

Life-long Personal Digital Permissions System Use Cases

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COLLABORATE | DISCOVER | IMPROVE

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A data uses permissions system "designed with people for people"

Involvement: For 21st Century services, managing life-long digital permissions

Data donorship: For ethical research, privacy by design, data protection by default

Learns from: Connected Health Cities, existing permissions successes and failures

Examples benefiting from a "Personal Control Point"

- Local Health Care Record Exemplar Share 2 Care [PHR, NHS App] explicit consents
- Personalised disease prevention and population health: opt-in
- Research Data Access and Processing local and national

Bounded cases should explain purposes of permitted data use

- Where there is no clear legal basis to process
- ID Assurance mechanisms: fundamental

Plain language use case capture

- Understandable to all: patients/families, IG, clinicians, data science, implementers
- Rules of processing: based on authoritative IG review of use case
- Explicit permissions: for sensitive and tertiary uses (e.g. innovation sectors)

Consistent IG (data processing) rules should accelerate research data provisioning

- Users with a validated purpose: access permitted data faster
- Actionable via semi-automated access control: data access in requester TRE
- Legitimate e-signature (attestation): for comprehensible terms & conditions of use

Avoiding cognitive overload

- Avoid endless Terms & Conditions: co-create core purposes with patients
- Develop IG rules matching core purposes: legal, ethical and social constraints
- Use IG Rule-set: to build consistent "cross-supplier" data processing services

Storage of "reference permissions" by nationally-validated ID or pseudo-ID

- Requesting mechanism: Query API (in TRE) uses standards to check legitimacy
- Shared logic: based on "bottom-up" IG rules of limited complexity
- Vendor-neutral capability: front-ends use same submission and query logic

Cloud-native permits:

- Re-use of APIs: standardise value sets for data access control
- Admission of personal device data: "d2C" global standards emerging from PCHA
- Rule-base operations: e.g. IG-permitted and non-permitted linkage

Characteristics

- A real clinical population: example suggested in Dec 2019
- Several plug-ins: Vendor-neutrality requirement
- Doesn't discard existing apps: But scalability comes with convergence to the core

General requirements:

- NHS Login: consistent gateway, strive for interoperability
- Patient acceptability: T&Cs printable, clinician and data processing checklists
- Sets tone for national standards: e.g. re-use of transactions, policy engines

"Test against regional architecture under proposal"

- PHR: work with C&M Elective Care Group -> Develop pathway against architecture
- Exemplars discussed: Breast cancer care, improved pathway for Teledermatology, incl. patient owned data; Add-in consent model for *Diabetes My Way*

Demonstration points:

- Components: App(s), a revised pathway, proposed digi architecture incl. permissions
- Adds: Patient-held data (c.April 2020) moving towards PHR design in Liverpool (Jim)
- Web-of-care multi-point test: e.g. at home/mobile, in GP, in acute care

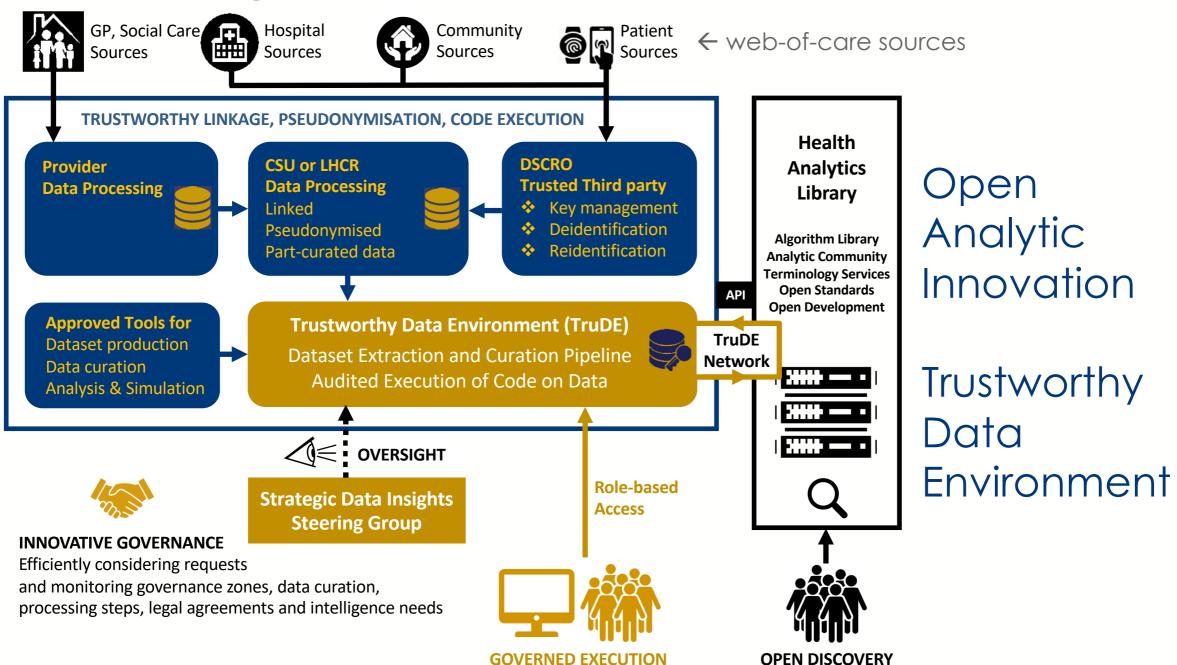
"Understand rules based on purpose of use"

- **Binding:** the intended use to ID, the attestation \rightarrow actioning of rules \rightarrow access control
- Subsequently: non-confounding rule addition
- Patient involvement: Keep patients informed, integral to terms & conditions of use

Testing at Scale:

- Tests a wireframe architecture: Opportunity for deployment in an existing cohort
- **Suppliers:** Implement interoperability specifications, i.e. APIs put in place in App(s)
- Resourcing: Team agreements, stakeholder engagements, use case stories into plan

Background context on Civic Data Trust Analytics



Background Context on National Data Processing Proposals

