**GP Practice details and Logo to be shown here**

**DATA SHARING AGREEMENT**

**Introduction**

This Data Sharing Agreement facilitates the lawful, safe and secure sharing of information, according to the General Data Protection Regulation (GDPR) 2018 and the Data Protection Act 2018, between the GP practice and the Care home/pharmacy on behalf of all residents registered at the home. For the purposes of this Agreement, (Enter GP practice details) shall own the data and will be Data Controller(s). The Data Controller is the organisation (or person) that “determines the purposes and means of the processor of personal [and special category] data, and has overall control of how, why, what, when and where the data the data is processed and the duration of the processing.

**Purpose of the Agreement**

Your agreement is necessary to:

|  |
| --- |
| * deliver preventative medicine
* conduct medical diagnosis
* deliver health and social care or treatment
* identify the “at risk” population who may be at risk of an unplanned admission
* improve the life circumstances and outcomes of children, young people and their family members;
* reduce the number of children and young people whose life circumstances and experiences make them at risk of harm;
* reduce anti-social behaviour and crime.
* increase school attendance
 |

The risk(s) of not sharing this information is/are:

* Failure to protect the vital interests of Care home/pharmacy s
* Failure to provide adequate health, education or social work services with the consequences of this for individuals
* Failure to detect or prevent a crime

**Lawful Basis for Sharing**

The data disclosed will be relevant to the stated purpose(s) of this agreement and the minimum necessary to achieve the purpose(s).

The sharing of data is necessary for the exercise of statutory functions conferred on the Parties as follows:

|  |  |  |
| --- | --- | --- |
|  | **Party** | **Statutory Function** |
|  | GP Practices National Health Services Act 2006 – Part 1 | Promotion and provision of the Health Service in England. |
|  | GP Practices Health and Social Care Act 2012 – Sections 1 to 8 | Duty to promote comprehensive health services, improve quality of services, reduce inequalities, promote autonomy, conduct research, deliver education and training, observance of the NHS Constitution and report and review performance of providers. |

**Information to be Shared**

The personal and special category data to be shared may include the following:

Name, address, date of birth, NHS number, full medical records.

**Information Security**

The information will be transferred securely by way of secure NHSmail, or electronic transfer.Including taking measures to ensure that only the intended recipient can view it, either through role-based access controls or encryption technology. The Recipient will mark the information as confidential and restricted and keep it securely.

Personal data will **not** be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data, which is consistent with the UK’s data protection legislation.

**Information Accuracy, Use, Retention and Deletion**

The accuracy of the data shared with the care home/pharmacy will be the responsibility of the GP practice*.* The GP practice will therefore ensure that the data is accurate and up to date before the data is disclosed*.* If the GP practice becomes aware of any inaccuracies in shared data, it has shared the GP practice should inform the other party(ies) immediately for the data to be corrected or recalled.

The care home/pharmacymust not share the information with any third party without the written consent oftheGP practice and subject to entering into a separate Data Sharing Agreement, the terms of which must be approved by the GP practice.

**Signatories to Agreement and Date**

Care home/pharmacy (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Home Manager/Pharmacist/Responsible person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Home Manager/Pharmacist/Responsible person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_