Appendix 4

<u>**Data flows and mapping**</u>

Data flows and mapping for Clinical pathway data set

The diagram on page 6 illustrates the data flows and a framework for information management. Key points are:

- Graphnet GP patient demographic will be accessible for practices in the NON VI GP partnership. This will be done by limited number of informatics specialists . Data will be extracted, transferred and processed and stored in a secure RWT SQL data database.

- Demographic data will be supplemented by other key data sources with Graphnet patient details and Graphnet Read codes / snomed codes for housebound, immobility, GP Appointment and GP home visits

- Other supplemented data will be from RWT data including recent A&E and emergency admission activity numbers, walk in centre activity and pathology data. This will be added to EMIS data by linking then NHS Number.

- All data will be linked and processed in the secure Information SQL server database. This area will be designated a **BLACK BOX** to which only RWT Information analysts and designated clinical NON VI leads will have access to. A Black Box can be described as the place where information processing and management of data takes place.

- The information processing will include a Pseudonymisation process – once a month when EMIS data has been downloaded. This is so that when reporting on pathways for non-care delivery pathways – the Pseudo identifier can be used to quantify patient activity. Also, further down the line with the GP Partnership project, this will enable to link this data set to other data from other organisations such as Social services and Urgent Care Centre – providing they will use the same Pseudonymiser software program.

- Pseudonymisation software that will be used will be the Nottingham pseudonymiser software which is already used by the RWT Information department and is recognised as leading Health care data pseudonymisation software.

- Pseudonymisation data may be **re-identified** by a clinician if needed for direct care purposes or if it may lead to a decision affecting direct care. This includes where pathway data is showing an outlier and to understand this outlier a patient may need to be re-identified to gather more information and help make a decision on that pathway. An example could be from the pathway data set, a patient who is flagged as housebound but hasn't had any community contacts by district nurses, this patient could be re-identified by a clinician to put in interventions for that patient's care.

- Patient identifiable data will only be reportable for purposes of direct care. This will include:

- Identifying patients for risk stratification and flagging. Rules for this identification of patients will stem from the clinical pathway data set flags and Graphnet clinical data rules. These rules are being developed and the creation of the dataset will inform clinical leads greatly on this.

- Patient stratification and derived flags details will be loaded onto the Clinical web portal so that the status of patients will be known to all clinicians including GP's.

- GP's and clinicians wanting further detail of their patients which may result in an intervention

- A GP dashboard will be email (via NHS.net to NHS.net) to GP practices to highlight stratified patients and alerts / flags developed with clinicians to help with providing care

- Anonymised data reporting will be carried where there is no need to disclose pathway / patient data. This will include analysis of aggregate activity levels and trend analysis.