



Information Sharing Framework

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1. Executive Summary

1.1 Integrated Health and Social Care Records

The implementation of integrated health and social care records are a key priority for health and social care organisations both locally and nationally.

Our local Health and Social Care Economy recognises that integrated electronic health and social care records are a significant priority to transforming community and hospital based services. Local information sharing programmes, through Local Delivery Systems (LDS) will enable this, providing all local health and social care practitioners to care for individuals with access to the information they need, over and above that held in their employing organisation where appropriate to do so.

As a local economy, we have extensive experience in joining up care sharing information safely, securely and lawfully, with over 20 million primary and community electronic records already shared to date. However, in order to continue to achieve a major step change in the approach to information sharing at scale, a robust, economy wide information sharing framework, spanning all local health and social care organisations is crucial.

1.2 Information Sharing Framework Principles

In recent years, significant collaborative work spanning over 20 organisations has been undertaken to develop a scaled information sharing framework. The framework will drive and determine the implementation approach to delivery. From a risk and safeguarding perspective, the framework is based upon a number of Privacy by Design principles which are summarised below:

1. **Consent and Opt Out:** Information shared is facilitated only when an individual has given consent to do. An individual holds the right to 'opt out' to all or parts of their personal information being shared
2. **Role/Service Based Access:** Levels of access to information will be based on roles or service profiles, for example a GP, hospital doctor or across an urgent care setting.
3. **Proactive Audit:** The framework will result in a significant increase in information being shared, therefore there is a significant safety and security need to assure that only those that require access to data, are able to access it
4. **Exclusions:** There are a number of exclusions which will not be included within the sharing model, unless explicitly stated due to legal/statutory requirements and sensitivity concerns
5. **Mandatory Training:** All staff will be expected to undertake mandatory training
6. **Monitoring and Evaluation:** Ongoing monitoring and evaluation of both the model and its effectiveness will be undertaken

7. Patient and Public Engagement: Patients and members of the public will be given an opportunity to consult, debate and inform the approach to sharing for the role purposes of providing care

1.3 Information Sharing Framework

With the principles in place, the framework is based on a number of segments, professional groups/roles and service areas. The segments are broken down into a number of tiers with information starting at lower levels of sharing and building upwards. The segments represent the following areas:

- **Summary Record** – Summary patient information to be shared across a wide range of health and social care practitioners
- **The Community** – Information held outside of hospitals, across Primary Care, Community, Mental Health and Social Care
- **Diagnostics** – Key diagnostic information including pathology, radiology and other tests
- **Hospitals** – Information held at secondary and tertiary care level across the many acute settings of the health economy

There are 5 professional groups and 2 service areas which would have access to specified segments and tiers as described through the framework:

- Medical
- Registered Health Care Professional
- Social Care Professional
- Unregistered Professional
- Admin
- Urgent Care
- Extended Primary Care Team

1.4 Implementation

The sharing framework purposely deals only with the principles, safeguards and model. Implementation planning will include continuous patient and public communications, financial discussions and Information Governance implementation requirements.

1.5 Summary

The ILINKS Information Sharing Framework is a substantial, collaborative piece of work that has been clinically led and developed by local health and social care professionals. It has been identified nationally as a pioneering approach that could be replicated elsewhere. The framework will enable us to put in place critical safeguards as key foundations to scaled information sharing for health and social care services.

2. Purpose

The purpose of this document is to provide an information sharing framework and Information Sharing Agreement for organisations providing health and social care services to the local population. The document provides a clear set of safeguards and principles in relation to information sharing, and describes a clinically led scaled information sharing model to be used for the purposes of direct care.

The model has enabled the economy to achieve a major step change in information sharing, giving all local health and social care practitioners relevant information to care for individuals regardless of the care setting or organisation where the information is held.

The implementation of the framework is outlined briefly as part of this document, however a detailed planning and review cycle will be undertaken through the various Programme and Project Management forums. Organisations and local economy governance within the scope of the information sharing framework are:

- Clinical Commissioning Groups (CCG)
 - Halton CCG
 - Knowsley CCG
 - Liverpool CCG
 - South Sefton CCG
 - Southport and Formby CCG
 - St Helens CCG
- Health and Wellbeing Boards (HWB)
 - Liverpool HWB
 - Sefton HWB
 - Mid-Mersey Peoples Board
- Liverpool Clinical Laboratories
- Local Authorities
 - Liverpool City Council
 - Sefton Council
 - Knowsley Council
 - Halton Council
 - St Helens Council
- Local Medical Committees (LMC)
 - Liverpool LMC
 - Sefton LMC
 - Mid Mersey LMC (Knowsley, Halton & St Helens)
- Provider Organisations
 - Aintree University Hospital NHS Foundation Trust
 - Alder Hey Children's NHS Foundation Trust
 - Bridgewater Community Healthcare NHS Foundation Trust

- Gtd Healthcare
- Liverpool Community Health NHS Trust
- Liverpool Heart and Chest NHS Foundation Trust
- Liverpool Womens NHS Foundation Trust
- GP Practices
- Merseycare NHS Foundation Trust
- North West Ambulance Service (NWAS)
- North West Boroughs Partnership NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Southport and Ormskirk Hospital NHS Trust
- St Helens and Knowsley Teaching Hospital NHS Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Urgent Care 24

3. Background

Our local Health and Social Care Economy must continue to transform health and care services to improve the health and wellbeing of the population and to develop services that are sustainable for the future.

Each organisation has set a clear strategy for the provision of Health and Social Care services through local objectives, CCG Transformation Programmes, Local Delivery System Plans and the Cheshire and Merseyside Sustainability and Transformation Plan. Integrated health and social care provision, is at the heart of each Strategy; designing and developing services to ensure they are wrapped around patient need, truly harnessing collaborative working to maximise resources and improve the outcomes of the population across all settings of care.

We have strong relationships with neighbouring Health and Social Care systems, many of whom have been active participants of the clinical discussions in the development of this framework.

4. ILINKS Information Sharing Framework

4.1 The Framework

The Information Sharing Framework is broadly a set of processes, principles and procedures that bring structure to the sharing of an individual's health and social care record for the purposes of care. This in turn enables the economy to significantly improve the delivery of health and social care services, through a safe, legal and consistent approach to collaboration.

Key clinical and informatics stakeholders across the economy have worked collaboratively to debate and document a scaled information sharing framework which will meet the objectives of the economy transformational change strategies. The framework will drive and determine the implementation approach to delivery.

The ILINKS Information Sharing Framework provides a structured framework to facilitate information sharing, ranging from basic demographics and summary information sharing, through to access for practitioners to view full electronic health and social care records. The model is based upon roles and service profiles of practitioners, with specified roles and services having access to a defined set of information based on need and risk.

The ILINKS Information Sharing Framework takes into account the type of information that is being made available, along with the care setting in which it is being utilised. Patient Consent is a central component to the Framework, along with all information that is shared being deemed necessary, proportionate and relevant for the delivery of care.

- **Necessary** – The reason for sharing an individual's information will be what is required to support that particular contact with care professionals
- **Proportionate** – The amount of information shared will be no more than what is needed to cater for an individual's health and social care needs
- **Relevant** – The information shared will be deemed of an appropriate level when assessed against why it is being shared

The information shared through the framework is information over and above that which is held in individual employing organisations. It is explicitly aimed to give practitioners access to information about an individual they are caring for which is held by a different health or social care provider. Information within a practitioners employing organisation is subject to internal local organisational Information Governance policies and procedures. Viewing the shared record is not automatic, and will always be based on explicit patient consent, which is discussed at the point of care and/or referral.

The purpose of the ILINKS Information Sharing Framework is to support public service organisations and their partners in delivering holistic and responsive Health and Social Care Services. It concerns the sharing of personal data and seeks to lay the foundation for the safe and secure sharing

of information in order to comply with the duties placed on organisations to work together, such as the 7th Caldicott principle; The duty to share.

"The duty to share information can be as important as the duty to protect patient confidentiality"

The Information Sharing Framework is intended as a means of establishing a standard to which all local Health and Social Care Organisations will work towards in respect of the sharing of personal health and social care information for care purposes.

4.2 Information Governance and Legal Frameworks

The ILINKS Information Sharing Framework has a contribution to make towards fostering a culture in which all services work together to deliver better outcomes for residents and visitors. From an Information Governance and Legal perspective, the objective of the ILINKS Information Sharing Framework is:

- To assist staff in protecting the confidentiality of patients, customers, clients and employees, only sharing data where necessary and lawful.
- To enable the economy to quickly comply with new legislation through having a consistent approach to information sharing at an economy wide level
- To enable integrated and collaborative working by providing a secure and efficient way to exchange personal data where a power exists to do so, in accordance with the Data Protection Act 1998, the Human Rights Act 1998 and other relevant legislation
- To support joined up local Health and Social Care services
- To promote best practice in information sharing, with regard to general management, data quality and staff training and development needs

Each Organisation has its own local policies and procedures regarding information security and confidentiality. This Information Sharing Framework is not designed to supersede existing local policies, but to enhance them by facilitating cross-boundary dialogue and agreement, along with providing a context for Information Sharing between organisations across the local economy.

External Information Governance (IG) and Legal expertise has been commissioned and utilised throughout the development of the ILINKS Information Sharing Framework, which concluded that sharing personal health and social care information which is relevant and proportionate, when necessary to do so with explicit consent of the individual has a sound legal base. And that not only does this model give an opportunity to increase information sharing across Health and Social Care Organisations to improve outcomes for patients, customers and services users, but will also provide a

mechanism for uplifting professional practice in relation to when and how personal information is shared.

Throughout the implementation tranches of the Information Sharing Model with each Organisation, further discussions will be conducted to ensure a best practice approach is adopted in relation to IG and Legal requirements. It is envisaged that the number of data sharing agreements, privacy impact assessments and other associated requirements can be not only reduced, but also improved throughout the implementation processes at each Organisation.

5. Information Sharing Framework Privacy by Design Principles

From a risk and safeguarding perspective, the framework is based upon a number of key principles:

5.1 Consent and Opt Out

The ILINKS Information Sharing Framework is based around the principle that the information shared across professional groups and organisational boundaries is facilitated only when an individual has given consent to do. An individual is at the heart of the information-sharing framework, and holds the right to 'opt out' to all or specific parts of their personal information being shared.

When consent is obtained, information may then be shared across health and social care organisations on a 'need to know' basis, at a level that is deemed proportionate, relevant and necessary for that particular health and social care setting and scenario. These levels of access are clearly defined within the Information Sharing Model, and its associated segments, tiers and role/service based profiles.

The Information Sharing Model does include the ability for any professional to override the need to obtain explicit consent if there is an urgent need to do so, for example to save a life where an individual is unable to give consent due to being unconscious or to prevent significant harm or risk. Any instances of consent being overridden will be subsequently investigated, and professionals will be required to give an explanation of the decision they took and record this in the individual's record.

5.2 Role / Service Based Access

Levels of access to information across the information sharing framework will be based on roles or service profiles, for example a GP, hospital doctor or across an urgent care setting.

A balance has been sought between identifying a minimum number of role / service profiles to maintain simplicity, whilst allowing for enough role / service profiles to ensure levels of access are proportionate, relevant and necessary to each health and social care role, or service area. Amending, removing or

adding role or service profiles will be subject to appropriate governance processes.

5.3 Proactive Audit

The ILINKS Information Sharing Framework aims to improve care delivery through enabling access to information required at the point of care, whilst also improving the processes, mechanisms and practices associated with the sharing of personal information. The Information Sharing Framework will result in a significant increase in data being shared between services and organisations, therefore there is an ever-increasing requirement to provide assurance that data is being shared safely and securely, as well as providing evidence that only those that require access to data, are able to access it.

One method that will be used throughout the implementation approach is to improve system audit capability, and the associated processes. Through proactively monitoring audit logs of key systems across the Health and Social Care Economy, significant improvements will be made in identifying inappropriate access to personal records by proactively highlighting concerning system activity and allowing the appropriate bodies to investigate and deal with inappropriate access.

5.4 Exclusions

Whilst recognising the importance of sharing information to support the care provided to individuals, the Information Sharing Framework also identifies a series of exclusions that will not be included within the sharing model, unless explicitly stated.

This privacy by design principle supports the exclusion of sensitive data from being shared regarding the following legal requirements:

- Gender reassignment.
- Assisted conception and in vitro fertilisation (IVF)
- Sexually transmitted diseases (STD)
- Termination of pregnancy

This exclusions dataset is maintained by GP representatives from the four UK countries and the Joint GP IT committee, and has been approved by the Royal College of General Practitioners (RCGP) ethics committee and the Joint GP IT Committee. Please see Appendix 1 for the full exclusions list.

5.5 Mandatory Training

All staff accessing information through the framework will be expected to undertake mandatory training for safeguarding information and the use of a shared record in practice.

5.6 Monitoring and Evaluation

In addition to the proactive audit systems, ongoing monitoring and evaluation of both the model and its effectiveness will be undertaken.

5.7 Patient and Public Engagement

Our population are at the heart of the Information Sharing Model, and therefore have an important voice in its development and implementation. Through a variety of approaches, patients and members of the public will be given an opportunity to consult, debate and inform the economy approach to sharing health and social care information, for the sole purposes of providing care.

These activities may include patient focus groups, public consultation, patient information sources, such as leaflets, posters and websites, which will ensure an open and transparent approach to further developing and implementing the information-sharing framework.

6. Information Sharing Model

With the framework principles in place, the Information Sharing Framework is based on 4 segments. Each segment is broken down into a number of tiers with information starting at lower levels of sharing and building upwards. The segments represent the following areas:

- **Summary Record** – Summary patient information to be shared across a wide range of health and social care practitioners
- **The Community** – Information held outside of hospitals, across Primary Care, Community, Mental Health and Social Care
- **Diagnostics** – Key diagnostic information including pathology, radiology and other tests
- **Hospitals** – Information held at secondary and tertiary care level across the many acute settings of the health economy

Diagram 1 below gives a visual representation of the ILINKS Information Sharing Model, showing all four segments and each tier of sharing within.

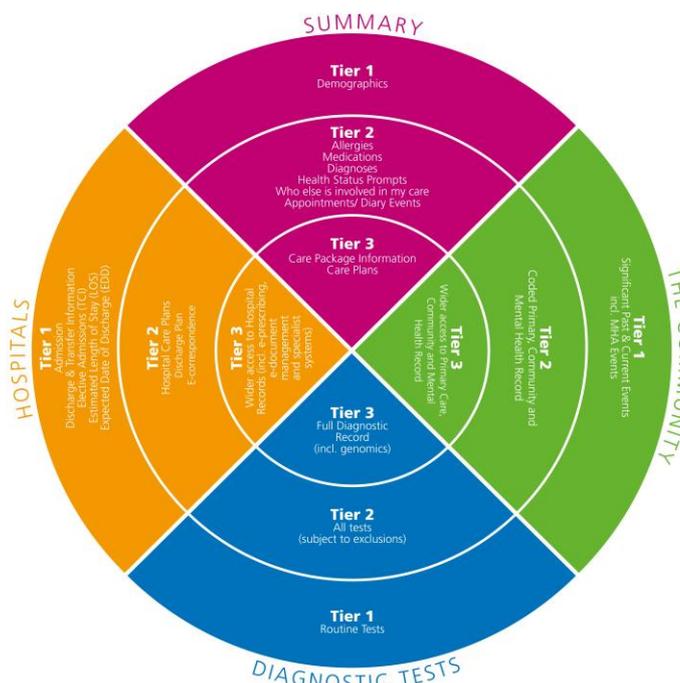


Diagram 1: ILINKS Information Sharing Model

The ILINKS Information Sharing model purposely represents health and social care information repositories as either type (summary and diagnostics) or as the care setting in which that information is held (community and hospital). It is important however, to consider that within each of these segments, multiple organisations exist. The implementation of each segment will be tackled from an organisational footprint perspective e.g. implementing the hospital segment

will include sharing information across secondary care organisations as well as sharing that information into community based services and organisations.

6.1 Summary Segment

The summary segment contains information regarding an individuals key health and social care information. This information will provide professionals with a clear overview of vital health care information, along with details on how to best care for individuals through the sharing of care plans, care package information and intelligence about who else is involved in a person's care.

Summary Segment		
Tier 1	<ul style="list-style-type: none"> • Demographics 	<ul style="list-style-type: none"> • Primary Care
Tier 2	<ul style="list-style-type: none"> • Allergies • Medication • Diagnoses • Health Status Prompts (including Physical Activity) • Who else is involved in my care • Appointments / Diary Events 	<ul style="list-style-type: none"> • Primary Care • Primary Care • Primary Care (Subject to exclusions) • Primary Care • Multiple source systems • Multiple source systems
Tier 3	<ul style="list-style-type: none"> • Care Package Information • Care Plans (Inc. End of Life Care Plans, Enhanced Care Plans) 	<ul style="list-style-type: none"> • Liquid Logic • Multiple source systems

Table 1: Summary Segment

Table 1 above gives an overview of the summary segment of the I LINKS Information Sharing Model, along with an outline of the content of each of the tiers and the likely source system(s) of that information.

Scenario 1

Joe is a 63 year old man, living with his wife in Southport. Joe is a diabetic and has COPD. Joe is taken into hospital one evening due to increased shortness of breath. He has recently been seen by his GP who has been treating Joe's chest infection.

Joe gives consent for AED staff at Southport and Ormskirk NHS Trust to see vital information contained within summary Tier 2 of his shared record, such as current medication, allergies and diagnosis. This enabled the care team to manage Joe's presenting symptoms in a timelier manner, whilst avoiding any possible clinical risks.

Once Joe's health improved the wider care team at the hospital were able to manage a safe and prompt discharge back home for Joe, through knowing the key professional involved in Joe's 'Care Closer to Home' package, whilst accessing and updating Joe's Shared Care Plans. This enabled a collaborative approach across all of Joe's care providers, improving coordination of care and communication across the care team and reducing the number of times information is repeated and duplicated.

6.2 Community Segment

The community segment refers to key health and social care information that is recorded and held within community provider organisations. Making this information available to a wider set of professional groups will enable professionals caring for an individual across a Community Neighbourhood or Ward environment with the information they require to work collaboratively, in order to deliver an improved and joined up approach to care.

Secondly, community segment information will be used to provide hospital-based professionals with a clear understanding of an individual's community based care. This will ensure continuity of care and improved assessment and discharge planning processes.

Community		
Tier 1	<ul style="list-style-type: none">• Significant Past & Current Events (Problems, Episodes of Care Inc. MHA events)	<ul style="list-style-type: none">• Multiple source systems
Tier 2	<ul style="list-style-type: none">• Coded Primary, Community and Mental Health record	<ul style="list-style-type: none">• Multiple source systems
Tier 3	<ul style="list-style-type: none">• Wider access to Primary Care, Community Health and Mental Health Record	<ul style="list-style-type: none">• Multiple source systems

Table 2: Community Segment

Table 2 above gives an overview of the community segment of the ILINKS Information Sharing Model, along with an outline of the content of each tier and the likely source system(s) of that information.

Scenario 2

Joan is a 52-year-old lady living alone in a terraced house. Joan has a number of long-term conditions, and a history of regular hospital admissions and poor self management of her health.

Joan's GP and Community Matron speak to Joan about how to better care for her needs in the community, reducing her time spent in hospital whilst increasing her quality of life. Joan is accepted as part of the Virtual Ward Programme and agrees to share relevant health and social care information across the extended primary care team.

Joan's Health Trainer visits her at home to review and amend jointly set goals. These are shared across a wider Multi-disciplinary Team as part of Joan's shared care plan, along with key information such as Joan's planned appointments and key health status. Joan has equipment installed within her home that allows her to monitor and self manage her conditions much more proactively, and ensure any decline in health and well being is identified at the earliest opportunity, which is managed appropriately by her care team.

On a monthly basis the Community Multi-Disciplinary Team (MDT) carry out a full case review regarding Joan's progress and care needs. These discussions are facilitated through making the relevant sections of Joan's record available across the MDT, and key decisions and actions being recorded live as part of Joan's shared care plan.

Tier 3 of the Community Segment caters for wider access to community-based information, over and above that which is coded and included in tier 2. This level of access is unlikely to be utilised by a wide number of professional groups, however is included in the Information Sharing Model to cater for those scenarios where an increased level of information sharing is required such as in an extended primary care team.

The detail behind the term "wider access" will be defined on an individual case basis, subject to all relevant legal and information governance processes of the organisations concerned, along with patient consent.

6.3 Diagnostics Segment

The diagnostics segment contains information relating to diagnostics tests and procedures, not just limited to radiology and pathology. Diagnostic services are of great importance in the NHS, and when used correctly they

support or rule out potential diagnoses, and underpin the effective and efficient management of patient pathways. Sharing this key information across relevant professionals (irrelevant of care setting or employing organisation) will improve rates of over-use of diagnostic tests, and significantly improve the timeliness and coordination of care pathways and outcomes for patients.

Diagnostics		
Tier 1	<ul style="list-style-type: none"> Routine tests (FBC, U&E, LFT, TFT, Glucose, Cholesterol, B12/folate, INR, PT/APTT, Bone profile, drug level monitoring, Urine and Microbiology samples, ACR, ECGs, Echo, 24 Hour Tape, Pulmonary Function Tests, Endoscopy, Radiology) 	<ul style="list-style-type: none"> ICE LIMS Other Source Systems
Tier 2	<ul style="list-style-type: none"> All tests (excluding sensitive information - GUM, HIV & AIDS) 	<ul style="list-style-type: none"> ICE LIMS PACS
Tier 3	<ul style="list-style-type: none"> Wider Diagnostic Record – no exclusions (including genomics) 	<ul style="list-style-type: none"> ICE LIMS PACS

Table 3: Diagnostic Segment

Table 3 above gives an overview of the diagnostic segment of the ILINKS Information Sharing Model, along with an outline of the content of each of the tiers and the likely source system(s) of that information.

Tier 1 is aimed at health professionals who do not require a wider view of a patient’s diagnostic record, however access to routine tests and results will allow for increased quality and timeliness of care, along with reducing rates of re-testing.

Scenario 3

Brenda is a 44-year-old lady, living in a terraced house in suburban Liverpool with her parents. Brenda is a recovering alcoholic and has a history of Mental Health issues.

Brenda is in receipt of a number of health and social care services, supporting her on her road to recovery whilst also improving her management of schizophrenia. During a particularly challenging weekend for Brenda, she is seen by her community mental health team who decide to increase aspects of her medication regime.

Such a medication change requires a blood test to check Brenda's liver function profile, and often results in a delay to commencing the prescribed medication changes. However, Brenda's mental health team can see that her GP carried out a Liver Function Test very recently, during a routine health check within General Practice. Through the sharing of Diagnostics Tier 1 information, Brenda and her care team are able to commence the jointly agreed plans of care much sooner than would have previously been possible. This also results in Brenda not having to under go a repeat blood test.

Tier 2 gives access where necessary to all tests and results, however excludes information that is deemed sensitive, such as blood-borne disease status or an individual's genitourinary medicine (GUM) record. If access to such exclusions is required, then this is facilitated through access to tier 3.

Tier 3 however does not exclude any tests or results, and also may contain a patient's genomic record in the future (subject to further scoping at an appropriate time).

6.4 Hospital Segment

The hospital segment contains key health and social care information that will provide professionals caring for an individual across hospital settings with key information they require to work collaboratively.

This information will also be used by community based professionals, giving a clear understanding of an individual's stay in hospital, in order to better join up the care between hospital and community based health and social care services. This information will allow community based professionals access to information regarding planned admissions, along with important information such as expected date of discharge. This will enable great improvements in coordinating hospital discharges and cater for the required aftercare across the community setting.

Tier 1	<ul style="list-style-type: none"> • Admissions, discharges and transfer information (Inc. Mental Health) • Elective admissions (TCI) • Estimated Length of stay (LOS) / Expected Date of Discharge (EDD) 	<ul style="list-style-type: none"> • Through Trust Integration Engines (TIE) and HL7 Messaging
Tier 2	<ul style="list-style-type: none"> • Hospital Care Plans • Discharge Plan • E-Correspondence (Discharge summaries / OPD Letters) 	<ul style="list-style-type: none"> • Trust EPR Systems
Tier 3	<ul style="list-style-type: none"> • Wider access to hospital records (Inc. E-Prescribing, E-Document Management Systems, Specialist Systems) 	<ul style="list-style-type: none"> • Trust EPR Systems

Table 4: Hospital Segment

Table 4 above gives an overview the hospital segment of the ILINKS Information Sharing Model, along with an outline of the content of each of the tiers and the likely source system(s) of that information.

Scenario 4

David is a 69-year-old gentleman diagnosed with motor neurone disease. David has a care package in place to assist him to carry out most of his activities of daily living, requiring a care assistant to visit three times a day.

David is taken into hospital one evening suffering from chest pain and shortness of breath. David had suffered a pulmonary embolism.

The hospital clinicians are able to access a thorough summary of David's health and social care needs due to having access to Summary Tiers 1, 2 and 3 within the hospital environment. David's social worker was notified of his hospital admission (Hospital Tier 1), and was able to make appropriate adjustments and plans in relation to his community care package.

Increased information sharing enabled both the hospital and community health and social care teams to respond to David's condition in a safer and more timely manner, but also get David back home with the appropriate levels of care much quicker than what would have been previously possible.

Tier 3 of the Hospital Segment caters for wider access to hospital-based information, often contained in Electronic Document Management Systems

(EDMS), or Electronic Prescribing and Medicines Administration (EPMA) systems. This level of access is unlikely to be utilised by a wide number of professional groups, however is included in the Information Sharing Model to cater for those scenarios where this level of access is required. For example, a hospital based consultant requiring access to an individual's scanned health records housed in another hospital trust, or a GP requiring access to a hospital prescribing system to give a detailed medicines management picture of a patients stay in hospital, over and above that contained within a discharge summary.

6.5 Exclusions

As a key principle of the framework, there are a series of exclusions that will not be included within the sharing model, unless explicitly stated. These exclusions have been identified due to legal/statutory requirements and sensitivity concerns.

Table 5 shows the heading areas along with some high level rational for excluding this information from the sharing model (unless explicitly stated). Further detail of each exclusion code associated with each of these categories can be found in appendix 1.

Data field	Reason
Gender Reassignment	Legal requirement
Assisted conception and in vitro fertilisation (IVF)	Legal requirement - Human Fertilisation & Embryology (Disclosure of Information) Act 1992 imposes restrictions on the disclosure of information about individuals
Sexually Transmitted Diseases	NHS (Venereal Diseases) Regulations 1974; NHS Act 1977; NHSTs & PCTs (STDs) Directions 2000 AIDS (Control) Act 1987
Termination of Pregnancy	Sensitive data

Table 5: Exclusion criteria

6.6 Role and Service based profiles

A core principle of the framework is role and service based profiles.

Table 6 below shows each of the role / service profiles that have been identified to date as part of the ILINKS Information Sharing Framework, along with the associated levels of access each profile will have across each segments of the Information Sharing Model.

Professional Group	Sub-Category	Levels of access
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1. Medical	1a. Hospital Specialist	S3, C2, D3, H3
	1b. GP	S3, C3, D3, H2
	1c. Community Medical	S3, C2, D3, H2
2. Registered Health Care Professional	2a. Specialist (e.g. Matron)	S3, C2, D2, H2
	2b. Generalist (e.g. Allied Health Professional)	S3, C1, D1, H1
3. Social Care Professional	3a. Hospital	S3, C1, DX, H2
	3b. Community	S3, C2, DX, H1
4. Unregistered Professional	Nil (e.g. Support Worker, Health Trainer, Auxiliary Nurse)	S3, CX, DX, HX
5. Admin / Clerical	Nil	S1, CX, DX, HX
Service Area		
6. Urgent Care	E.g. AED, WIC, AMU etc	S3, C1, D3, H3
7. Extended Primary Care Team	E.g. GP, Community Matron, District Nurse, Practice Nurse	S3, C3, D2, H2

Table 6: Current Role and Service Based Profiles

Scenario 5

Phil is a doctor working in the Emergency Department in the new Royal Liverpool Hospital. As part of the Single Service, City Wide Delivery for hospital services, and to maintain aspects of his clinical skills, he rotates his shifts between the Royal and Aintree.

With the new IT systems in place, he can see a complete picture of his patients' medical and social care records at the click of a button. This allows him to ensure that he is aware of any key preferences which is particularly important in urgent care including information about resuscitation, mental capacity and end of life wishes.

6.6.1 Social Care

Integration and collaboration across Health and Local Authority Services to better support the needs of citizens is well established across the UK. Initiatives such as the Better Care Fund are supporting joint collaboration, bringing services such as Social Care and housing into integrated care teams, enabling a more holistic approach to a persons care.

In order to facilitate such collaboration, the Information Sharing Framework allows for the sharing of information across the traditional Health and Social Care boundaries for the purposes of care.

Social Care professionals will be identified through local Neighbourhood/Ward Teams, and be individually named as part of local data sharing agreements. Access to health information outside of traditional NHS Organisations is solely for the purposes of care, and all of the Information Sharing Framework principles will be applied. For example, shared information is proportionate,

necessary and relevant for Social Care Professionals to have access to, and is done so with the explicit consent of the individual.

Scenario 6

Graham, Sarah and David are professionals working in a Neighbourhood Teams. Graham is a Social Worker, Sarah a District Nurse and David is a GP.

Being able to share records within the team has enabled them to care for patients differently and in a much more joined up way.

The shared record has become a dynamic care plan aiding communications, preventing duplication and supporting a much more efficient patient journey.

For example the team has advanced knowledge that an individual has a planned admission (TCI) in coming weeks, which enables not only care packages to be adjusted accordingly, but also allows for a greater coordination in discharge planning and after care needs. Similar benefits are seen for unplanned hospital stays across the Neighbourhood setting.

7. Implementation

7.1 Governance and Implementation Approach

The Information sharing Framework development to date has been overseen by the Clinical Informatics Advisory Group (CIAG) and the associated sub-groups. The framework will most certainly continue to evolve, particularly throughout its implementation phases through applying new scenarios and addressing changes in health and social care requirements. It is therefore important that the governance and approach to implementation is of a dynamic nature.

7.2 Governance Structures and Processes

To support the on-going development and phased implementation, three levels of governance have been identified.

1. Level one will seek Chief Executive Officer sign up to the Information Sharing Framework from each Organisation. This involves agreement to the approach, standards and principles of the Information Sharing Framework, and a firm commitment to the future development and implementation of the Information Sharing Model.

2. Level two will cater for the on-going development of the Information Sharing Framework. This will continue to be overseen by the well-established Governance across the Cheshire and Merseyside STP and LDSs, along with the Clinical Informatics Advisory Group (CIAG).

3. Level three relates to the annual signing of an Information Sharing Agreement (ISA) which sits alongside the Information Sharing Framework (see appendix 2).

Level three governance will be provided via well-established Information Governance forums within each Health and Social Care provider Organisation, along with the Local Medical Committees (LMC) across the patch. It is asked that this Information Sharing Agreement is signed by the Caldecott Guardian in each Organisation.

The information sharing framework is not designed to supersede existing local governance structures, but to enhance them by facilitating a consistent approach at an economy level.

The information sharing framework has been endorsed by CCGs and care providers as best practice across the economy. The framework has been collectively led and developed at an economy level and will in the future form part of the provision of health and social care services.

Any new provider Organisations will be supported by the iLINKS Programme Team with regards to adopting the iLINKS Information sharing Framework,

which in the future will form part of the tendering process. New Organisations will be invited to join the CIAG, and existing agreements will be updated accordingly, and put through local governance structures (as per level 3 above) for sign off before implementation takes place. This process will cater for instances of organisations splitting or merging, along with new providers operating locally. Full due-diligence will be undertaken to assess and support new organisations in adopting the Privacy by Design Principles of the Information Sharing Framework before implementation.

Scenario 7

Careline Contact Advisor Andrea receives an anonymous call out of hours regarding a known Service User called Susan. The caller has stated that they are concerned about Susan's behaviour and are worried about her safety and wellbeing.

Andrea searches Liquidlogic for Susan's record and documents the Safeguarding Alert. Andrea then assigns the contact to the Social Work Team Leader who works in the local Neighbourhood Team.

The Social Work Team Leader is able to view from within LiquidLogic who else is involved in Susan's Care, alongside shared care plans on how to best support Susan during a difficult period.

The Social Worker is able to quickly alert Susan's Community Psychiatric Nurse and GP, and all are able to all respond to Susan's needs in a coordinated manner using technology to enable collaborative working and information sharing around an individuals needs.

7.2 Implementation Approach

Across our local Health and Social Care Economy, over 20 million records have been lawfully shared across traditional organisational boundaries, enabling a more integrated, safer and informed delivery of care. The Information Sharing Framework clearly outlines a structured and robust approach to increasing the sharing of personal information, when appropriate to do so for the purposes of care. This will ensure that the benefits associated with better access to information are achieved and consistent across all settings of care.

It is acknowledged that mobilising the sharing model will look different for each Organisation involved, due to varying degrees of digital maturity and technical ability across our local landscape. Therefore the implementation teams will work jointly with organisations to ensure an appropriate approach to implementation is sought, clearly defining how the following will be undertaken:

- Workforce training and development
- Level of competency and technical capability of each Organisation
- Reporting and recording issues with shared records (breaches/errors)
- Information data flows
- Information Sharing Agreements
- Privacy Impact Assessments
- Approach to consent and Legitimate Relationship Controls
- Access controls and processes (including staff movements)
- Proactive audit requirements
- Technical enablement and interoperability of systems

7.3 Digital Interoperability Roadmap

The information sharing framework will be delivered through the technical interoperability of our strategic IT systems. This roadmap is deliberately driven by the information sharing framework and will be further influenced through the implementation phases at each organisation.

The approach to the interoperability roadmap can be categorised into the phases outlined below:

- Phase 0: Direct logon to systems for health and social care staff
- Phase 1A : Connect, using each organisations main strategic system, to an embedded view of data from another system held on a separate tab
- Phase 1B: A message sent from hospital to primary or community systems using HL7 message standards
- Phase 2: Connect, using each organisations main strategic system, to a single view of all other information held outside of your strategic system
- Phase 3: Access a fully integrated rendered record, via organisations Strategic Systems

8. Summary

The ILINKS Information Sharing Framework has been clinically led and developed by local health and social care professionals. It has been identified nationally as a pioneering approach to scaled information sharing that could be replicated elsewhere in the UK.

The framework will enable us to put in place critical safeguards from an Information Governance perspective as a key building block to scaled information sharing enabling transforming community and hospital services.

Appendices

Appendix 1 - Exclusion Codes

Gender reassignment codes

Cluster	Code	Term
GENDER	1K4..	Gender reassignment patient
GENDER	7C220	Construction of penis
GENDER	7D160	Construction of vagina
GENDER	7L0B.	Operations for sexual transformation
GENDER	7L0B0	Combined operations for transformation from male to female
GENDER	7L0B1	Combined operations for transformation from female to male
GENDER	7L0B3	Construction of scrotum
GENDER	7L0By	Other specified operation for sexual transformation
GENDER	7L0Bz	Operation for sexual transformation NOS
GENDER	E223.	Transvestism
GENDER	E225.	Trans-sexualism
GENDER	E2250	Trans-sexuality with unspecified sexual history
GENDER	E2251	Trans-sexuality with asexual history
GENDER	E2252	Trans-sexuality with homosexual history
GENDER	E2253	Trans-sexuality with heterosexual history
GENDER	E225z	Trans-sexualism NOS
GENDER	E226.	Psychosexual identity disorder
GENDER	E226z	Psychosexual identity disorder NOS
GENDER	E22y4	Gender role disorder of adolescent or adult
GENDER	Eu64.	[X]Gender identity disorders
GENDER	Eu640	[X]Transsexualism
GENDER	Eu641	[X]Dual-role transvestism
GENDER	Eu642	[X]Gender identity disorder of childhood
GENDER	Eu64y	[X]Other gender identity disorders
GENDER	Eu64z	[X]Gender identity disorder, unspecified
GENDER	Eu651	[X]Fetishistic transvestism
GENDER	ZV62A	[V] Gender dysphoria

Assisted conception and IVF codes

Cluster	Code	Term
IVF	14e..	History of in-vitro fertilisation
IVF	7C263	Percutaneous epididymal sperm aspiration
IVF	7C264	Micro-epididymal sperm aspiration
IVF	7C265	Testicular sperm extraction
IVF	7E0A.	Introduction of gamete into uterine cavity
IVF	7E0A0	Implantation of fertilised egg into uterus
IVF	7E0A1	Intracervical artificial insemination
IVF	7E0A2	Intrauterine artificial insemination
IVF	7E0A3	Intrauterine insemination with superovulation using partner sperm
IVF	7E0A4	Intrauterine insemination with superovulation using donor sperm
IVF	7E0A5	Intrauterine insemination without superovulation using partner sperm
IVF	7E0A6	Intrauterine insemination without superovulation using donor sperm
IVF	7E0A7	Transfer of embryo to uterus
IVF	7E0Ay	Other specified introduction of gamete into uterine cavity
IVF	7E0Az	Introduction of gamete into uterine cavity NOS
IVF	7E0J.	Other introduction of gamete into uterine cavity
IVF	7E0J0	Transmyometrial transfer of embryo to uterus
IVF	7E1F2	Endoscopic intrafallopian transfer of gamete
IVF	7E24.	Oocyte recovery
IVF	7E240	Endoscopic transurethral ultrasound directed oocyte recovery
IVF	7E241	Endoscopic transvesical oocyte recovery
IVF	7E242	Laparoscopic oocyte recovery
IVF	7E243	Transvaginal oocyte recovery
IVF	7E24y	Other specified oocyte recovery
IVF	7E24z	Oocyte recovery NOS
IVF	7M0h.	In vitro fertilisation (IVF)
IVF	7M0h0	IVF with donor sperm
IVF	7M0h1	IVF with donor eggs

IVF	7M0h2	IVF with intracytoplasmic sperm injection (ICSI)
IVF	7M0h3	IVF with intracytoplasmic sperm injection (ICSI) and donor egg
IVF	7M0h4	IVF with pre-implantation for genetic diagnosis
IVF	7M0h5	IVF with surrogacy
IVF	7M0hy	Other specified in vitro fertilisation (IVF)
IVF	7M0hz	In vitro fertilisation (IVF) NOS
IVF	8C81.	Artificial insemination
IVF	8C84.	In vitro fertilisation procedure
IVF	8C85.	Gamete intrafallopian transfer
IVF	8C8Z.	Treatment for infertility NOS
IVF	Kyu9H	[X]Other complications associated with artificial fertilization
IVF	Kyu9P	[X]Complication associated with artificial fertilization, unspecified
IVF	SP0D.	Complications associated with artificial fertilization
IVF	SP0D0	Infection associated with artificial insemination
IVF	SP0D1	Hyperstimulation of ovaries
IVF	SP0D2	Complications of attempted introduction of fertilizes ovum following in vitro fertilization
IVF	SP0D3	Complications of attempted introduction of embryo in embryo transfer
IVF	SP0DX	Complication associated with artificial fertilization, unspecified
IVF	ZV261	[V]Artificial insemination NOS
IVF	ZV265	[V]Artificial insemination from husband
IVF	ZV266	[V]Artificial insemination from donor
IVF	ZV267	[V]In vitro fertilization
IVF	ZV268	[V]Other assisted fertilization methods
IVF	ZVu21	[X]Other assisted fertilization methods

STD codes

Cluster	Code	Term
STD	12K5.	Mother hepatitis B positive
STD	13N5.	HIV risk lifestyle
STD	13N9.	Sexual contact with high risk partner
STD	1415.	H/O: venereal disease

STD	14150	H/O: chlamydia infection
STD	14151	H/O: gonorrhoea
STD	14152	H/O: genital warts
STD	14153	H/O: genital herpes
STD	141E.	History of hepatitis B
STD	14OP.	At risk of sexually transmitted infection
STD	14OP0	At high risk of sexually transmitted infection
STD	14OP1	At low risk of sexually transmitted infection
STD	14i..	H/O hepatitis C antiviral drug therapy
STD	2BG3.	O/E - Argyll Robertson pupils
STD	2J12.	Hepatitis C non immune
STD	438..	Syphilis infectious titre test
STD	4381.	Syphilis titre test negative
STD	4382.	Syphilis titre test positive
STD	4383.	Wassermann's test (W.R.)
STD	4384.	V.D.R.L. test
STD	4385.	T.P.I test
STD	4386.	Fluorescent treponemal antibody test
STD	4387.	Treponema pallidum haemagglutination test
STD	4388.	Treponema pallidum particle inhibition test
STD	4389.	Syphilis serology
STD	438A.	Treponema pallidum ELISA negative
STD	438B.	Treponema pallidum ELISA positive
STD	438C.	Treponema pallidum particle agglutination test
STD	438D.	Treponema pallidum gelatin agglutination test
STD	438E.	Total treponema antibody level
STD	438F.	Treponema pallidum total antibodies measurement
STD	438Z.	Syphilis titre test NOS
STD	43B..	SH-antigen (hepatitis B) test
STD	43B1.	Blood sent: SH-antigen test
STD	43B2.	Hepatitis B immune
STD	43B3.	SH-antigen negative
STD	43B4.	Hepatitis B surface antigen +ve

STD	43B5.	Hepatitis e antigen present
STD	43B6.	Hepatitis B non immune
STD	43B7.	Hepatitis C non-immune
STD	43B8.	Hepatitis B core antigen test
STD	43B9.	Hepatitis B e antigen test
STD	43BA.	Hepatitis B surface antigen negative
STD	43BZ.	SH-antigen test NOS
STD	43C..	HTLV-3 antibody test
STD	43C1.	Blood sent for HTLV-3 serology
STD	43C2.	HTLV-3 antibody negative
STD	43C3.	HTLV-3 antibody positive
STD	43C4.	Human immunodeficiency virus test equivocal
STD	43CZ.	HTLV-3 antibody NOS
STD	43E6.	Gonorrhoea infect. titre test
STD	43J9.	Anti HBc IgG level
STD	43JA.	Anti HBc IgM level
STD	43JK.	Hepatitis C IgG level
STD	43U..	Chlamydia antigen test
STD	43U0.	Chlamydia antigen by ELISA
STD	43U1.	Chlamydia antigen ELISA positive
STD	43U2.	Chlamydia antigen ELISA negative
STD	43U3.	Chlamydia trachomatis antigen test
STD	43U4.	Chlamydia PCR positive
STD	43U5.	Chlamydia PCR negative
STD	43U6.	Chlamydia test negative
STD	43U7.	Chlamydia test equivocal
STD	43U8.	Chlamydia test positive
STD	43U9.	Chlamydia trachomatis nucleic acid amplification test inhibitory
STD	43W5.	HBeAg antibody level
STD	43W6.	HBsAg antibody level
STD	43W7.	HIV1 antibody level
STD	43W8.	HIV2 antibody level
STD	43WK.	Human immunodeficiency virus antibody level

STD	43WL.	Treponema pallidum reagin antibody level
STD	43WM.	Chlamydia group antibody level
STD	43X..	Hepatitis antibody test
STD	43X2.	Hepatitis C antibody test
STD	43X3.	Hepatitis C antibody test positive
STD	43X4.	Hepatitis C antibody test negative
STD	43X6.	Hepatitis C antibody level
STD	43XA.	Hepatitis B core antibody positive
STD	43bS.	Serologic test for herpes simplex
STD	43d5.	HIV antibody/antigen (Duo)
STD	43d6.	HTLV 1 antibody level
STD	43d8.	Hepatitis B surface antibody level
STD	43d9.	Hepatitis B surface antigen level
STD	43dA.	Hepatitis B core IgM level
STD	43dB.	Hepatitis B core antibody level
STD	43dC.	Hepatitis B e antibody level
STD	43dD.	Hepatitis C recombinant immunoblot assay
STD	43dE.	Herpes simplex antibody level
STD	43dc.	HTLV 2 antibody level
STD	43de.	Herpes simplex IgM level
STD	43dm.	Herpes simplex IgG level
STD	43eC.	Chlamydia trachomatis L2 antibody level
STD	43eE.	Chlamydia antibody level
STD	43eF.	Chlamydia group complement fixation test
STD	43eJ.	Chlamydia trachomatis IgG level
STD	43eO.	Fluorescent treponemal antibody absorption IgG level
STD	43eP.	Fluorescent treponemal antibody absorption IgM level
STD	43ef.	Syphilis IgG level
STD	43eh.	Treponema pallidum IgG level
STD	43ei.	Treponema pallidum IgM level
STD	43ej.	VDRL titre
STD	43ez.	Chlamydia trachomatis IgM level
STD	43h0.	Chlamydia trachomatis polymerase chain reaction

STD	43h2.	HIV 1 PCR
STD	43h3.	Hepatitis C PCR
STD	43h4.	Herpes simplex polymerase chain reaction
STD	43h6.	Neisseria gonorrhoeae polymerase chain reaction
STD	43h9.	Human immunodeficiency virus proviral deoxyribonucleic acid polymerase chain reaction
STD	43j1.	Chlamydia trachomatis nucleic acid detection
STD	43j10	Chlamydia trachomatis (lymphogranuloma venereum serovar) deoxyribonucleic acid detection
STD	43j11	Chlamydia trachomatis detection by nucleic acid amplification test
STD	43j12	Chlamydia trachomatis nucleic acid detection assay
STD	43j5.	Hepatitis C nucleic acid detection
STD	43j50	Hepatitis C nucleic acid detection assay
STD	43j6.	Herpes simplex nucleic acid detection
STD	43j60	Herpes simplex nucleic acid detection assay
STD	43j61	Herpes simplex deoxyribonucleic acid detection assay
STD	43j7.	HIV 1 nucleic acid detection
STD	43j70	HIV 1 nucleic acid detection assay
STD	43j71	HIV 1 provirus deoxyribonucleic acid detection assay
STD	43j72	HIV 1 ribonucleic acid detection assay
STD	43j8.	HTLV 1 nucleic acid detection
STD	43j80	HTLV 1 nucleic acid detection assay
STD	43j81	HTLV 1 provirus deoxyribonucleic acid detection assay
STD	43j82	HTLV 1 ribonucleic acid detection assay
STD	43jA.	Neisseria gonorrhoeae nucleic acid detection
STD	43jA0	Neisseria gonorrhoeae nucleic acid detection assay
STD	43jE.	HTLV 2 nucleic acid detection
STD	43jE0	HTLV 2 nucleic acid detection assay
STD	43jE1	HTLV 2 provirus deoxyribonucleic acid detection assay
STD	43jE2	HTLV 2 ribonucleic acid detection assay
STD	43jG.	Hepatitis B nucleic acid detection
STD	43jG0	Hepatitis B nucleic acid detection assay
STD	43jG1	Hepatitis B deoxyribonucleic acid detection assay
STD	43jJ.	Hepatitis D nucleic acid detection

STD	43jJ0	Hepatitis D nucleic acid detection assay
STD	43jK.	Chlamydia deoxyribonucleic acid detection
STD	43jY.	Human papilloma virus nucleic acid detection
STD	43jY0	Human papilloma virus nucleic acid detection assay
STD	43jY1	Human papilloma virus deoxyribonucleic acid detection assay
STD	43jr.	Human T-lymphotropic virus nucleic acid detection
STD	43jr0	HTLV nucleic acid detection assay
STD	43jr1	HTLV provirus deoxyribonucleic acid detection assay
STD	43jr2	HTLV ribonucleic acid detection assay
STD	43jv.	Human herpes virus 8 nucleic acid detection
STD	43jv0	Human herpes virus 8 nucleic acid detection assay
STD	43jv1	Human herpes virus 8 deoxyribonucleic acid detection assay
STD	43k0.	Hepatitis B e antigen level
STD	43k1.	Hepatitis C antigen level
STD	43n9.	Chlamydia trachomatis IgA level
STD	43q..	Hepatitis C virus RNA assay
STD	43w3.	Human immunodeficiency virus ribonucleic acid/deoxyribonucleic acid ratio
STD	43w4.	Herpes simplex virus type 1 nucleic acid detection
STD	43w40	Herpes simplex virus type 1 nucleic acid detection assay
STD	43w41	Herpes simplex type 1 deoxyribonucleic acid detection assay
STD	43w5.	Herpes simplex virus type 2 nucleic acid detection
STD	43w50	Herpes simplex virus type 2 nucleic acid detection assay
STD	43w51	Herpes simplex type 2 deoxyribonucleic acid detection assay
STD	43wA.	Treponema pallidum detection by nucleic acid amplification test
STD	43wB.	Treponema pallidum deoxyribonucleic acid detection
STD	46H6.	Urine chlamydia trachomatis test positive
STD	46H7.	Urine chlamydia trachomatis test negative
STD	4J34.	HIV viral load
STD	4J35.	HIV p24 antigen level
STD	4J36.	Herpes simplex antigen (EIA)

STD	4J3B.	Hepatitis C viral load
STD	4J3C.	Herpes simplex virus isolation
STD	4J3D.	Hepatitis B viral load
STD	4J3F.	Human immunodeficiency virus viral load by log rank
STD	4J3N.	Human immunodeficiency virus drug resistance test
STD	4J3P.	Human immunodeficiency virus type 1 subtype identification
STD	4J3Q.	Human immunodeficiency virus IgG avidity
STD	4J54.	Trichomonas seen
STD	4J55.	Trichomonas not seen
STD	4JDJ.	Hepatitis G serology
STD	4JDM.	Chlamydia serology
STD	4JDN.	Human herpes virus serology
STD	4JDT.	HIV serology
STD	4JDT0	Rapid human immunodeficiency virus antibody test
STD	4JDY.	Hepatitis D serology
STD	4JDc.	Human T-lymphotropic virus (1&2) serology
STD	4JF42	Throat swab for chlamydia
STD	4JF43	Throat swab for gonorrhoea
STD	4JH61	Anal swab culture negative
STD	4JH63	Anal swab for chlamydia
STD	4JH64	Anal swab for gonorrhoea
STD	4JK10	Urethral swab culture positive
STD	4JK22	HVS culture - trichomonas vaginalis
STD	4JK8.	Penile swab taken
STD	4JK80	Penile swab culture positive
STD	4JK9.	Endocervical chlamydia swab
STD	4JKA.	Urethral chlamydia swab
STD	4JKB.	Gonococcal cervical swab
STD	4JKC.	Gonococcal urethral swab
STD	4JKD.	Low vaginal swab for chlamydia taken by patient
STD	4JLA.	Gonococcal swab
STD	4JLC.	Chlamydia swab
STD	4JQ3.	Hepatitis C virus genotype

STD	4JQ8.	Gonorrhoea test negative
STD	4JQ9.	Gonorrhoea test equivocal
STD	4JQA.	Gonorrhoea test positive
STD	4JQC.	Hepatitis C viral ribonucleic acid polymerase chain reaction negative
STD	4JQD.	Hepatitis C viral ribonucleic acid polymerase chain reaction positive
STD	4JQE.	Hepatitis C antigen negative
STD	4JQF.	Hepatitis C antigen positive
STD	4JR1.	Hepatitis B screening test
STD	4JR4.	Treponema screening test
STD	4JR7.	HIV screening test
STD	4JR9.	Trichomonas screening test
STD	4JRF.	Viral hepatitis screening test
STD	4JSD.	Treponema pallidum microscopy
STD	4JSE.	Neisseria gonorrhoeae microscopy
STD	4K33.	Cervical smear - trichomonas
STD	4K35.	Cerv.smear - viral infl.unsp.
STD	4K36.	Cervical smear - wart virus
STD	4K37.	Cervical smear - herpes
STD	4K3A.	Cervical smear: koilocytosis
STD	4K3D.	HPV - Human papillomavirus test positive
STD	4K3E.	HPV - Human papillomavirus test negative
STD	65P7.	Venereal disease contact
STD	65P8.	AIDS contact
STD	65PJ.	Chlamydia trachomatis contact
STD	65PK.	Gonorrhoea contact
STD	65PL.	Hepatitis B contact
STD	65PM.	Hepatitis C contact
STD	65PN.	Syphilis contact
STD	65PP.	Trichomonas vaginalis contact
STD	65PQ.	Genital herpes simplex contact
STD	65PR.	Human immunodeficiency virus contact
STD	65PS.	Sexually transmitted infection contact

STD	65Q7.	Viral hepatitis carrier
STD	65Q8.	Gonorrhoea carrier
STD	65Q9.	Venereal disease carrier NOS
STD	65QA.	AIDS carrier
STD	65VE.	Notification of AIDS
STD	66j..	Human immunodeficiency virus monitoring
STD	66j0.	Human immunodeficiency virus annual review
STD	677L.	Chlamydia screening counselling
STD	677M.	Gonorrhoea screening counselling
STD	677N.	HIV screening counselling
STD	677P.	Syphilis screening counselling
STD	677Q.	Hepatitis C screening counselling
STD	677R.	Hepatitis B screening counselling
STD	679K9	Education about prevention of sexually transmitted disease
STD	67I2.	Advice about HIV prevention
STD	6826.	Trachoma screening
STD	6827.	AIDS (HTLV-III) screening
STD	6828.	Hepatitis B screening
STD	68280	Hepatitis B screening required
STD	6829.	Hepatitis C screening
STD	682A.	Hepatitis C screening not offered
STD	6832.	Venereal disease screening
STD	683C.	Chlamydia trachomatis screening
STD	685N.	HPV - Human papillomavirus test consent given
STD	685O.	HPV - Human papillomavirus test declined
STD	685P.	HPV - Human papillomavirus test positive
STD	685Q.	HPV - Human papillomavirus test negative
STD	68K7.	Urine screen for chlamydia
STD	77323	Cauterisation of perianal warts NEC
STD	77324	Cryotherapy to perianal warts
STD	77325	Painting of perianal warts
STD	7D033	Cauterisation of lesion of vulva
STD	7D035	Painting of vulval warts

STD	7P1A0	Human immunodeficiency virus blood test
STD	7Q052	Hepatitis B treatment drugs Band 1
STD	7Q053	Respiratory syncytial virus treatment and Hepatitis C treatment drugs Band 1
STD	8B6e.	Post exposure prophylaxis after sexual exposure
STD	8BB5.	12 week virologic response to hepatitis C treatment
STD	8CAE.	Patient advised about the risks of HIV
STD	8CAd.	Patient advised to notify sexual partners of sexual transmitted infection
STD	8CP9.	Discussion about human immunodeficiency virus post exposure prophylaxis
STD	8HBQ0	Sexually transmitted infection in-house follow-up
STD	8HTR.	Referral to sexually transmitted infections clinic
STD	8HVP.	Private referral to venereologist
STD	8Hle.	Referral to community human immunodeficiency virus nurse specialist
STD	8I3o.	Gonorrhoea screening declined
STD	8I3p.	HIV screening declined
STD	8I3u.	Hepatitis B screening declined
STD	8I3v.	Hepatitis C screening declined
STD	9NJJu.	In-house genitourinary medicine
STD	9NJJu0	In-house genitourinary medicine first appointment
STD	9NJJu1	In-house genitourinary medicine follow-up appointment
STD	9NJJu2	In-house genitourinary medicine discharge
STD	9Na4.	Consultation for complex sexual health need
STD	9NgR.	On hepatitis C treatment plan
STD	9Nt10	Seen by community HIV (human immunodeficiency virus) nurse
STD	9Op0.	HIV screening offered
STD	9Op1.	Hepatitis C screening offered
STD	9Op2.	Hepatitis B screening offered
STD	9Oq0.	Chlamydia test offered
STD	9Oq1.	Syphilis screening offered
STD	9Oq4.	Chlamydia screening programme test kit issued
STD	9OqB.	Sexually transmitted infection screening offered

STD	9kF..	Specialised sexual health - enhanced services administration
STD	9kF0.	Specialised sexual health - enhanced service completed
STD	9kF1.	Patient reviewed following treatment for sexually transmitted disease - enhanced services administration
STD	9kF2.	Urine screen for gonorrhoea - enhanced services administration
STD	9kF3.	Counselling for genital herpes screening - enhanced services administration
STD	9kF4.	Syphilis screen 3 months post treatment - enhanced services administration
STD	9kF5.	Syphilis screen 6 months post treatment - enhanced services administration
STD	9kF6.	Syphilis screen 1 year post treatment - enhanced services administration
STD	9kF8.	Treatment of recurrent genital herpes - enhanced services administration
STD	9kR..	Chronic hepatitis annual review - enhanced services administration
STD	9kT..	Hepatitis C screening negative - enhanced services administration
STD	9kV..	Hepatitis C screening positive - enhanced services administration
STD	9kW..	Hepatitis B screening negative - enhanced services administration
STD	9kX..	Hepatitis status 6 months post treatment - enhanced services administration
STD	9kZ..	Hepatitis B screening positive - enhanced services administration
STD	9ka..	Urine neisseria gonorrhoeae test positive - enhanced services administration
STD	9kb..	Urine neisseria gonorrhoeae test negative - enhanced services administration
STD	9kl..	Human immunodeficiency virus positive general health check service declined - enhanced services administration
STD	9mN..	Human immunodeficiency virus infection monitoring invitation
STD	9mN0.	Human immunodeficiency virus infection monitoring telephone invitation
STD	9mN00	Human immunodeficiency virus infection monitoring first telephone invitation

STD	9mN01	Human immunodeficiency virus infection monitoring second telephone invitation
STD	9mN02	Human immunodeficiency virus infection monitoring third telephone invitation
STD	A063.	Intestinal trichomoniasis
STD	A541.	Genital herpes simplex
STD	A5410	Genital herpes unspecified
STD	A5411	Herpetic vulvovaginitis
STD	A5412	Herpetic ulceration of vulva
STD	A5413	Herpetic infection of penis
STD	A5414	Herpesviral infection of perianal skin and rectum
STD	A5415	Anogenital herpesviral infection
STD	A5416	Genital herpes simplex type 1
STD	A5417	Genital herpes simplex type 2
STD	A5418	Recurrent genital herpes simplex type 1
STD	A5419	Recurrent genital herpes simplex type 2
STD	A541z	Genital herpes simplex NOS
STD	A54x1	Herpes simplex meningitis
STD	A7...	Other viral and chlamydial diseases
STD	A702.	Viral hepatitis B with coma
STD	A7020	Acute hepatitis B with delta agent (coinfection) with hepatic coma
STD	A703.	Viral (serum) hepatitis B
STD	A7030	Acute hepatitis B with delta-agent (coinfection) without hepatic coma
STD	A704.	Other specified viral hepatitis with coma
STD	A7040	Viral hepatitis C with coma
STD	A704z	Other specified viral hepatitis with hepatic coma NOS
STD	A705.	Other specified viral hepatitis without coma
STD	A7050	Viral hepatitis C without mention of hepatic coma
STD	A7051	Acute delta-(super)infection of hepatitis B carrier
STD	A7054	Hepatitis non A non B
STD	A705z	Other specified viral hepatitis without mention of hepatic coma NOS
STD	A706.	Unspecified viral hepatitis with coma
STD	A707.	Chronic viral hepatitis

STD	A7070	Chronic viral hepatitis B with delta-agent
STD	A7071	Chronic viral hepatitis B without delta-agent
STD	A7072	Chronic viral hepatitis C
STD	A7073	Chronic viral hepatitis B
STD	A707X	Chronic viral hepatitis, unspecified
STD	A708.	Viral hepatitis with hepatic coma
STD	A709.	Viral hepatitis without hepatic coma
STD	A70A.	Hepatitis C genotype 1
STD	A70B.	Hepatitis C genotype 2
STD	A70C.	Hepatitis C genotype 3
STD	A70D.	Hepatitis C genotype 4
STD	A70E.	Hepatitis C genotype 5
STD	A70F.	Hepatitis C genotype 6
STD	A70G.	Acute hepatitis C
STD	A70z.	Unspecified viral hepatitis
STD	A70z0	Hepatitis C
STD	A70z1	Acute viral hepatitis NOS
STD	A7812	Genital warts
STD	A7813	Perianal warts
STD	A7817	Recurrent genital warts
STD	A7852	Cytomegaloviral hepatitis
STD	A788.	Acquired immune deficiency syndrome
STD	A7880	Acute human immunodeficiency virus infection
STD	A7881	Asymptomatic human immunodeficiency virus infection
STD	A7882	Human immunodeficiency virus infection with persistent generalised lymphadenopathy
STD	A7883	Human immunodeficiency virus with constitutional disease
STD	A7884	Human immunodeficiency virus with neurological disease
STD	A7885	Human immunodeficiency virus infection with secondary clinical infectious disease
STD	A7886	Human immunodeficiency virus with secondary cancers
STD	A788U	HIV disease resulting in haematological and immunological abnormalities, not elsewhere classified
STD	A788V	HIV disease resulting in multiple diseases classified elsewhere

STD	A788W	HIV disease resulting in unspecified malignant neoplasm
STD	A788X	HIV disease resulting in unspecified infectious and parasitic disease
STD	A788y	Human immunodeficiency virus with other clinical findings
STD	A788z	Acquired human immunodeficiency virus infection syndrome NOS
STD	A789.	Human immunodef virus resulting in other disease
STD	A7890	HIV disease resulting in mycobacterial infection
STD	A7891	HIV disease resulting in cytomegaloviral disease
STD	A7892	HIV disease resulting in candidiasis
STD	A7893	HIV disease resulting in Pneumocystis carinii pneumonia
STD	A7894	HIV disease resulting in multiple infections
STD	A7895	HIV disease resulting in Kaposi's sarcoma
STD	A7896	HIV disease resulting in Burkitt's lymphoma
STD	A7897	HIV disease resulting in other types of non-Hodgkin's lymphoma
STD	A7898	HIV disease resulting in multiple malignant neoplasms
STD	A7899	HIV disease resulting in lymphoid interstitial pneumonitis
STD	A789A	HIV disease resulting in wasting syndrome
STD	A789X	HIV disease resulting in other malignant neoplasms of lymphoid, haematopoietic and related tissue
STD	A78A.	Chlamydial infection
STD	A78A0	Chlamydial infection of lower genitourinary tract
STD	A78A1	Chlamydial infection of pharynx
STD	A78A2	Chlamydial infection of anus and rectum
STD	A78A3	Chlamydial infection of pelviperitoneum and other genitourinary organs
STD	A78A5	Chlamydial infection of genital organs NEC
STD	A78AW	Chlamydial infection, unspecified
STD	A78AX	Chlamydial infection of genitourinary tract, unspecified
STD	A798.	Retrovirus infection
STD	A79B.	Human papilloma virus infection
STD	A7y..	Other specified viral or chlamydial diseases
STD	A7y01	Retrovirus as the cause of diseases classified to other chapters

STD	A7y05	Papillomavirus as the cause of diseases classified to other chapters
STD	A7z..	Other viral or chlamydial disease NOS
STD	A9...	Syphilis and other venereal diseases
STD	A90..	Congenital syphilis
STD	A900.	Early congenital syphilis with symptoms
STD	A901.	Early latent congenital syphilis
STD	A902.	Early congenital syphilis NOS
STD	A903.	Syphilitic interstitial keratitis
STD	A904.	Juvenile neurosyphilis
STD	A9040	Unspecified juvenile neurosyphilis
STD	A9041	Congenital syphilitic encephalitis
STD	A9042	Congenital syphilitic meningitis
STD	A904z	Juvenile neurosyphilis NOS
STD	A905.	Other late congenital syphilis
STD	A9050	Congenital syphilitic gumma
STD	A9051	Hutchinson's teeth
STD	A9052	Syphilitic saddle nose
STD	A9053	Late congenital syphilitic oculoopathy
STD	A905z	Other late congenital syphilis NOS
STD	A906.	Latent late congenital syphilis
STD	A907.	Unspecified late congenital syphilis
STD	A90z.	Congenital syphilis NOS
STD	A91..	Early symptomatic syphilis
STD	A910.	Primary genital syphilis
STD	A911.	Primary anal syphilis
STD	A912.	Other primary syphilis
STD	A9120	Primary breast syphilis
STD	A9121	Primary finger syphilis
STD	A9122	Primary lip syphilis
STD	A9123	Primary tonsil syphilis
STD	A912z	Other primary syphilis NOS
STD	A913.	Secondary syphilis of skin or mucus membranes
STD	A9130	Secondary syphilis of anus

STD	A9131	Secondary syphilis of mouth
STD	A9132	Secondary syphilis of pharynx
STD	A9133	Secondary syphilis of skin
STD	A9134	Secondary syphilis of tonsils
STD	A9135	Secondary syphilis of vulva
STD	A913z	Secondary syphilis of skin or mucus membranes NOS
STD	A914.	Adenopathy due to secondary syphilis
STD	A915.	Uveitis due to secondary syphilis
STD	A9150	Syphilitic uveitis unspecified
STD	A9151	Secondary syphilitic chorioretinitis
STD	A9152	Secondary syphilitic iridocyclitis
STD	A915z	Secondary syphilitic uveitis NOS
STD	A916.	Secondary syphilis of viscera or bone
STD	A9160	Secondary syphilitic periostitis
STD	A9161	Secondary syphilitic hepatitis
STD	A916z	Secondary syphilis of viscera and bone NOS
STD	A917.	Secondary syphilis relapse
STD	A918.	Other forms of secondary syphilis
STD	A9180	Acute secondary syphilitic meningitis
STD	A9181	Syphilitic alopecia
STD	A918z	Other secondary syphilis NOS
STD	A919.	Unspecified secondary syphilis
STD	A91X.	Early syphilis, unspecified
STD	A92..	Latent early syphilis
STD	A920.	Serological relapse after treatment of latent early syphilis
STD	A92z.	Latent early syphilis NOS
STD	A93..	Cardiovascular syphilis
STD	A930.	Syphilitic aortic aneurysm
STD	A931.	Syphilitic aortitis
STD	A932.	Syphilitic endocarditis
STD	A9320	Syphilitic endocarditis of unspecified valve
STD	A9321	Syphilitic endocarditis of mitral valve
STD	A9322	Syphilitic endocarditis of aortic valve

STD	A9323	Syphilitic endocarditis of tricuspid valve
STD	A9324	Syphilitic endocarditis of pulmonary valve
STD	A932z	Syphilitic endocarditis of heart valve NOS
STD	A93y.	Other specified cardiovascular system syphilis
STD	A93y0	Syphilitic pericarditis
STD	A93y1	Syphilitic myocarditis
STD	A93yz	Other specified cardiovascular system syphilis NOS
STD	A93z.	Cardiovascular syphilis NOS
STD	A94..	Neurosyphilis
STD	A940.	Tabes dorsalis - neurosyphilis
STD	A941.	General paresis - neurosyphilis
STD	A942.	Syphilitic meningitis
STD	A943.	Asymptomatic neurosyphilis
STD	A94y.	Other specified neurosyphilis
STD	A94y0	Syphilitic encephalitis
STD	A94y1	Syphilitic parkinsonism
STD	A94y2	Syphilitic disseminated retinochoroiditis
STD	A94y3	Syphilitic optic atrophy
STD	A94y4	Syphilitic retrobulbar neuritis
STD	A94y5	Syphilitic acoustic neuritis
STD	A94y6	Rupture of syphilitic cerebral aneurysm
STD	A94yz	Other specified neurosyphilis NOS
STD	A94z.	Neurosyphilis NOS
STD	A95..	Other forms of late syphilis with symptoms
STD	A950.	Syphilitic episcleritis
STD	A951.	Syphilis of lung
STD	A952.	Syphilitic peritonitis
STD	A953.	Syphilis of liver
STD	A954.	Syphilis of kidney
STD	A955.	Syphilis of bone
STD	A956.	Syphilis of muscle
STD	A957.	Syphilis of synovium, tendon or bursa
STD	A9570	Syphilis of synovium

STD	A9571	Syphilis of tendon
STD	A9572	Syphilis of bursa
STD	A957z	Syphilis of synovium, tendon or bursa NOS
STD	A95y.	Other specified late syphilis
STD	A95z.	Late symptomatic syphilis NOS
STD	A96..	Late latent syphilis
STD	A97..	Other and unspecified syphilis
STD	A970.	Late syphilis unspecified
STD	A971.	Latent syphilis unspecified
STD	A97z.	Syphilis NOS
STD	A98..	Gonococcal infections
STD	A980.	Acute gonorrhoea of lower genitourinary tract
STD	A9800	Acute gonococcal Bartholinitis
STD	A9801	Acute gonococcal urethritis
STD	A9802	Acute gonococcal vulvovaginitis
STD	A980z	Acute gonorrhoea of lower genitourinary tract NOS
STD	A981.	Acute gonorrhoea of upper genitourinary tract
STD	A9810	Acute unspecified gonorrhoea of upper genitourinary tract
STD	A9811	Acute gonococcal cystitis
STD	A9812	Acute gonococcal prostatitis
STD	A9813	Acute gonococcal epididymo-orchitis
STD	A9814	Acute gonococcal seminal vesiculitis
STD	A9815	Acute gonococcal cervicitis
STD	A9816	Acute gonococcal endometritis
STD	A9817	Acute gonococcal salpingitis
STD	A981z	Acute gonorrhoea upper genitourinary tract NOS
STD	A982.	Chronic gonorrhoea lower genitourinary tract
STD	A9820	Chronic gonococcal bartholinitis
STD	A9821	Chronic gonococcal urethritis
STD	A9822	Chronic gonococcal vulvovaginitis
STD	A982z	Chronic gonorrhoea of lower genitourinary tract NOS
STD	A983.	Chronic gonorrhoea of upper genitourinary tract
STD	A9830	Chronic unspecified gonorrhoea of upper genitourinary tract

STD	A9831	Chronic gonococcal cystitis
STD	A9832	Chronic gonococcal prostatitis
STD	A9833	Chronic gonococcal epididymo-orchitis
STD	A9834	Chronic gonococcal seminal vesiculitis
STD	A9835	Chronic gonococcal cervicitis
STD	A9836	Chronic gonococcal endometritis
STD	A9837	Chronic gonococcal salpingitis
STD	A983z	Chronic gonorrhoea of upper genitourinary tract NOS
STD	A984.	Gonococcal eye infection
STD	A9840	Neonatal gonococcal conjunctivitis
STD	A9841	Gonococcal iridocyclitis
STD	A9842	Gonococcal endophthalmitis
STD	A9843	Gonococcal keratitis
STD	A984z	Gonococcal eye infection NOS
STD	A985.	Gonococcal joint infection
STD	A9850	Gonococcal arthritis
STD	A9851	Gonococcal synovitis or tenosynovitis
STD	A9852	Gonococcal bursitis
STD	A9853	Gonococcal spondylitis
STD	A985z	Gonococcal joint infection NOS
STD	A986.	Gonococcal pharynx infection
STD	A987.	Gonococcal proctitis
STD	A9870	Gonococcal anal infection
STD	A9871	Gonococcal rectal infection
STD	A987z	Gonococcal proctitis NOS
STD	A98y.	Gonococcal infection of other specified sites
STD	A98y0	Gonococcal keratitis
STD	A98y1	Gonococcal meningitis
STD	A98y2	Gonococcal pericarditis
STD	A98y3	Gonococcal endocarditis
STD	A98y4	Other gonococcal heart disease
STD	A98y5	Gonococcal peritonitis
STD	A98y6	Fitzhugh Curtis syndrome

STD	A98yy	Other gonococcal infection of other specified site
STD	A98yz	Gonococcal infection of other site NOS
STD	A98z.	Gonococcal infections NOS
STD	A99..	Other venereal diseases
STD	A990.	Chancroid
STD	A991.	Lymphogranuloma venereum
STD	A9910	Pharyngeal lymphogranuloma venereum
STD	A9911	Rectal lymphogranuloma venereum
STD	A992.	Granuloma inguinale
STD	A993.	Reiter's disease / syndrome
STD	A994.	Nonspecific urethritis
STD	A99y.	Other specified venereal diseases
STD	A99z.	Venereal disease NOS
STD	A9y..	Other specified syphilis or other venereal diseases
STD	A9z..	Syphilis or venereal disease NOS
STD	AD1..	Trichomoniasis - trichomonas
STD	AD10.	Urogenital trichomonas
STD	AD100	Unspecified urogenital trichomonas
STD	AD101	Trichomonal vulvovaginitis
STD	AD102	Trichomonal urethritis
STD	AD103	Trichomonal prostatitis
STD	AD10z	Urogenital trichomonas NOS
STD	AD1y.	Other specified site trichomonas
STD	AD1z.	Trichomonas NOS
STD	AD22.	Phthirus pubis - pubic lice
STD	Ayu4.	[X]Infections with a predominantly sexual mode of transmission
STD	Ayu40	[X]Early congenital syphilis, unspecified
STD	Ayu41	[X]Other late congenital syphilis, symptomatic
STD	Ayu42	[X]Late congenital syphilis, unspecified
STD	Ayu43	[X]Congenital syphilis, unspecified
STD	Ayu44	[X]Primary syphilis of other sites
STD	Ayu45	[X]Other secondary syphilis
STD	Ayu46	[X]Early syphilis, unspecified

STD	Ayu47	[X]Neurosyphilis, unspecified
STD	Ayu48	[X]Other symptomatic late syphilis
STD	Ayu49	[X]Late syphilis, unspecified
STD	Ayu4A	[X]Syphilis, unspecified
STD	Ayu4B	[X]Other gonococcal infections
STD	Ayu4C	[X]Gonococcal infection, unspecified
STD	Ayu4D	[X]Sexually transmitted chlamydial infection of other sites
STD	Ayu4E	[X]Trichomoniasis of other sites
STD	Ayu4F	[X]Trichomoniasis, unspecified
STD	Ayu4G	[X]Anogenital herpes viral infection, unspecified
STD	Ayu4H	[X]Other specified predominantly sexually transmitted diseases
STD	Ayu4J	[X]Unspecified sexually transmitted disease
STD	Ayu4K	[X]Chlamydial infection of genitourinary tract, unspecified
STD	Ayu4L	[X]Vulval warts
STD	Ayu4M	[X]Perineal warts
STD	Ayu4N	[X]Sexually transmitted infectious disease
STD	Ayu6.	[X]Other diseases caused by chlamydiae
STD	Ayu61	[X]Other chlamydial diseases
STD	Ayu62	[X]Chlamydial infection, unspecified
STD	AyuB1	[X]Other chronic viral hepatitis
STD	AyuB2	[X]Chronic viral hepatitis, unspecified
STD	AyuB3	[X]Unspecified viral hepatitis with coma
STD	AyuB4	[X]Unspecified viral hepatitis without coma
STD	AyuC.	[X]Human immunodeficiency virus disease
STD	AyuC0	[X]HIV disease resulting in other bacterial infections
STD	AyuC1	[X]HIV disease resulting in other viral infections
STD	AyuC2	[X]HIV disease resulting in other mycoses
STD	AyuC3	[X]HIV disease resulting in multiple infections
STD	AyuC4	[X]Hiv disease resulting in other infectious and parasitic diseases
STD	AyuC5	[X]Hiv disease resulting in unspecified infectious and parasitic disease
STD	AyuC6	[X]HIV disease resulting in other non-Hodgkin's lymphoma

STD	AyuC7	[X]Hiv disease resulting in other malignant neoplasms of lymphoid, haematopoietic and related tissue
STD	AyuC8	[X]HIV disease resulting in other malignant neoplasms
STD	AyuC9	[X]HIV disease resulting in unspecified malignant neoplasm
STD	AyuCA	[X]Hiv disease resulting in multiple diseases classified elsewhere
STD	AyuCB	[X]Hiv disease resulting in haematological and immunological abnormalities, not elsewhere classified
STD	AyuCC	[X]HIV disease resulting in other specified conditions
STD	AyuCD	[X]Unspecified human immunodeficiency virus [HIV] disease
STD	AyuD8	[X]Retrovirus infections, not elsewhere classified
STD	AyuKM	[X]Retrovirus as the cause of diseases classified to other chapters
STD	B829.	Bowenoid papulosis
STD	Eu024	[X]Dementia in human immunodef virus [HIV] disease
STD	F0070	Meningitis due to gonococcus
STD	F0072	Meningitis due to neurosyphilis
STD	F0074	Meningitis due to congenital syphilis
STD	F0075	Meningitis due to secondary syphilis
STD	F0113	Meningitis due to herpes simplex virus
STD	F0304	Encephalitis due to herpes simplex virus
STD	F0331	Encephalitis due to congenital syphilis
STD	F0332	Encephalitis due to syphilis unspecified
STD	F4A54	Keratitis due to syphilis
STD	F4K44	Argyll Robertson pupil
STD	G5002	Acute pericarditis - syphilitic
STD	G5005	Acute pericarditis - gonococcal
STD	G5112	Endocarditis - gonococcal
STD	G5204	Acute myocarditis - syphilitic
STD	G717.	Aortic aneurysm - syphilitic
STD	G767.	Aortitis - syphilitic
STD	Gy0..	Cardiovascular syphilis
STD	H57y5	Lung disease with syphilis
STD	J5500	Peritonitis - gonococcal
STD	J5501	Peritonitis - syphilitic

STD	J5504	Chlamydial peritonitis
STD	J615F	Syphilitic portal cirrhosis
STD	J6321	Hepatitis in late syphilis
STD	J6322	Hepatitis in secondary syphilis
STD	K0y0.	Late syphilis of kidney
STD	K1545	Cystitis in gonorrhoea
STD	K1547	Cystitis in trichomoniasis
STD	K17y.	Other urethritis
STD	K17y0	Urethritis unspecified
STD	K17y1	Urethral syndrome NOS
STD	K17y2	Skene's glands adenitis
STD	K17y3	Cowperitis
STD	K17y4	Urethral meatitis
STD	K17y5	Urethral meatal ulcer
STD	K17y6	Verumontanitis
STD	K17y7	Utriculus masculinus
STD	K17yz	Other urethritis NOS
STD	K2142	Prostatitis in syphilis
STD	K2144	Prostatitis in gonorrhoea
STD	K2146	Prostatitis in trichomoniasis
STD	K2416	Chlamydial epididymitis
STD	K40y0	Female syphilitic pelvic inflammatory disease
STD	K40y1	Female chlamydial pelvic inflammatory disease
STD	K4209	Chlamydia cervicitis
STD	K44..	Female gonococcal pelvic inflammatory disease
STD	L170.	Maternal syphilis during pregnancy, childbirth and the puerperium
STD	L1700	Maternal syphilis, unspecified whether during pregnancy or the puerperium
STD	L1701	Maternal syphilis during pregnancy - baby delivered
STD	L1702	Maternal syphilis in the puerperium - baby delivered during current episode of care
STD	L1703	Maternal syphilis during pregnancy - baby not yet delivered
STD	L1704	Maternal syphilis in the puerperium - baby delivered during previous episode of care

STD	L170z	Maternal syphilis during pregnancy, childbirth or the puerperium NOS
STD	L171.	Maternal gonorrhoea during pregnancy, childbirth and the puerperium
STD	L1710	Maternal gonorrhoea, unspecified whether during pregnancy or the puerperium
STD	L1711	Maternal gonorrhoea during pregnancy - baby delivered
STD	L1712	Maternal gonorrhoea in the puerperium - baby delivered during current episode of care
STD	L1713	Maternal gonorrhoea during pregnancy - baby not yet delivered
STD	L1714	Maternal gonorrhoea in the puerperium - baby delivered during previous episode of care
STD	L171z	Gonorrhoea during pregnancy, childbirth or the puerperium NOS
STD	L172.	Other maternal venereal diseases during pregnancy, childbirth and the puerperium
STD	L1720	Other maternal venereal disease, unspecified whether during pregnancy or the puerperium
STD	L1721	Other maternal venereal disease in pregnancy - baby delivered
STD	L1722	Other maternal venereal disease in the puerperium - baby delivered during current episode of care
STD	L1723	Other maternal venereal disease during pregnancy - baby not yet delivered
STD	L1724	Other maternal venereal disease during the puerperium - baby delivered during previous episode of care
STD	L172z	Other maternal venereal disease during pregnancy, childbirth or the puerperium NOS
STD	L179.	Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium
STD	Lyu70	[X]Other infections with a predominantly sexual mode of transmission complicating pregnancy childbirth and the puerperium
STD	N011.	Sexually acquired reactive arthropathy
STD	N0110	Sexually acquired reactive arthropathy of unspecified site
STD	N0111	Sexually acquired reactive arthropathy of the shoulder region
STD	N0112	Sexually acquired reactive arthropathy of the upper arm
STD	N0113	Sexually acquired reactive arthropathy of the forearm
STD	N0114	Sexually acquired reactive arthropathy of the hand

STD	N0115	Sexually acquired reactive arthropathy of the pelvic region and thigh
STD	N0116	Sexually acquired reactive arthropathy of the lower leg
STD	N0117	Sexually acquired reactive arthropathy of the ankle and foot
STD	N011x	Sexually acquired reactive arthropathy of multiple sites
STD	N011y	Sexually acquired reactive arthropathy of other specified site
STD	N011z	Sexually acquired reactive arthropathy NOS
STD	N0381	Postinfective arthropathy in syphilis
STD	N2227	Syphilitic bursitis
STD	Q3106	Congenital pneumonia due to Chlamydia
STD	Q4020	Congenital herpes simplex
STD	Q4067	Neonatal dacryocystitis or conjunctivitis due to chlamydiae
STD	Q409.	Congenital viral hepatitis
STD	Q4091	Congenital hepatitis B infection
STD	Q409y	Other specified congenital viral hepatitis
STD	Q409z	Congenital viral hepatitis NOS
STD	R109.	[D]Laboratory evidence of human immunodeficiency virus [HIV]
STD	R156.	[D]False positive serological syphilis test
STD	R1560	[D]False positive Wasserman test
STD	R156z	[D]False positive serological syphilis test NOS
STD	ZV016	[V]Contact with or exposure to venereal disease
STD	ZV018	[V]Human immunodeficiency virus - negative
STD	ZV019	[V]Contact with and exposure to human immunodeficiency virus
STD	ZV01A	[V]Asymptomatic human immunodeficiency virus infection status
STD	ZV01B	[V]Contact with and exposure to viral hepatitis
STD	ZV026	[V]Viral hepatitis carrier
STD	ZV027	[V]Gonorrhoea carrier
STD	ZV028	[V]Other venereal disease carrier
STD	ZV029	[V]Carrier of human T-lymphotropic virus type-1 infect
STD	ZV02B	[V]Hepatitis B carrier
STD	ZV02C	[V]Hepatitis C carrier
STD	ZV6D4	[V]Human immunodeficiency virus counselling

STD	ZV737	[V]Special screening examination for human immunodeficiency virus
STD	ZV745	[V]Screening for venereal disease

Termination of pregnancy codes

Cluster	Code	Term
TERMINATION	1543.	H/O: abortion
TERMINATION	15432	H/O: 1 abortion
TERMINATION	15433	H/O: 2 abortions
TERMINATION	15434	H/O: 3 abortions
TERMINATION	15435	H/O: 4 abortions
TERMINATION	15436	H/O: 5 abortions
TERMINATION	15437	H/O: 6 abortions
TERMINATION	1543Z	H/O: abortion NOS
TERMINATION	1547.	H/O: medical termination of pregnancy
TERMINATION	389B.	Assessment for termination of pregnancy
TERMINATION	6776.	Preg. termination counselling
TERMINATION	67760	Post-termination counselling
TERMINATION	67761	Pre-termination counselling
TERMINATION	7E066	Hysterotomy and termination of pregnancy
TERMINATION	7E070	Dilation of cervix uteri and curettage of products of conception from uterus
TERMINATION	7E071	Curettage of products of conception from uterus NEC
TERMINATION	7E084	Suction termination of pregnancy
TERMINATION	7E085	Dilation of cervix and extraction termination of pregnancy
TERMINATION	7E086	Termination of pregnancy NEC
TERMINATION	7E0B.	Introduction of abortifacient into uterine cavity
TERMINATION	7E0B0	Intraamniotic injection of prostaglandin
TERMINATION	7E0B1	Intraamniotic injection of abortifacient NEC
TERMINATION	7E0B2	Extraamniotic injection of prostaglandin
TERMINATION	7E0B3	Extraamniotic injection of abortifacient NEC
TERMINATION	7E0B4	Insertion of prostaglandin abortifacient pessary
TERMINATION	7E0B5	Insertion of abortifacient pessary NEC
TERMINATION	7E0By	Other specified introduction of abortifacient into uterine cavity

TERMINATION	7E0Bz	Introduction of abortifacient into uterine cavity NOS
TERMINATION	7F02.	Selective destruction of fetus
TERMINATION	7F020	Early selective feticide
TERMINATION	7F021	Late selective feticide
TERMINATION	7F022	Selective feticide NEC
TERMINATION	7F02y	Other specified selective destruction of fetus
TERMINATION	7F02z	Selective destruction of fetus NOS
TERMINATION	7F09.	Destruction of fetus
TERMINATION	7F09y	Other specified destruction of fetus
TERMINATION	7F09z	Unspecified destruction of fetus
TERMINATION	8Cg..	Pregnancy termination care
TERMINATION	8H7W.	Refer to TOP counselling
TERMINATION	8HHV.	Referral for termination of pregnancy
TERMINATION	8Hh3.	Self referral to termination of pregnancy service
TERMINATION	8M6..	Requests pregnancy termination
TERMINATION	956..	HSA1-therap. abort. green form
TERMINATION	9561.	HSA1- form eligible
TERMINATION	9562.	HSA1- form signed
TERMINATION	9563.	HSA1- refused to sign
TERMINATION	956Z.	HSA1- green form NOS
TERMINATION	9Ea..	Reason for termination of pregnancy
TERMINATION	9Ea0.	Risk to the life of the pregnant woman greater than if the pregnancy was terminated
TERMINATION	9Ea1.	To prevent grave permanent injury to the physical/mental health of pregnant woman
TERMINATION	9Ea2.	Less than 24 weeks involving risk of injury to the physical/mental health of pregnant woman
TERMINATION	9Ea3.	Less than 24 weeks involving risk of injury to the physical/mental health of any existing children of the pregnant woman's family
TERMINATION	9Ea4.	Unborn child at risk from physical or mental abnormalities as to be seriously handicapped
TERMINATION	L05..	Legally induced abortion
TERMINATION	L050.	Legal abortion unspecified
TERMINATION	L0500	Unspecified legal abortion with genital tract or pelvic infection

TERMINATION	L0501	Unspecified legal abortion with delayed or excessive haemorrhage
TERMINATION	L0502	Unspecified legal abortion with damage to pelvic organs or tissues
TERMINATION	L0503	Unspecified legal abortion with renal failure
TERMINATION	L0504	Unspecified legal abortion with metabolic disorder
TERMINATION	L0505	Unspecified legal abortion with shock
TERMINATION	L0506	Unspecified legal abortion with embolism
TERMINATION	L050w	Unspecified legal abortion with other specified complication
TERMINATION	L050x	Unspecified legal abortion with complication NOS
TERMINATION	L050y	Unspecified legal abortion with no mention of complication
TERMINATION	L050z	Unspecified legal abortion NOS
TERMINATION	L051.	Legal abortion incomplete
TERMINATION	L0510	Incomplete legal abortion with genital tract or pelvic infection
TERMINATION	L0511	Incomplete legal abortion with delayed or excessive haemorrhage
TERMINATION	L0512	Incomplete legal abortion with damage to pelvic organs or tissues
TERMINATION	L0513	Incomplete legal abortion with renal failure
TERMINATION	L0514	Incomplete legal abortion with metabolic disorder
TERMINATION	L0515	Incomplete legal abortion with shock
TERMINATION	L0516	Incomplete legal abortion with embolism
TERMINATION	L0517	Incomplete medical abortion
TERMINATION	L051w	Incomplete legal abortion with other specified complication
TERMINATION	L051x	Incomplete legal abortion with complication NOS
TERMINATION	L051y	Incomplete legal abortion with no mention of complication
TERMINATION	L051z	Incomplete legal abortion NOS
TERMINATION	L052.	Legal abortion complete
TERMINATION	L0520	Complete legal abortion with genital tract or pelvic infection
TERMINATION	L0521	Complete legal abortion with delayed or excessive haemorrhage
TERMINATION	L0522	Complete legal abortion with damage to pelvic organs or tissues
TERMINATION	L0523	Complete legal abortion with renal failure
TERMINATION	L0524	Complete legal abortion with metabolic disorder
TERMINATION	L0525	Complete legal abortion with shock

TERMINATION	L0526	Complete legal abortion with embolism
TERMINATION	L052w	Complete legal abortion with other specified complication
TERMINATION	L052x	Complete legal abortion with complication NOS
TERMINATION	L052y	Complete legal abortion with no mention of complication
TERMINATION	L052z	Complete legal abortion NOS
TERMINATION	L05z.	Legally induced abortion NOS
TERMINATION	L06..	Illegally induced abortion
TERMINATION	L060.	Illegal abortion unspecified
TERMINATION	L0600	Unspecified illegal abortion with genital tract or pelvic infection
TERMINATION	L0601	Unspecified illegal abortion with delayed or excessive haemorrhage
TERMINATION	L0602	Unspecified illegal abortion with damage to pelvic organs or tissues
TERMINATION	L0603	Unspecified illegal abortion with renal failure
TERMINATION	L0604	Unspecified illegal abortion with metabolic disorder
TERMINATION	L0605	Unspecified illegal abortion with shock
TERMINATION	L0606	Unspecified illegal abortion with embolism
TERMINATION	L060w	Unspecified illegal abortion with other specified complication
TERMINATION	L060x	Unspecified illegal abortion with complication NOS
TERMINATION	L060y	Unspecified illegal abortion with no mention of complication
TERMINATION	L060z	Unspecified illegal abortion NOS
TERMINATION	L061.	Illegal abortion incomplete
TERMINATION	L0610	Incomplete illegal abortion with genital tract or pelvic infection
TERMINATION	L0611	Incomplete illegal abortion with delayed or excessive haemorrhage
TERMINATION	L0612	Incomplete illegal abortion with damage to pelvic organs or tissues
TERMINATION	L0613	Incomplete illegal abortion with renal failure
TERMINATION	L0614	Incomplete illegal abortion with metabolic disorder
TERMINATION	L0615	Incomplete illegal abortion with shock
TERMINATION	L0616	Incomplete illegal abortion with embolism
TERMINATION	L061w	Incomplete illegal abortion with other specified complication
TERMINATION	L061x	Incomplete illegal abortion with complication NOS
TERMINATION	L061y	Incomplete illegal abortion with no mention of complication

TERMINATION	L061z	Incomplete illegal abortion NOS
TERMINATION	L062.	Illegal abortion complete
TERMINATION	L0620	Complete illegal abortion with genital tract or pelvic infection
TERMINATION	L0621	Complete illegal abortion with delayed or excessive haemorrhage
TERMINATION	L0622	Complete illegal abortion with damage to pelvic organs or tissues
TERMINATION	L0623	Complete illegal abortion with renal failure
TERMINATION	L0624	Complete illegal abortion with metabolic disorder
TERMINATION	L0625	Complete illegal abortion with shock
TERMINATION	L0626	Complete illegal abortion with embolism
TERMINATION	L062w	Complete illegal abortion with other specified complication
TERMINATION	L062x	Complete illegal abortion with complication NOS
TERMINATION	L062y	Complete illegal abortion with no mention of complication
TERMINATION	L062z	Complete illegal abortion NOS
TERMINATION	L06z.	Illegally induced abortion NOS
TERMINATION	L08..	Failed attempted abortion
TERMINATION	L080.	Failed attempted abortion with genital tract or pelvic infection
TERMINATION	L081.	Failed attempted abortion with delayed or excessive haemorrhage
TERMINATION	L082.	Failed attempted abortion with damage to pelvic organs or tissues
TERMINATION	L083.	Failed attempted abortion with renal failure
TERMINATION	L084.	Failed attempted abortion with metabolic disorder
TERMINATION	L085.	Failed attempted abortion with shock
TERMINATION	L086.	Failed attempted abortion with embolism
TERMINATION	L08w.	Failed attempted abortion with other specified complication
TERMINATION	L08x.	Failed attempted abortion with complication NOS
TERMINATION	L08y.	Failed attempted abortion with no mention of complication
TERMINATION	L08z.	Failed attempted abortion NOS
TERMINATION	L090.	Genital or pelvic infection following abortive pregnancy
TERMINATION	L0900	Endometritis following abortive pregnancy
TERMINATION	L0901	Parametritis following abortive pregnancy
TERMINATION	L0902	Pelvic peritonitis following abortive pregnancy
TERMINATION	L0903	Salpingitis following abortive pregnancy

TERMINATION	L0904	Salpingo-oophoritis following abortive pregnancy
TERMINATION	L090z	Septicaemia NOS following abortive pregnancy
TERMINATION	L091.	Delayed or excessive haemorrhage following abortive pregnancy
TERMINATION	L0910	Afibrinogenaemia following abortive pregnancy
TERMINATION	L0911	Defibrination syndrome following abortive pregnancy
TERMINATION	L0912	Intravascular haemolysis following abortive pregnancy
TERMINATION	L091z	Delayed or excessive haemorrhage NOS following abortive pregnancy
TERMINATION	L092.	Damage to pelvic organs or tissues following abortive pregnancy
TERMINATION	L0920	Bladder damage following abortive pregnancy
TERMINATION	L0921	Bowel damage following abortive pregnancy
TERMINATION	L0922	Broad ligament damage following abortive pregnancy
TERMINATION	L0923	Cervix damage following abortive pregnancy
TERMINATION	L0924	Periurethral tissue damage following abortive pregnancy
TERMINATION	L0925	Uterus damage following abortive pregnancy
TERMINATION	L0926	Vaginal damage following abortive pregnancy
TERMINATION	L092z	Damage to pelvic organ or tissues NOS following abortive pregnancy
TERMINATION	L093.	Renal failure following abortive pregnancy
TERMINATION	L0930	Oliguria following abortive pregnancy
TERMINATION	L0931	Acute renal failure following abortive pregnancy
TERMINATION	L0932	Renal shutdown following abortive pregnancy
TERMINATION	L0933	Renal tubular necrosis following abortive pregnancy
TERMINATION	L0934	Uraemia following abortive pregnancy
TERMINATION	L093z	Renal failure NOS following abortive pregnancy
TERMINATION	L094.	Metabolic disorder following abortive pregnancy
TERMINATION	L095.	Shock following abortive pregnancy
TERMINATION	L096.	Embolism following abortive pregnancy
TERMINATION	L0960	Air embolism following abortive pregnancy
TERMINATION	L0961	Amniotic fluid embolism following abortive pregnancy
TERMINATION	L0962	Blood-clot embolism following abortive pregnancy
TERMINATION	L0963	Fat embolism following abortive pregnancy
TERMINATION	L0964	Pulmonary embolism following abortive pregnancy

TERMINATION	L0965	Pyaemic embolism following abortive pregnancy
TERMINATION	L0966	Septic embolism following abortive pregnancy
TERMINATION	L0967	Soap embolism following abortive pregnancy
TERMINATION	L096z	Embolism NOS following abortive pregnancy
TERMINATION	L097.	Readmission for abortive pregnancy (NHS codes)
TERMINATION	L0971	Readmission for retained products of conception, legal abortion
TERMINATION	L0972	Readmission for retained products of conception, illegal abortion
TERMINATION	L0973	Readmission for retained products of conception, unspecified abortion
TERMINATION	L09y.	Other specified complication following abortive pregnancy
TERMINATION	L09y0	Acute liver necrosis following abortive pregnancy
TERMINATION	L09y1	Cardiac arrest following abortive pregnancy
TERMINATION	L09y2	Cardiac failure following abortive pregnancy
TERMINATION	L09y3	Cerebral anoxia following abortive pregnancy
TERMINATION	L09y4	Urinary tract infection following abortive pregnancy
TERMINATION	L09yz	Other specified complication NOS follow abortive pregnancy
TERMINATION	L0A..	Failed attempted abortion
TERMINATION	L0A1.	Failed medical abortion, complicated by genital tract and pelvic infection
TERMINATION	L0A2.	Failed medical abortion, complicated by delayed or excessive haemorrhage
TERMINATION	L0A3.	Failed medical abortion, complicated by embolism
TERMINATION	L0A4.	Failed medical abortion, without complication
TERMINATION	L191.	Continuing pregnancy after abortion of one fetus or more
TERMINATION	Lyu02	[X]Other abortion
TERMINATION	Lyu03	[X]Failed medical abortion, with other and unspecified complications
TERMINATION	Lyu04	[X]Other and unspecified failed induced abortion, complicated by genital tract and pelvic infection
TERMINATION	Lyu05	[X]Other and unspecified failed induced abortion, complicated by delayed or excessive haemorrhage
TERMINATION	Lyu06	[X]Other and unspecified failed induced abortion, complicated by embolism
TERMINATION	Lyu07	[X]Other and unspecified failed induced abortion, with other and unspecified complications

TERMINATION	Lyu08	[X]Other and unspecified failed induced abortion, without complication
TERMINATION	Lyu09	[X]Other venous complications following abortion and ectopic and molar pregnancy
TERMINATION	Lyu0A	[X]Other complications following abortion and ectopic and molar pregnancy
TERMINATION	Lyu0B	[X]Complication following abortion and ectopic and molar pregnancy, unspecified
TERMINATION	Q486.	Fetal death due to termination of pregnancy
TERMINATION	Q48G.	Complication of termination of pregnancy, affecting fetus and newborn
TERMINATION	ZV232	[V]Pregnancy with history of abortion
TERMINATION	ZV25B	[V]Admission for administration of abortifacient

Appendix 2 – iLINKS Information Sharing Agreement



iLINKS Informatics Transformation Programme

Information Sharing Agreement

July 2017

1. Purpose

This Information Sharing Agreement (ISA) defines the arrangements for processing data across the iLINKS Informatics Transformation Programme and sits underneath the overarching iLINKS Information Sharing Framework for all its Partner Organisations.

This ISA must be read in conjunction with the iLINKS Information Sharing Framework (July 2017). The iLINKS Information Sharing Framework provides a basis for safeguarding the processing of all personal information.

2. Parties to the agreement

Organisations and local economy governance within the scope of this information sharing agreement are:

- Clinical Commissioning Groups (CCG)
 - Halton CCG
 - Knowsley CCG
 - Liverpool CCG
 - South Sefton CCG
 - Southport and Formby CCG
 - St Helens CCG
- Health and Wellbeing Boards (HWB)
 - Liverpool HWB
 - Sefton HWB
 - Mid-Mersey Peoples Board
- Liverpool Clinical Laboratories
- Local Authorities
 - Liverpool City Council
 - Sefton Council
 - Halton Council
 - Knowlsey Council
 - St Helens Council
- Local Medical Committees (LMC)
 - Liverpool LMC
 - Sefton LMC
 - Mid Mersey LMC (Knowsley, Halton & St Helens)
- Provider Organisations
 - Aintree University Hospital NHS Foundation Trust
 - Alder Hey Children's NHS Foundation Trust
 - Bridgewater Community Healthcare NHS Foundation Trust
 - Gtd Healthcare
 - Liverpool Community Health NHS Trust

- GP Practices
- Liverpool Heart and Chest NHS Foundation Trust
- Liverpool Womens NHS Foundation Trust
- Merseycare NHS Foundation Trust
- North West Boroughs Partnership NHS Foundation Trust
- North West Ambulance Trust (NWAS)
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Southport and Ormskirk Hospital NHS Trust
- St Helens and Knowsley Teaching Hospital NHS Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Urgent Care 24

3. Why is the information being shared?

The iLINKS Informatics Transformation Programme aims to enable patients to have better health outcomes through providing local health and social care professionals with the information they need to enable them to work and share collaboratively around the individual **for direct care purposes only**, giving confidence that the appropriate information will be available at the right time at all key touch points along a care pathway.

The iLINKS Information Sharing Framework takes into account the type of information that is being made available, along with the care setting in which it is being utilised. **Patient Consent** is a central component to the Framework, along with all information that is shared being deemed **necessary, proportionate and relevant for direct care purposes**.

4. What information being shared?

The iLINKS Information Sharing Framework is based on 4 segments. Each segment is broken down into a number of tiers with information starting at lower levels of sharing and building upwards. The segments represent the following areas:

- **Summary Record** – Summary patient information to be shared across a wide range of health and social care practitioners
- **The Community** – Information held outside of hospitals, across Primary Care, Community, Mental Health and Social Care
- **Diagnostics** – Key diagnostic information including pathology, radiology and other tests
- **Hospitals** – Information held at secondary and tertiary care level across the many acute settings of the health economy

Table 1 below outlines the information across all four segments and each tier within.

Summary Segment		
Tier 1	<ul style="list-style-type: none"> • Demographics 	<ul style="list-style-type: none"> • Primary Care
Tier 2	<ul style="list-style-type: none"> • Allergies • Medication • Diagnoses • Health Status Prompts • Who else is involved in my care • Appointments / Diary Events 	<ul style="list-style-type: none"> • Primary Care • Primary Care • Primary Care (Subject to exclusions) • Primary Care • Multiple source systems • Multiple source systems
Tier 3	<ul style="list-style-type: none"> • Care Package Information • Care Plans (Inc. End of Life Care Plans, Enhanced Care Plans) 	<ul style="list-style-type: none"> • Liquid Logic • Multiple source systems
Community		
Tier 1	<ul style="list-style-type: none"> • Significant Past & Current Events (Inc. MHA events) 	<ul style="list-style-type: none"> • Multiple source systems
Tier 2	<ul style="list-style-type: none"> • Coded Primary, Community and Mental Health record 	<ul style="list-style-type: none"> • Multiple source systems
Tier 3	<ul style="list-style-type: none"> • Wider access to Primary Care, Community Health and Mental Health Record 	<ul style="list-style-type: none"> • Multiple source systems
Diagnostics		
Tier 1	<ul style="list-style-type: none"> • Routine tests (FBC, U&E, LFT, TFT, Glucose, Cholesterol, B12/folate, INR, PT/APTT, Bone profile, drug level monitoring, Urine and Microbiology samples, ACR, ECGs, Echo, 24 Hour Tape, Pulmonary Function Tests, Endoscopy, Radiology) 	<ul style="list-style-type: none"> • ICE • LIMS • Other Source Systems
Tier 2	<ul style="list-style-type: none"> • All tests (excluding sensitive information - GUM, HIV & AIDS) 	<ul style="list-style-type: none"> • ICE • LIMS • PACS
Tier 3	<ul style="list-style-type: none"> • Wider Diagnostic Record – no exclusions (including genomics) 	<ul style="list-style-type: none"> • ICE • LIMS • PACS
Hospitals		

Tier 1	<ul style="list-style-type: none"> • Admissions, discharges and transfer information (Inc. Mental Health) • Elective admissions (TCI) • Estimated Length of stay (LOS) / Expected Date of Discharge (EDD) 	<ul style="list-style-type: none"> • Through Trust Integration Engines (TIE) and HL7 Messaging
Tier 2	<ul style="list-style-type: none"> • Hospital Care Plans • Discharge Plan • E-Correspondence (Discharge summaries / OPD Letters) 	<ul style="list-style-type: none"> • Trust EPR Systems
Tier 3	<ul style="list-style-type: none"> • Wider access to hospital records (Inc. E-Prescribing, E-Document Management Systems, Specialist Systems) 	<ul style="list-style-type: none"> • Trust EPR Systems

Table 1: Information Sharing Segments and Tiers

5. Who will have access to the shared information?

A core principle of the iLINKS Information Sharing Framework is role and service based profiles, meaning professionals will only gain access to information deemed necessary, proportionate and relevant to their role and setting of care.

Table 2 below shows each of the role / service profiles that have been identified as part of the iLINKS Information Sharing Framework, along with the associated levels of access each profile will have across each segments of the Information Sharing Model.

Professional Group	Sub-Category	Levels of access
1. Medical	1a. Hospital Specialist	S3, C2, D3, H3
	1b. GP	S3, C3, D3, H2
	1c. Community Medical	S3, C2, D3, H2
2. Registered Health Care Professional	2a. Specialist (e.g. Matron)	S3, C2, D2, H2
	2b. Generalist (e.g. Allied Health Professional)	S3, C1, D1, H1
3. Social Care Professional	3a. Hospital	S3, C1, DX, H2
	3b. Community	S3, C2, DX, H1
4. Unregistered Professional	Nil (e.g. Support Worker, Health Trainer, Auxiliary Nurse)	S3, CX, DX, HX
5. Admin / Clerical	Nil	S1, CX, DX, HX
Service Area		
6. Urgent Care	E.g. AED, WIC, AMU etc	S3, C1, D3, H3

7. Extended Primary Care Team	E.g. GP, Community Matron, District Nurse, Practice Nurse	S3, C3, D2, H2
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Table 2: Role and Service Based Profiles

6. What is the legal justification for sharing? Has consent been gained if required?

This ISA covers the sharing of personal confidential data (PCD) only with the individual's explicit consent at the point of care or referral into a care episode, unless a legal or statutory requirement applies as outlined in the Data Protection Act 1998.

7. How will the information be shared?

The iLINKS Transformation Programme has set out a clear roadmap for interoperability between the Health and Social Care Economies Strategic Systems. The interoperability approach can be categorised into the phases outlined below:

- **Phase 0:** Direct logon to systems for health and social care staff
- **Phase 1A :** Connect, using each organisations main strategic system, to an embedded view of data from another system held on a separate tab
- **Phase 1B:** A message sent from hospital to primary or community systems using HL7 message standards
- **Phase 2:** Connect, using each organisations main strategic system, to a single view of all other information held outside of your strategic system
- **Phase 3:** Access a fully integrated rendered record, via organisations Strategic Systems

This ISA covers the read only viewing of shared records either through direct login to hosts systems with read only access, or through point to point interoperability between systems resulting in a read only view of the shared record through a professionals' main strategic system.

As technology enables the more sophisticated interoperability solutions in phase 2 and 3 of the iLINKS Interoperability Roadmap, then data will move more freely between information systems. At this stage the iLINKS Information Sharing Agreement (ISA) will be updated to include relevant data flows.

The iLINKS Information sharing Framework is based upon a number of key Privacy by Design principles which are summarised below:

- **Consent and Opt Out:** Information shared is facilitated only when an individual has given consent to do. An individual holds the right to 'opt out' to all or parts of their personal information being shared

- **Role/Service Based Access:** Levels of access to information will be based on roles or service profiles, for example a GP, hospital doctor or across an urgent care setting
- **Proactive Audit:** The framework will result in a significant increase in information being shared, therefore there is a significant safety and security need to assure that only those that require access to data, are able to access it
- **Exclusions:** There are a number of exclusions which will not be included within the sharing model, attached as appendix 1.
- **Mandatory Training:** All staff will be expected to undertake mandatory training in Information Governance and working within a shared record environment
- **Monitoring and Evaluation:** Ongoing monitoring and evaluation of both the model and its effectiveness will be undertaken by the iLINKS Clinical Informatics Advisory Group and its Partner Organisations

8. How will the information be stored and how long will the information be kept?

There are strict laws and regulations to ensure your health records are kept confidential and can only be accessed by health and social care professionals directly involved in your care. There are a number of different laws that relate to health records, the two most important laws are:

- [Data Protection Act \(1998\)](#)
- [Human Rights Act \(1998\)](#)

Under the terms of the Data Protection Act (1998), organisations such as the NHS must ensure that any personal information it gathers in the course of its work is:

- only used for the stated purpose of gathering the information (which in this case would be to ensure that you receive a good standard of healthcare)
- kept secure

The Human Rights Act (1998) also states that everyone has the right to have their private life respected. This includes the right to keep your health records confidential.

This ISA is facilitating the viewing of shared health records and therefore the data remains in those secure storage locations of its host organisations and is only transmitted for viewing purposes via a safe and secure encrypted network. Information is not copied, consequently no change will take place with regards to records retention as a result of this ISA.

9. When will this agreement be reviewed and by whom?

The iLINKS Informatics Transformation Programme has responsibility along with all Partner Organisations in the reviewing and monitoring of the iLINKS Information Sharing Framework.

The Information Sharing Framework, including the formulation of implementation tranches will continue to be overseen by the well-established STP and sub LDS governance forums along with the Clinical Informatics Advisory Group (CIAG) and associated subgroups.

Further governance and leadership will be provided via well-established Information Governance forums within each Health and Social Care provider Organisation, along with the Local Medical Committees (LMC) across the economy.

The information sharing framework is not designed to supersede existing local governance structures, but to enhance them by facilitating a consistent approach at an economy level.

The information sharing framework is endorsed by local CCGs and care providers as best practice across the economy. The framework has been collectively led and developed at an economy level and will in the future form part of the contractual obligations of health and social care services.

Any new Provider Organisations will be invited to join the CIAG, and existing agreements will be updated accordingly, and put through local governance structures for sign off before implementation takes place.

Organisation:

Example NHS Foundation Trust

This ISA must be read in conjunction with the iLINKS Information Sharing Framework (July 2017). The iLINKS Information Sharing Framework provides a basis for safeguarding the processing of all personal information.

This agreement must be formally approved and signed by all parties before any information sharing takes place. All parties will ensure that the ISA and any associated documents are known and understood by all staff involved in the process.

General Principles

1. Each organisation signing this protocol has a responsible officer who ensures the protection of personal information e.g. Caldicott Guardian or senior manager responsible for data protection.
2. Each organisation signing this protocol takes measures to comply with the Data Protection Act 1998 and the Caldicott Principles, ISO 17799 / Information Security Management: NHS Code of Practice, Records Management: NHS Code of Practice and national guidance and rules around processing personal and sensitive information.
3. Each organisation signing this protocol is compliant with Information Governance Toolkit.
4. Each organisation is committed to reviewing practice with the aim of ensuring all exchanges of personal information meet legal and Caldicott standards.
5. Each organisation is committed to ensuring staff are appropriately trained in Information Governance.
6. Each organisation is committed to issuing practical guidelines to staff on the transfer of personal information.
7. This protocol will be reviewed in 12 months from the date of implementation.

Signed by:

Name of Organisation	Print Name	Signature	Date
Example NHS Foundation Trust	Caldicott Guardian		