

Additionally, the linked data can be used to support the planning of health and social care services in line with the NCL Integrated Care System objectives:

- to improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Role of the NCL Data Access Committee in relation to this Scheduled Agreement
All new, proposed data use in the form of "Data Access Requests" will be subject to review to ensure they meet the requirements of the controllers and fall within the terms of the Section 251 NHS Act 2006 waiver granted to North Central London ICS for additional uses of patient data. NCL's Partners are required to review "Data Access Requests" at the NCL Data Access Committee (NCL DAC) meetings.

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The controllers jointly and severally agree to delegate both the review and approval of "Data Access Requests" to the NCL DAC, having a decision-making role on any new data use case proposal. The DAC consists of representatives of controllers and NCL DAC Terms of Reference are attached with this agreement on the Data Controller Console.

The DAC shall report all decisions to controllers monthly. Controllers have the right to provide an individual representative or to delegate a suitable person (e.g. an IG manager) to represent their interests. All controllers will have a right to veto unacceptable "use cases".

Data Processors: the organisations that process personal data under the contracted instruction of controllers

1. North Central London (NCL) ICB is under contractual obligations to process (onboard, link and further process) the data on behalf of the joint controllers
2. North-East London (NEL) ICB is a contracted processor of NCL ICB.
3. Snowflake and Microsoft are sub-processors of NEL ICB.

Controller, Processor and Sub-Processor Management and Assurances

The Processor and in turn the Sub-Processor(s) will be bound by Deed of Contract with the Joint Controller's terms and conditions.

The Processor is the Authority acting under instruction from the Joint Controllers. The Authority instructs the Sub-Processor on behalf of the Controllers.

The Contract between NCL ICB and NEL ICB and the Processing Deed of Contract between Controllers and Processor defines the responsibilities of the Controllers and Processors.

The NCL ICS and NCL ICB have conducted and provided a Data Protection Impact Assessment (DPIA) for the Population Health Management system for approval by the partners via the Data Controller Console.

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Assurance that has been provided by both the Processor and Sub-Processor has included a • Population Health Management DPIA • Population Health Management Access Management Policy **Data is only collected from a Controller when the Controller has approved this data sharing agreement framework, purpose specific schedule and the Data Processing Deed of Contract with NCL.**
What types of data will be shared: Identifiable   **X** Special Category   **X** Pseudonymised   **X** De-identified   **X** Aggregate   X
Data subjects: 1. Patients registered with GP practices across NCL and with an NCL postcode without a GP registration elsewhere (e.g. people who are homeless). This is the standard definition of the commissioning 'responsible population' in use across the NHS. 2. Patients presenting to Providers in NCL.
Use cases and review of new use cases by the NCL Data Access Committee The NCL sandpit will support the delivery of pro-active care for specific conditions including diabetes, COPD, atrial fibrillation, childhood asthma, dementia and frailty and specific populations (e.g. those with learning disabilities and with carers). This includes identification of risk factors and other information on health needs and utilisation that will enable early intervention.

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In September 2026, NCL ICS's GPs, Trusts, Local Authorities and the ICB received renewed section 251 support for three primary main purposes for secondary use of patient data:

- Risk stratification
- Population health management and
- Planning and analysis.

Further use cases will be reviewed by the NCL Data Access Committee.

Risk stratification for early intervention and prevention
The following are approved use cases.

Example 1. Mental health provider risk stratification across NCL for patients with a defined condition to provide interventions based on National audit guidelines.

Example 2. NCL Long Term Conditions Locally Commissioned Service (LTC LCS) will go live across NCL on 1 October 2023, replacing a portfolio of existing LCSs related to LTCs in each borough. The emphasis will be on personalised care and treatment that prioritises prevention, early detection of LTCs and what is important to the individual. The aim is to improve population health and wellbeing and help to address health inequalities.

Population Health Management
Monitoring and designing interventions around quality, outcomes, equity and variations.

Example 3. High quality Cancer Care Reviews performed in general practice for cancer patients already back in community care are a key part of personalised care for people living with cancer. The Cancer Care Registry is one of our flagship Population Health Management tools and shows users which parts of a high-quality Cancer Care Review their patient has had, and any gaps in care.

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Example 4. NCL Long Term Conditions Locally Commissioned Service (LTC LCS) will go live across NCL on 1 October 2023, replacing a portfolio of existing LCSs related to LTCs in each borough. The emphasis will be on personalised care and treatment that prioritises prevention, early detection of LTCs and what is important to the individual. The aim is to improve population health and wellbeing and help to address health inequalities.

Planning, service evaluation, and general analysis - Using data to ensure we are using resources efficiently and planning the services and the capacity we will need in the future to meet the population's needs.

Example 5. Diagnostics is one of the ICB's focus areas, with understanding of demand and capacity one of our priorities for analysis. Under current permissions, we are unable to carry out analysis for planning purposes using our population health management platform. With secondary use approval, we would be able to undertake more complex analysis of our diagnostic services using the linked health and care data in the platform. This would enable us to gain a richer understanding of the patient cohort, and model this demand alongside current & predicted capacity in our system.

Furthermore the following table provides a summary of the functions and activities which the system supports and includes some exclusions where there are currently no known use cases for NCL.

Table 1: Functions and Activities supported by the system

FUNCTION: SUPPORTING INDIVIDUAL CARE	
ACTIVITY	**Health analytics in NCL**
1. Enabling care professionals to interact with (read) a Shared Care Record as part of direct care delivery	The system will be used to see as enable care teams to see as much relevant information on patients/service users as possible (including social factors) to support the best possible care and care planning. Future developments will include a link from the London Care Record to flag cohorts of interest.

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2. Enabling care professionals to utilise real-time clinical decision support tools	Users will be able to see near real-time patient level and aggregated population level data through dashboards to support improved care. This will include: 1. Better understand current health and care needs of their patients 2. Support case finding that target potential gaps in care & enable pro-active integrated care 3. Identify opportunities for improving health outcomes for individuals and populations (e.g. early cancer diagnosis) 4. Flag patient that have set of indicators relevant to current and future need 5. Identify and address risk factors associated with specific conditions and health outcomes, including wider determinants of health 6. Address inequalities in outcomes and access to services	
3. Enrolling individuals into prevention and health coaching initiatives and providing feedback	Users may use the data and analytics in the NCL sandpit to help identify people that would benefit from these types of initiatives.	
FUNCTION: CO-ORDINATING AND OPTIMISING SERVICE USER FLOWS		
ACTIVITY	**Health analytics in NCL**	
4. Systematically selecting impactable individuals within risk-stratified population cohorts for early intervention or prevention	Risk scores (including national measures, such as QDiabetes and the electronic frailty index) will be provided to improve case finding, management, and detection to identify people who would potentially benefit from additional interventions (impactable individuals).	
5. Managing customised care plans for individuals	Users will use dashboards to improve care planning, by identifying risk factors and the use of other case-finding tools.	

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6. Managing care professional caseload within and across provider organisations	The system will enable integrated care teams across different parts of the system to pro-actively co-ordinate and manage care for specific individuals and population, identifying 'gaps in care' and other opportunities to improve health outcomes.	
RISK STRATIFICATION FOR EARLY INTERVENTION AND PREVENTION		
ACTIVITY	**Health analytics in NCL**	
7. Allocating risk scores and stratifying populations for specified future adverse events causing poor health outcomes to individuals	Within the NCL sandpit, we will present population health needs so that different levels of the system can understand the needs of their populations, e.g. at PCN, borough levels. There will also be analysis to identify potential unexpected variation to improve the quality of care, for use by quality improvement teams and individual health and care professionals (for example improved hypertension management, multimorbidity, early cancer diagnosis). We will apply risk scores for individuals and look at aggregated scores for different populations to ensure that services are meeting needs of people with different protected characteristics to reduce inequity and inequalities. We will also use registries and analytics to identify vulnerable service user cohorts including those with potential safeguarding issues so that health and care professionals can take appropriate action for specific individuals or populations.	
8. Identifying individuals and groups within risk-stratified cohorts on which interventions will have the greatest impact.	We will use the data within analytics to identify opportunities for intervention based on people's and population's complexity, health inequalities and activation.	
MANAGING FINANCES, QUALITY AND OUTCOMES		
ACTIVITY	**EXAMPLES OF DATA USE**	**Health analytics in NCL**

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9. Managing quality of health and care services (inc. clinical audit)	▪ NCL analysts generate and monitor quality metrics ▪ NCL analysts generate and deploy quality dashboards ▪ NCL analysts to undertake clinical audit	Quality metrics created will be monitored by various clinically and care led teams and groups across the ICB and its partner organisations, including through dashboards. There is the potential for clinicians to be using the data for clinical audit of their own practice and their team. Individuals involved in planning and population health improvement activity will use the system to understand health needs, system utilisation and health outcomes to support improvements to services.
10. Monitoring and evaluating effectiveness of care co-ordination processes	▪ NCL analysts monitoring effectiveness of Service user flow processes and optimisation tools ▪ NCL analysts monitoring effectiveness of risk stratification applied in Service user flow systems ▪ NCL analysts evaluating resource allocation to support effective caseload management	There will be monitoring of these effectiveness and outcomes, via the Analytics dashboards. For example this could be done by frontline health and care professionals (e.g. in their role as a clinical director of a PCN or managing an integrated team). Individuals involved in planning and population health improvement activity will use the system to understand health needs, system utilisation and health outcomes to support improvements to health and care services in NCL.
11. Comparing provider quality, demand, experience and equity of service user outcomes against contract and agreed plans	▪ NCL analysts develop, populate and monitor PHM dashboards ▪ NCL analysts undertake CQUIN reporting ▪ NCL analysts evaluate Service user experience surveys	Individuals involved in planning and population health improvement activity will use the system to support quality improvement and understand health needs and system utilisation of individuals and populations.

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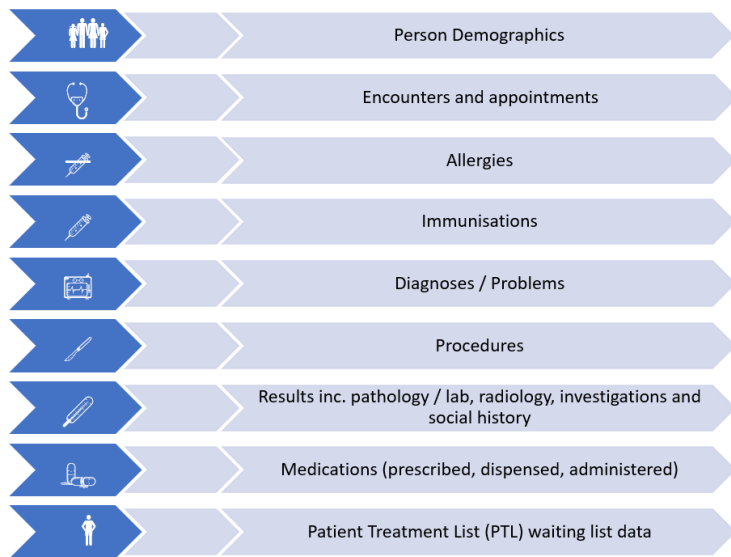|		
	▪ NCL analysts undertake demand, supply, outcome and experience analysis	
12. Improving provider data quality	▪ NCL analysts undertake coding audit ▪ NCL analystshei undertake data quality validation and review (e.g. validity of Service user identity and commissioner assignment) ▪ NCL analysts evaluate and address quality of linkage	The NCL Sandpit will be used to generate dashboards and other products that target specific improvements in clinical coding where this has been identified as a priority and can support improvements in the delivery of services (for example the recording of ethnicity or cancer diagnosis).
13. Comparing performance and managing variation across care professionals, services, providers, systems	▪ NCL analysts support clinical utilisation reviews ▪ NCL analysts undertake comparative analysis of waiting times ▪ NCL analysts undertake comparison of effectiveness of winter planning	The system will be used to target resources to areas of need and investigate areas of unexpected variation within the NCL population (e.g. NCL monitors uptake of flu vaccinations in near real time during winter) For the avoidance of doubt, the system will not be used to performance manage GP practices.

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14. Ensuring compliance with evidence and guidance	- NCL analysts evaluate compliance against NICE guidelines - NCL analysts compare care delivery against established evidence and best practice	NCL's Analytics supports compliance for individuals and populations against clinical standards, often NICE. The system will not be used to monitor provider compliance/assurance, but as a tool for improving service delivery and patient outcomes.
15. Maximising services and outcomes within financial envelopes within and across providers	- NCL analysts undertake short-term forecasting and projection to manage capacity - NCL analysts undertake scenario analysis in order to manage capacity - NCL analysts undertake cost-benefit analyses within a financial planning period - NCL analysts undertake winter planning - NCL analysts undertake emergency preparedness planning	The system will be used to support align resources to need and identify potential areas of inefficiency (for example people on multiple waiting lists or identifying people at high risk of not attending appointments) and prioritise interventions based on impact and cost effectiveness.
16. Supporting benchmarking, comparisons, regulation and assurance at all levels of the health and care system	- NCL analysts undertake benchmarking and comparative analysis - NCL analysts obtaining assurance that delegated activities within the care system are being effectively discharged - NCL analysts undertake local monitoring of CQC and NHSI metrics - NCL analysts undertake deep dive analyses following CQC inspection	NCL's Analytics contains comparative analysis, mainly from within NCL, to enable quality improvement teams to identify where there may be potentially unwarranted variation. The system will not be used to monitor provider compliance/assurance, but as a tool for improving service delivery and patient outcomes.

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17. Producing regulatory compliance reports	▪ NCL analysts compile regulatory compliance report	There are no known use cases for these types of activities at the moment.
PLANNING, IMPLEMENTING AND EVALUATING POPULATION HEALTH STRATEGY		
18. Reviewing, evaluating and transforming current health and care service provision across and within populations as a strategic commissioner	▪ NCL analysts undertake service and pathway impact assessments to underpin service transformation across a care system ▪ NCL analysts support service planning and re-design (e.g. integrated care pathways, new partnerships, new technologies etc.) ▪ NCL analysts undertake service utilisation review	NCL's Analytics contains near real time data on service utilisation across the system to inform action by health and care professionals and their teams, for example to address health inequalities in areas of high need, or in high intensity user groups.
19. Understanding how health and care services impact on the health of populations as a strategic commissioner	▪ NCL analysts assessing improvements in service provision, service user experience and outcomes and the cost to achieve this ▪ NCL analysts undertake propensity matching and scoring to understand impactability of services on the health of populations	Analytics monitoring improvements in service provision and patient/client outcomes.

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20. Comparing population groups, peers, national and international best practice	- PH analysts undertaking benchmarking against other parts of the country - NCL analysts comparing cost, outcomes and experience internationally - NCL analysts comparing cost, outcomes and experience to industry best practice	Where benchmarking data from the rest of the country are routinely available for key messages (e.g. GIRFT analysis / PHE Fingertips). We will seek to add those to NCL dashboards to make it easier for frontline health and care professionals to access all information in one place, and to enable benchmarking of NCL against national / regional averages.

Data types and datasets being shared:

- Person Demographics
- Encounters and appointments
- Allergies
- Immunisations
- Diagnoses / Problems
- Procedures
- Results inc. pathology / lab, radiology, investigations and social history
- Medications (prescribed, dispensed, administered)
- Patient Treatment List (PTL) waiting list data

- Datasets will be collected from GPs, NHS Trusts and adult social care including

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o Controller's main data systems managing their Electronic Patient Records o smaller datasets collecting critical information o Adult social care data
Excluded data policy statement: Policy on sensitive data exclusion is based on the recommendations of national policy. Sensitive data is either blocked at source (to respect legal requirements) or put beyond use by the Processor and Sub-Processors that are contracted by the Controllers to provide the solution.
Legal justification: Under the Data Protection Act 2018 and the applied GDPR created by the act, the following legal bases will be used; • The Data Protection Act 2018 provides in section 8(d) that processing that is necessary for the exercise of statutory functions is a task in the public interest. This allows the use of GDPR Article 6(1) (e) – Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Controller and • The Data Protection Act 2018 provides in section 10 (via Schedule 1 part 2) that processing for health or social care for preventative or occupational medicine, medical diagnosis, provision of health care or treatment, provision of social care, and management of health/social care systems and services are suitable tasks for the use of the legal basis of GDPR Article 9(2) (h) – processing is necessary for purposes of preventative or occupational medicine, medical diagnosis, the provision of health or social care treatment or the management of health or social care systems and services. For purposes outside of direct care, an approval has been obtained under Section 251 of the NHS Act 2006 to set aside common law for the delivery of population health services.

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The Common Law Duty of Confidentiality in processing and accessing Personal Confidential Data will be respected, with the exception noted above, namely Secretary of State Section 251 support sets-aside common law to enable the processing of personal identifiable data beyond direct care.

The system will support the delivery of direct care for individuals and by health and care professionals with a legitimate right of access to the data.

Each Partner shall be made aware of its obligation under the **Health and Social Care Act 2012** section 251A and B giving a legal duty on health or adult social care commissioners or providers to share patients/service users' information where doing so will facilitate health or social care and is in the patient/service users' best interest.

Access controls policy statement:
GPs will be able to access data in relation to their own patients using the EMIS system.

Each GP Practice has its own internal governance will oversee which of their staff members fall into defined user categories. Clinicians in GP Practices will be granted access and each practice has its own autonomy to decide which of their non-clinical team are part of the direct care team and therefore should also be granted access.hea

Hospital providers will be able to access data in relation to their own patients using their EPR system. As with GPs, they will decide on clinical level access.

Analysts providing support for the health and care system will have access to patient level data with pseudo-identifiers as part of the provision of the analytical support they provide. This will include constructing the data models and setting up the registries, tools and other products delivered from the NCL sandpit.

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Local authorities will have a limited view of the health data for social care. As with other Providers, they will determine access levels.
Receiving organisations for this data: Signatories to this Agreement Schedule
Subject Access Requests: In accordance with the Data Sharing Agreement, all requests for patient data defined as a Subject Access Request will be addressed by each Controller of data.
Approval by invited Controllers will be documented on the Data Controller Console (DCC)
Data Protection Impact Assessment (DPIA): The DPIA will be filed with this Schedule 2 Agreement on the DCC.

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