Cheshire and Merseyside Health and Care Partnership

Data Sharing Agreement (Tier Two)

Workstream: COVID-19 Intelligence

**Addendum F – COVID
Cheshire & Merseyside
Integrated Contact Tracing Programme**

Contents

Addendum F: COVID Cheshire & Merseyside Integrated Contact Tracing Programme

1. Overview

This Addendum sets out the further use of patient data for COVID Cheshire & Merseyside Integrated Contact Tracing Programme.

This Addendum should be read in conjunction with the following documents:

Cheshire and Merseyside Health and Care Partnership:

- Tier Zero Memorandum of Understanding
- Tier One Data Sharing Agreement - Standards

Cheshire and Merseyside Health and Care Partnership:
Workstream: Combined Information for Population Health Action (CIPHA)
COVID-19 Intelligence:

- Data Sharing Agreement (Tier Two) COVID-19 Intelligence
- Data Protection Impact Assessment (DPIA)
- Addendum A - Flu and Pandemic Covid-19 Vaccinations
- Addendum B - Covid-19 Vaccination NIMS
- Addendum C - COVID Transmissions: Mass Testing Vaccinations and Events
- Addendum D - Restoration of Elective Activity
- Addendum E - Pregnancy Register and Covid Vaccinations

The DPIA below is specifically for: COVID Cheshire & Merseyside Integrated Contact Tracing Programme

2. Project Summary

The DHSC proposal sets out an approach to further develop an integrated system for Contact Tracing in Cheshire & Merseyside to enable both the local teams and Hub to work seamlessly and ensure system resilience for next autumn/winter.

The intention is the establishment of a scaled and robust contact tracing model within a wider approach to community engagement.

A continuous quality improvement plan will enable the development of seamless national to local and local to national integration with plans for mutual aid and surge capacity.

3. Project Benefits

This will enable swift and effective follow up of cases and contacts and reduce onward transmission. It will also strengthen the local and sub regional system, ensuring dedicated Hub capacity until March 2022.

DsPH also seek to accelerate the development of a future all-hazards model for Health Protection in Cheshire & Merseyside, as the National Institute for Health Protection is developed.

For further details please see the embedded document below:

Cheshire and
Merseyside DHSC Co

4. Data Flow

Please see the data flow and supporting information in the embedded slides below:

ICT data Flow
slide.pptx

5. Data Sets

Please see the CMS data set model in the embedded document below:

CMS Data Set Model
Final.pub

Also below, other supporting information on data sets:

Import Template is a template that assists the LA or Hub to automatically bulk create records for Case, Individual, Setting, and Incident. As if captured by a LA or Hub colleague as an manually input. This task will be restricted to nominated roles within each LA or Hub.

The Situational Explorer Portal provides access to line list data including positive, negative and void test results and contact tracing data. In addition, the portal provides vaccination data, modelling tools (for epidemiology, clusters and settings etc) and a GIS tool that supports spatial and cluster analysis.

CTAS Daily Line List is a list of cases that are open (not completed within the CTAS framework) and are allocated to a Local Authority based on the residency of the case.

Post Code Coincidence Report is a list of settings - Workplaces / Education / Healthcare / Other which have had two or more "hit" within a post code district. This can link single cases to multiple settings. Settings are with the local authority however the cases may be from outside of area.

Dynamics Field Names (Subject to change)	
Full Name (PQ)	Sub Type (PQ)
Active Cases	Employer (lookup)
NHS Number	Job Title
ForeName	Occupation Type (Option Set)
Surname	Occupation Name Lookup Value
Gender (Option Set)	In Education (Option Set)
Date of Birth	Education Name
Age	Year Group (Option Set)
Ethnicity (Option Set)	In Care Home (Option Set)
Home Phone	Care Home Name
Mobile Phone	Care Home Role (Option Set)
Email DOB Provided (PQ)	Priority (Option Set)
Source (PQ)	CTAS
House Number	Number of Contacts
Street Postcode	Infectious Period Started
Final Address Name	Symtomatic (PQ)
Final First Line Address (PQ)	First Symptomatic At
Final TownName (PQ)	Self Isolating (PQ)
Final Admin Area (PQ)	Isolation Start Date
Final PostCode (PQ)	Isolation End Date
Final UPRN (PQ)	Likely Source of Infection (Option Set)
Final X CoOrd (PQ)	Comments
Final Y CoOrd (PQ)	Incident Title
Type (PQ)	

PHE – Situational Explorer Power BI Field List	
Category	Job Title
ID	Job Postcode
Account ID	Job Description
CDR Specimen Request SK	Activity Details Care Home
Specimen ID	Residence Type
Reporting Lab ID	Residence Type Group Case
Test Type	Residence Type Case
Exposer ID	HPT Code
Exposure Group	Status
Matched Person ID	Status Report
Matched Exposer ID	Initial Tier
Date Created	Final Tier
NHS Number	Call Centre Outcome

Forename	LA Support Required
Surname	LA Support Received
Gender	LA Support Letter
Date of Birth	Received
Ethnicity	LA Support Filter
House Number	Priority Group
Address Line 1	Ever DCT
Address Line 2	Ever LA
Town	Ever Rescinded
Postcode	Ever Shared ITS
Postcode Area ID	Think Caught Covid – At
UPRN	Think Caught Covid - Exposure Group
Email	Type
Phone	Think Caught Covid - Exposure Group
Phone2	Think Caught Covid - Event Category
UTLA	Think Caught Covid - Event Date
UTLA Index	Think Caught Covid - Event Postcode
UTLA from Index	Think Caught Covid - Event
LTLA	DescriptionComments
LTLA Index	Day 4 Outcome
LTLA from Index	Day 7 Outcome
PHE Centre	Day 10 Outcome
PHE Centre Index	Day 13 Outcome
First Symptomatic At	Isolation Follow Up
Date Tested	Start of Isolation Date
Number of Contacts	Combined Date Completed
Number of Occupations	Delay Creation Completion Days
Occupation	Date Failed Uncontactable
Occupation Type	Date Updated
	Date Time Extracted

CTAS Line List Headers

Category	Number of Occupations
ID	Occupation
Account ID	Occupation Type
CDR Specimen Request sk	Job Title
Exposer ID	Job Postcode
Exposure Group	Job Description
Matched Person ID	Activity Details
Matched Exposer ID	Care Home
Date Created	Residence Type
NHS Number	HPT Code
Forename	Status
Surname	Status Report
Gender	Initial Tier
Date of Birth	Final Tier
Ethnicity	Call Centre Outcome
House Number	LA Support Required
Address Line 1	LA Support Received

Address Line 2	LA Support Letter Received
Town	Comments
Postcode	Day 4 Outcome
Postcode Area ID	Day 7 Outcome
Email	Day 10 Outcome
Phone	Day 13 Outcome
Phone2	Isolation Follow Up
UTLA	Start of Isolation Date
UTLA Index	Combined Date Completed
UTLA from Index	Delay Creation Completion Days
LTLA	Date Failed Uncontactable
LTLA Index	Priority Group
LTLA from Index	Specimen Number
PHE Centre	Reporting Lab Id
PHE Centre Index	Test Type
First Symptomatic At	Date Updated
Date Tested	Date Time Extracted
Number of Contacts	

Postcode Coincidence Line List	
LTLA of Postcode Coincidence	Email
UTLA of Postcode Coincidence	Individual's HPT
Postcode Coincidence ID	House Number
Episode ID	Home Postcode
Account ID	Home UTLA
Record Category	Home PHE Region
Exposure Group Type	Current House Number
Description	Current Postcode
Postcode of Coincidence	Current UTLA
Tested At	Current PHE Region
First Symptomatic At	Care Home Resident
Forename	Symptoms
Surname	Event Date
DOB	Able to Identify Contacts
Phone	Record Type

6. Project documentation summaries for the other Pilots

Please see the embedded documents below for the other Pilots:

Surge Contact Tracing
Integrated Contact Tracing Programme

Surge Capacity Pilot
- Proposal - 071221.

Self-Isolation

Self-Isolation
Programme.docx

Acute Respiratory Infections (ARI)

A gap analysis was carried out for:

Managing Acute Respiratory Infections (ARI) outbreaks for winter 2021: Arrangements for managing outbreaks in care homes

The background for this was:

- This winter is the first year COVID-19 is expected to co-circulate with influenza and other respiratory pathogens (including RSV, parainfluenza and rhinovirus).

- Modelling of predicted COVID-19 and influenza has limitations, but it is possible waves of both infections could coincide. Modelling suggests influenza activity could be 50% higher than in recent seasons, and community transmission may occur earlier than it has in recent years.

- An increase in RSV is also expected in Autumn /winter. While RSV has no specific Public Health interventions, increased circulation is still likely to increase the volume of enquiries related to Acute Respiratory Infections (ARI).

- In addition, Norovirus activity is now increasing, and it is possible that unusual or out of season increases could be seen in the coming months.

The following conclusions were made:

- There is an urgent need to consider additional resources/capacity to support the management of Acute Respiratory Illness (ARI) response this autumn/winter.

- Assurance of robust antiviral pathways in all sub regions for all CCGs

Please also see the following document embedded below:

Briefing Note to DsPH – Hub support to LA CT Teams

Briefing Note to
DsPH Hub support to

7. Microsoft Dynamics/ Case Management System

The Microsoft Dynamics/ Case Management System will enable a more robust and integrated understanding of activity/outputs and process measures from contact tracing as a C&M system aligned to developments within the proposal.

With using another product – Microsoft Dynamics, a DPIA has been completed – please see DPIA embedded below:

dpia-ICO_Dynamics
CMS.docx

8. UK GDPR Legal Basis to Process Patient Data

For : COVID Cheshire & Merseyside Integrated Contact Tracing Programme, the Legal Basis under the UK General Data Protection Regulation (GDPR) is as follows:

6 (1) (e) Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller

9(2)(h) Necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of domestic law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3.

9(2)(i) Necessary for reasons of public interest in the area of public health, such as protecting against serious cross border threats to health or ensuring high standards of quality and safety of healthcare and of medicinal products or medical devices, on the basis of domestic law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

9. Common Law Duty of Confidentiality

For COVID Cheshire & Merseyside Integrated Contact Tracing Programme - the Common Law Duty of Confidentiality is set aside by the COPI Notice.

C&M HCP: Tier Two Data Sharing Agreement: Workstream: Covid-19 Intelligence - Addendum F: COVID Cheshire & Merseyside Integrated Contact Tracing Programme

Page 10 of 13

10. Use Cases

The following Use Cases have been identified:

Use Case #1 for Local Outbound Recall Facility | Targeting the most hesitant communities to take up the vaccination offer

- There are gaps currently in both national and local **recall** systems (2nd and subsequent calls to remind to vaccinate)
  - National recall system is rigid in approach, only performs an initial call once with recalls being ad-hoc in nature and very often a secondary priority to initial call to vaccination
  - Local recall systems are sporadic and again not always a priority for local systems and sometimes difficult to locate the data that would support these activities
  - The South West and Central CSU, a key player in the national call infrastructure, offer an outbound call facility to target specific groups. They offer this service to all Regions. The work can be constrained by other commitments at the CSU and the national focus at the time of ask – which may not match CM's focus / requirement.

See the table below that outlines the current % vaccine uptake across ethnicity and IMD.

Potential Use Case #1

There would be clear benefit of piloting an outbound **recall** facility to target the most hesitant communities across Cheshire and Merseyside, in order to increase uptake.

We would need to solve the problem of having the ability to identify these individuals, and identify the data sources that would support the outbound call activities.

Use Case #2 for Local Outbound Recall Facility | Chasing pending 2nd doses

- There is a significant amount of late 2nd doses that the CM vaccination delivery models have little time to dedicate to chasing. The pending does can be categorised as:
  - 'Overdue' doses where the 1st dose is at least 91 days / 13 weeks ago
  - 'Clinically overdue' doses where 1st dose is at least 98 days / 14 weeks ago

Potential Use Case #2

There would be clear benefit of piloting an outbound **recall** facility to target the pending 2nd doses across Cheshire and Merseyside, in order to increase uptake.

This also would also be beneficial for late booster doses.

We would need to solve the problem of having the ability to identify these individuals, and identify the data sources that would support the outbound call activities.

11. Further Information

For further information please see the following websites:

Cheshire and Merseyside Health and Care Partnership
https://www.cheshireandmerseysidepartnership.co.uk/about-us/

Share2Care
www.share2care.nhs.uk

Combined Information for Population Health Action (CIPHA)
www.cipha.nhs.uk

CHAMPS Public Health Collaborative
https://www.champspublichealth.com/covid-19-response/