

Business change analysis form for changes to data processing not instigated by the practice

	Question	Response
Data Items		
1.	<p>Will the change use identifiable or potentially identifiable data in any way? If answered 'No' then you would not normally be expected to complete this assessment</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who will this data relate to:</p> <p><input type="checkbox"/> Patient</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other: Click here to enter text.</p>
2.	<p>Please state the nature of the change Briefly describe what has changed, and how this will affect the way in which you need to work and what changes you may need to make</p>	<p>Click here to enter text.</p>
3.	<p>Please tick the data items that are affected</p> <p>Personal }</p> <p>Special categories of personal data (sensitive data) }</p>	<p><input type="checkbox"/> Name <input type="checkbox"/> Address</p> <p><input type="checkbox"/> Post Code <input type="checkbox"/> Date of Birth</p> <p><input type="checkbox"/> GP Practice <input type="checkbox"/> Date of Death</p> <p><input type="checkbox"/> NHS Number</p> <p><input type="checkbox"/> Health Data <input type="checkbox"/> Genetic Data</p> <p><input type="checkbox"/> Racial or Ethnic Origin <input type="checkbox"/> Sex life and sexual orientation</p> <p><input type="checkbox"/> Biometric Data</p> <p><input type="checkbox"/> Other:</p>
4.	<p>Are you aware of any consultation/checks that have been made regarding the adequacy, relevance and necessity for the processing of the data for this project? (if none have been raised please consider if this is a risk)</p>	<p>Click here to enter text.</p>
Data processing		
5.	<p>Will a third party be processing data from the GP practice? (if yes, please consider if this is a risk)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please go to the Confidentiality section.</p>

	Question	Response
6.	<p>Have you received assurance that the data processor meets all the necessary Information Governance clauses regarding Data Protection and Freedom of Information and is registered with the information commissioner? (if no, please consider if this is a risk)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<p>Will other third parties (not already identified) have access to the data? <small>Include any external organisations.</small> (If yes, please consider if this is a risk)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what purpose? Click here to enter text. Please list organisations and by what means of transfer: Click here to enter text.
Confidentiality		
8.	<p>Please outline how individuals will be informed and kept informed about how their data will be processed. <small>For example, have you amended your privacy notice to include this</small></p>	Click here to enter text. <input type="checkbox"/> Not applicable in this scenario
9.	<p>Will identifiable data only be handled within the patients' direct care team (in accordance with the Common Law Duty of Confidentiality)? (if no please consider if this is a risk)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please detail: Click here to enter text.
Engagement		
10.	<p>Were you involved with any engagement activities prior to this change? (if no please consider if this is a risk)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were any issues raised considered? Click here to enter text. If no, please outline Click here to enter text. <input type="checkbox"/> Not applicable
Data Sharing		
11.	<p>Does the change involve any new data sharing between organisations? (if yes, please consider if this is a risk)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: Click here to enter text.
Data Linkage		

	Question	Response
12.	<p>Does the project involve linkage of personal data with data in other collections, or significant change in data linkages?</p> <p>The degree of concern is higher where data is transferred out of its original context (e.g. the sharing and merging of datasets can allow for a collection of a much wider set of information than needed and identifiers might be collected/linked which prevents personal data being kept anonymously)</p> <p>(If yes, please consider if this is a risk)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: Click here to enter text.</p>
Information Security		
13.	<p>Who will have access to the data within the project?</p> <p>Please refer to roles/job titles/organisations.</p>	Click here to enter text.
14.	<p>Please indicate all methods in which data will be transferred</p>	<p><input type="checkbox"/> Fax <input type="checkbox"/> Email (Unsecure/Personal)</p> <p><input type="checkbox"/> Email (Secure/nhs.net) <input type="checkbox"/> Internet (unsecure – e.g. http)</p> <p><input type="checkbox"/> Telephone <input type="checkbox"/> Internet (secure – e.g. https)</p> <p><input type="checkbox"/> By hand <input type="checkbox"/> Courier</p> <p><input type="checkbox"/> Post – track/traceable <input type="checkbox"/> Post – normal</p> <p><input type="checkbox"/> Software <input type="checkbox"/> Mobile app</p> <p><input type="checkbox"/> Other: Click here to enter text.</p>
Records Management- ONLY APPLICABLE IF THE CHANGE DOES NOT AFFECT THE MEDICAL RECORD		
15.	<p>What are the specific retention periods for this data?</p> <p>Please refer to the Records Management Code of Practice for Health and Social Care 2016 and list the retention period for identifiable project datasets.</p>	<p>Click here to enter text.</p> <p><input type="checkbox"/> Not applicable</p>
16.	<p>Will the data be securely destroyed when it is no longer required?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>If no, please detail: Click here to enter text.</p>
Information Assets and Data Flows		
17.	<p>Has an Information Asset Owner been identified and does the Information Asset and Data Flow Register require updating?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Does this project constitute a change to existing Information Asset(s) or is this a new Information Asset?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>
Business Continuity		

	Question	Response
18.	Have the business continuity requirements been considered? (if no, please consider if this is a risk)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Business Continuity is not applicable Please explain and either reference how such plans link with the organisational plan or why there are no business continuity considerations that are applicable for this project: Click here to enter text.

Change Impact Assessment Review of Risks Identified

Information Governance Review	
Potential Risk	Recommendation
1	
2	
3	
4	
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