

# Medication Assisted Treatment (MAT) Standards Learning System

Webinar 10  
Sharing Information to Prevent Harm

23 January 2025  
10:00 - 11.30am

# Welcome

**Ruth Robin**

Portfolio Lead

Healthcare Improvement Scotland



# Welcome

**Carrie Thomson**

[Carrie.thomson5@nhs.scot](mailto:Carrie.thomson5@nhs.scot)

Senior Improvement Advisor

Healthcare Improvement Scotland



# Agenda

Time	Agenda Item	Speaker(s)
10:00-10:05	Welcome	<b>Ruth Robin</b> Portfolio Lead, Healthcare Improvement Scotland
10:05-10:20	Caldicott principles and good practice in handling patient information	<b>George Fernie</b> Senior Medical Reviewer, Caldicott Guardian, Healthcare Improvement Scotland, Chair UK Caldicott Guardian Council
10:20-10:35	Information Sharing Principles of Practice	<b>Alison Winning</b> Information Governance Lead, Healthcare Improvement Scotland
10:35-10:45	Discussion	<b>Ruth Robin</b> Portfolio Lead, Healthcare Improvement Scotland
10:45-10:55	Refreshment break	
10:55-11:15	Dundee Near Fatal Overdose Pathway	<b>Karen Melville</b> Service Lead, Angus Health and Social Care Partnership
11:15-11:25	Discussion	<b>Ruth Robin</b> Portfolio Lead, Healthcare Improvement Scotland
11:25-11:30	Closing remarks	<b>Ruth Robin,</b> Portfolio Lead, Healthcare Improvement Scotland

# Caldicott Principles and Good Practice in Handling Patient Information

## George Fernie

Senior Medical Reviewer, Chief Caldicott Guardian  
Healthcare Improvement Scotland

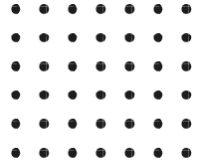




Centre for Contemporary  
Coronial Law



# Caldicott Role

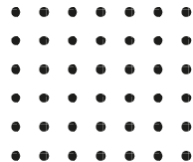


*“A Caldicott Guardian is a senior person within a health or social care organisation who makes sure that the personal information about those who use its services is used legally, ethically and appropriately, and that confidentiality is maintained”.*

*“Caldicott Guardians should apply the eight principles wisely, using common sense and an understanding of the law. They should also be compassionate, recognising that their decisions will affect real people — some of whom they may never meet”.*



# Caldicott Principles



Principle 1: Justify the purpose(s) for using confidential information

Principle 2: Use confidential information only when it is necessary

Principle 3: Use the minimum necessary confidential information

Principle 4: Access to confidential information should be on a strict need-to-know basis

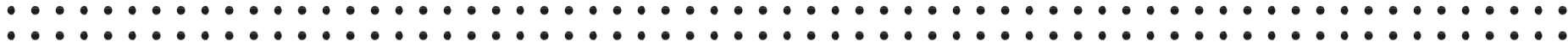
Principle 5: Everyone with access to confidential information should be aware of their responsibilities

Principle 6: Comply with the law

Principle 7: The duty to share information for individual care is as important as the duty to protect patient confidentiality

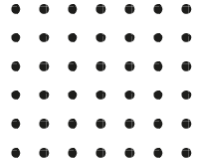
Principle 8: Inform patients and service users about how their confidential information is used

*Published December 2020*





# Confidentiality: good practice in handling patient information



## Disclosing patients' personal information: a framework

When you can disclose personal information

Disclosing information with a patient's consent

Disclosing information when a patient lacks the capacity to consent

Disclosures required or permitted by law

Disclosures approved under a legal process

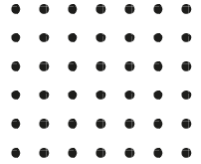
Disclosures in the public interest

Disclosures prohibited by law

Data protection law



# Confidentiality: good practice in handling patient information



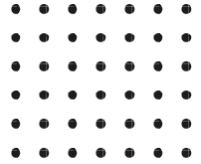
## When you can disclose personal information

**9** Confidentiality is an important ethical and legal duty but **it is not absolute**. You may disclose personal information without breaching duties of confidentiality when any of the following circumstances applies.

- a** The patient consents, whether implicitly or explicitly, for the sake of their **own care** or for **local clinical audit**.
- b** The patient has given their **explicit consent** to disclosure for **other purposes**.
- c** The disclosure is of **overall benefit** to a patient who **lacks the capacity** to consent.
- d** The disclosure is **required by law**, or the disclosure is permitted or has been approved under a **statutory process** that sets aside the common law duty of confidentiality.
- e** The disclosure can be **justified in the public interest**.



# Confidentiality: good practice in handling patient information



**10** When disclosing information about a patient you must:

**a** use **anonymised information** if it is practicable to do so and if it will serve the purpose

**b** be satisfied the patient:

**i** has **ready access** to information **explaining how their personal information** will be used for their own care or local clinical audit, and that they have the right to object

**ii** has **not objected**

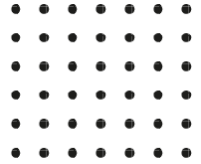
**c** get the patient's **explicit consent** if **identifiable information** is to be disclosed for purposes other than their **own** care or local clinical audit, unless the disclosure is required by law or can be justified in the public interest

**d** keep disclosures to the **minimum necessary** for the purpose

**e** follow **all relevant legal requirements**, including the common law and data protection law.



# Confidentiality: good practice in handling patient information



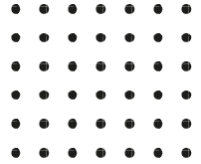
## Disclosures in the public interest

**22** Confidential medical care is recognised in law as being in the public interest. ... But there can be a public interest in disclosing information if the **benefits to an individual or society** outweigh both the **public and the patient's interest in keeping the information confidential**. e.g. to protect individuals or society from risks of serious harm, such as from serious communicable diseases or serious crime.

**23** There may also be circumstances in which **disclosing personal information** without consent is **justified** in the public interest for important public benefits, **other than** to prevent death or serious harm, if there is no reasonably practicable alternative to using personal information. The circumstances in which the public interest would justify such disclosures are uncertain, however, so you should seek the advice of a **Caldicott or data guardian** or a legal adviser who is not directly connected with the use for which the disclosure is being considered before making the disclosure.



# Confidentiality: good practice in handling patient information



## Disclosures in the public interest

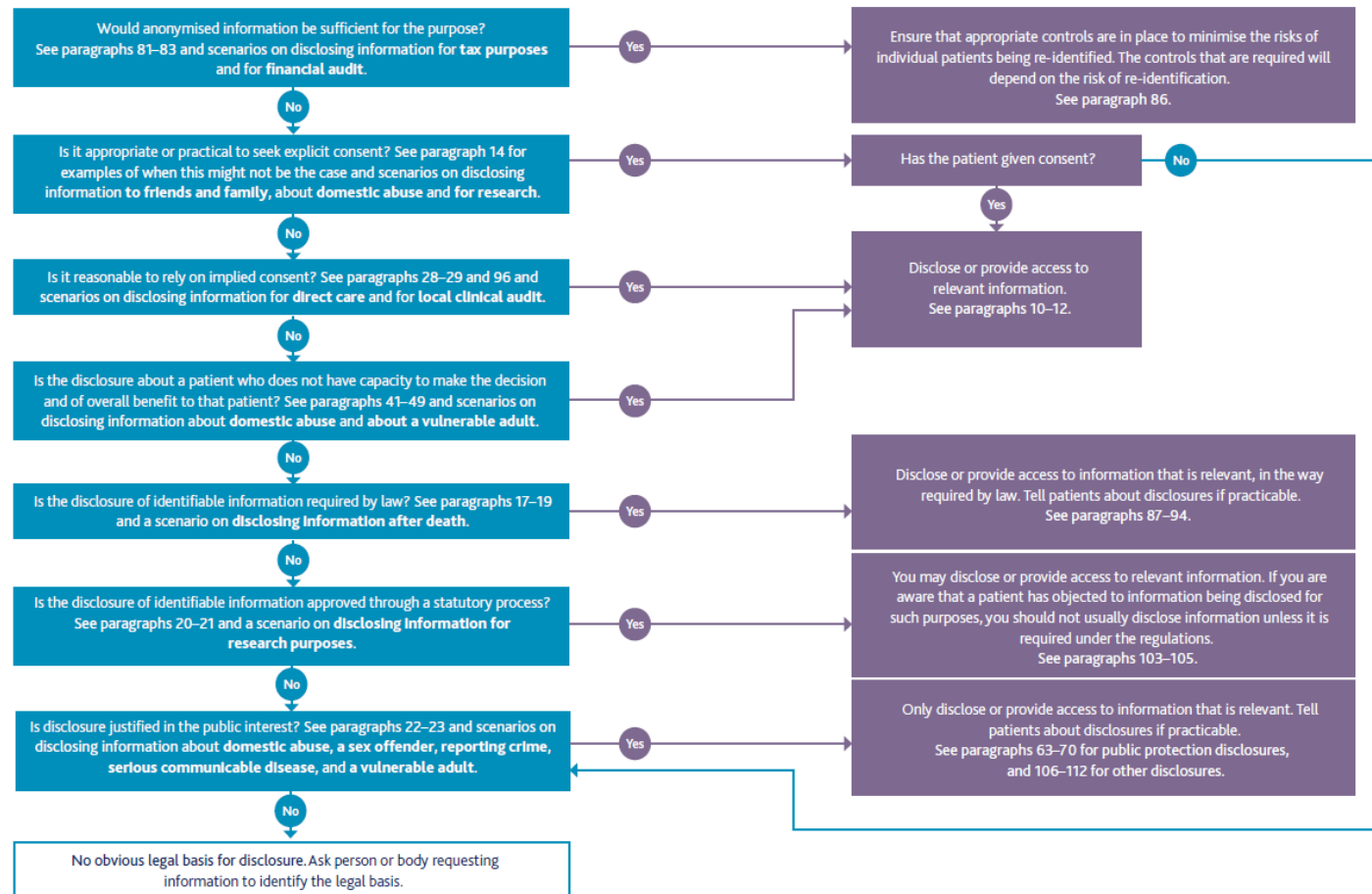
**65** Such a situation might arise, for example, if a disclosure would be likely to be necessary for the **prevention, detection or prosecution of serious crime**, especially crimes against the person. When victims of violence refuse police assistance, disclosure may still be justified if others remain at risk, for example from someone who is prepared to use weapons, or from domestic violence when children or others may be at risk.

**93** You must not disclose personal information to a third party such as a solicitor, police officer or officer of a court without the patient's explicit consent, unless it is required by law, or ordered by a court, or can be justified in the public interest. You may disclose information without consent to your own legal adviser to get their advice.



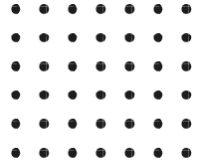
# Confidentiality flowchart

As a rule, personal information about patients should not be disclosed unless it is necessary. The following flowchart can help you decide whether personal information needs to be disclosed and, if so, what the justification is for doing so.



You can click through to the relevant paragraphs in our guidance, as well as to scenarios on our website that explore the issues in practice. You can find additional confidentiality scenarios on our interactive site *Good medical practice in action*.

# Confidentiality: good practice in handling patient information



## Implied consent and sharing information for direct care

**27** Most patients understand and expect that relevant information must be shared within the direct care team to provide their care. You should share relevant information with those who provide or support direct care to a patient, unless the patient has objected

**28** The usual basis for sharing information for a patient's own care is the patient's consent, whether that is explicit or implied. You may rely on implied consent to access relevant information about the patient or to share it with those who provide (or support the provision of) direct care to the patient if **all** of the following are met.

**a** You are accessing the information to provide or support the individual patient's direct care, or are satisfied that the person you are sharing the information with is accessing or receiving it for this purpose.

**b** Information is readily available to patients, explaining how their information will be used and that they have the right to object. This can be provided in leaflets and posters, on websites, and face to face. It should be tailored to patients' identified communication requirements as far as practicable.

**c** You have no reason to believe the patient has objected.

**d** You are satisfied that anyone you disclose personal information to understands that you are giving it to them in confidence, which they must respect.



There have been several organisational changes in Scotland in recent years including the formation of a single national police force; Police Scotland, and transfer of forensic and custody care to individual NHS boards in April 2012.

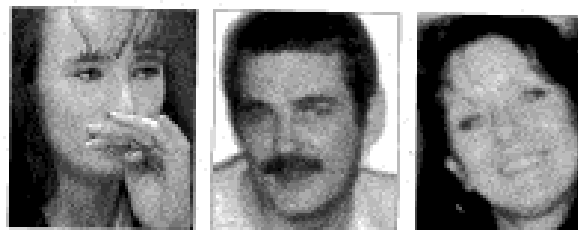


### National baseline review of healthcare provision within police custody centres in Scotland



January 2023





Ann Marie Atkins, left, appeals for information on parents Rodenick and Ann Marie.

# Fears for couple grow as search intensifies

THE  
HERBERT  
PROTOCOL



Safe & Found



Safe & Found

When a person goes missing, it is very distressing for family and friends and can be even more worrying when the missing person has Dementia.

The Herbert Protocol is a simple risk reduction tool to help the police in their search for people with Dementia who go missing. It encourages carers or family members of adults living with dementia to collate information on those who are vulnerable on to the Herbert Protocol form, which can be given to the police if they go missing.

The initiative is named after George Herbert, a war veteran of the Normandy landings, who lived with dementia. He died whilst 'missing', trying to find his childhood home.

If you believe a person has gone missing and concerned for their safety, call the police on 999 and tell the police operator that you have a Herbert Protocol.

### What do I put on the Herbert Protocol form?

It contains a list of information to help the police if the person goes missing, including:

- medication required
- mobile numbers
- places previously located
- a recent photograph

You'll find the form in the documents list on this page.

Keeping a completed form saves the worry of trying to recall the information during the stressful time of someone going missing. It also saves time for the police, allowing the search to start sooner and the information to be gathered at the time. It should be kept up to date with a recent photograph of the person, to be passed to the police if needed.

## **Herbert Protocol**

### **Information Regarding the Herbert Protocol Form**



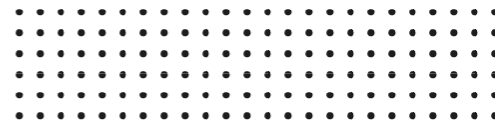
#### **What will happen with this information?**

You should be aware that information from this form will be recorded and assessed by officers on police systems in relation to enquiries carried out to trace the person concerned. The form will only be used for this enquiry and can be handed back to you thereafter or destroyed, whichever you prefer. Any photographs will be returned.

However, it is also important to highlight that sometimes, we must by law, share information with statutory agencies and we will share information in relation to this incident with those agencies who have support, welfare or health responsibilities such as:

- Local Authority Health and Social Care, which includes Social Work Services;
- NHS Scotland; and
- Scottish Fire and Rescue Service (SFRS).

Officers will seek your views on this after we have traced the person who you have reported missing.



# Contact us

**Website:**

<https://www.ukcgc.uk/>

**Email:**

<https://www.ukcgc.uk/contact-us>



@UKCaldicottGC



# Thank You

[George.fern timer2@nhs.scot](mailto:George.fern timer2@nhs.scot)

# Information Sharing Principles of Practice

## Alison Winning

Information Governance Lead  
Healthcare Improvement Scotland





## Data protection is not a barrier to data sharing

*‘There seems to be a belief by some in the public and private sectors that data protection law is a barrier to doing this. This belief is unfounded’*

ICO Data sharing myths busted

# Information sharing

## **Routine ‘systematic’ disclosure of personal information**

- *planned*
- *one or more organisations providing information to each other*

## **Exceptional disclosures in unexpected situations**

- *ad hoc requests*

## **Exceptional disclosures in emergency situations**

- *emergency situations when there is a high risk of harm*

# Data sharing – key data protection concepts

- **Fairness and transparency**

- Would an individual reasonably expect their data to be shared in this way?
- How sure are you that the sharing will not adversely affect individuals?
- Did you mislead the individuals when originally collecting their personal data?
- Were you open and honest with the individuals as to how you would use their personal data?
- Did you tell the individuals about the proposed use of their personal data in a clear, accessible way?

# Lawfulness

## Article 6 UK GDPR

- (a) Consent
- (b) Contract
- (c) Legal obligation
- (d) Vital interests
- (e) Public task
- (f) Legitimate interests

## Article 9 UK GDPR

- (a) Explicit consent
- (b) Employment, social security and social protection (if authorised by law)
- (c) Vital interests
- (d) Not-for-profit bodies
- (e) Made public by the data subject
- (f) Legal claims or judicial acts
- (g) Reasons of substantial public interest (with a basis in law)
- (h) Health or social care (with a basis in law)
- (i) Public health (with a basis in law)
- (j) Archiving, research and statistics (with a basis in law)

# Data sharing – key data protection concepts

- Necessity and proportionality
- Data minimisation
  - could the purpose be achieved without sharing the data?
  - are all elements of personal data justified and required?
- Security of transfer
  - organisational and technical controls
  - appropriate to the nature and sensitivity of the data
- Accountability and decision making
  - data protection impact assessments
  - information sharing agreements
  - record of decision making

# Considerations and tools to support practice

- Justified purpose
- Fairness, transparency
- Lawfulness
- Necessity and proportionality
- Data minimisation
- Security
- Accountability
- Data Protection Impact Assessments
- Data sharing agreements
- Privacy notices
- Record of sharing decisions
  - (ad-hoc and ongoing)

# Resources

- [Scottish Information Sharing Toolkit](#)
- [Data sharing | ICO](#)
- [Register of ISPs - Welsh Accord on Sharing of Personal Information](#)
- [Data Protection Impact Assessments \(DPIAs\) | ICO](#)
- [Data Protection Act 2018](#)

# Thank You

[alison.winning2@nhs.scot](mailto:alison.winning2@nhs.scot)



# Questions

***Any questions?***

# Refreshment break



# Dundee Near Fatal Overdose Pathway

**Karen Melville**

Service Lead

Angus Health and Social Care Partnership



# Dundee Near Fatal Overdose Pathway

## Concept

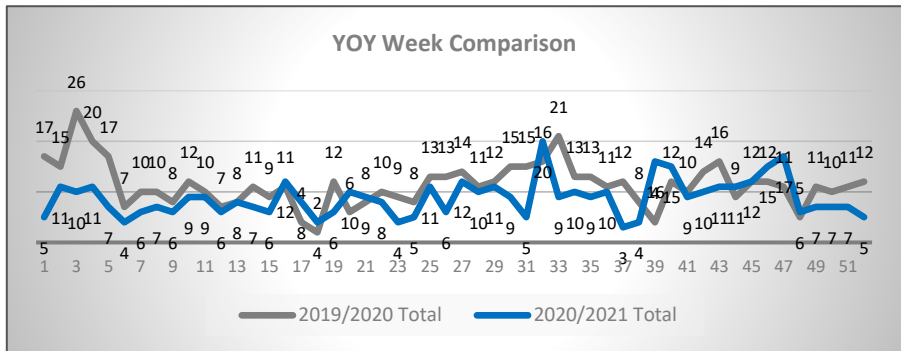
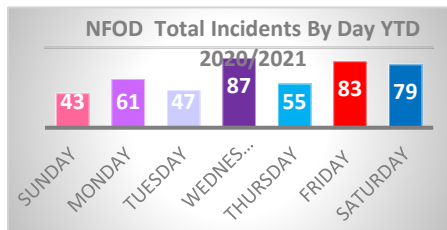
- Escalating Drug Deaths
- Cluster of NFOD and Drug Deaths
- Dundee Drug Commission Report
- Short Life Working Group
  - No consistent approach to NFOD
  - Reliant on one person
  - NHS centred
- 6 week test of change

# Dundee Near Fatal Overdose Pathway

- MS Teams call daily
- Multiprofessional
  - Dundee Drug and Alcohol Recovery Service
  - Police Scotland
  - NHST Public Health
  - Criminal Justice Social Work
  - NHST Specialist Harm Reduction
  - Positive Steps
  - Hillcrest Futures
  - Womens Aid

## Dundee Near Fatal Overdose Pathway

- In the first 2 years the group in Dundee dealt with 1048 incidents relating to 538 people, with 197 people have repeat incidents accounting for 707 incidents.



- The weekly average for the group across year one was 11 however has been observed to drop to 9 within the second year, with the key days identified for incidents as Wednesday, Friday and Saturday.

- Over the two year period the group has seen shift in the male to female ratio in respect of total incidents, with the number of males observing a slight increase year on year.

Year	Male	%	Female	%	Total
1	410	69	183	31	593
2	335	74	120	26	455

- YTD there has been 30 deaths recorded in relation to persons discussed at the group, 26 of which have been suspected drug related.

# Thank You

[karen.melville@nhs.scot](mailto:karen.melville@nhs.scot)

# Questions

***Any questions?***





Share your thoughts!



thank you

- Event summary will be available from [ihub.scot/matupdates](https://ihub.scot/matupdates)
- Details of future planned activities and outputs to follow