Data controllers

The Data Controllers in this DPIA are:

Holybrook Primary Care Network PCN
Reading Voluntary Action as:
- employer of Social Prescribers on behalf of Holybrook PCN
- employer of Data Officer for Community Wellness Outreach CWO initiative

[CWO is a health inequalities project resourced by the BOB ICB to provide NHS Health Checks in community settings plus holistic community support.]

1: Identify the need for a DPIA

The purpose of this DPIA is to consider the arrangements for any sharing of personal data as a result of a referral to a Social Prescriber and the Community Wellness Outreach initiative.

The objective of introducing the JOY App is to improve the efficiency of social prescribing, an initiative designed to improve the wellbeing of patients by connecting them to non-medical interventions such as exercise groups and activities.

This project will involve adopting a digital system called 'Joy' which is a cloud-based application. Please see the Joy brochure for full details of the Joy ecosystem.

The adoption of the Joy application will deliver several benefits:

Benefits to patients:
1. Ability for patients to make an informed choice about the services they access – the Joy app provides review and efficacy data on local services and groups. This helps patients decide which services to access based upon what has worked in the past.
2. Less form-filling in. The Joy app enables social prescribers to instantly refer a client to a service. This reduces the amount of time a patient must spend filling in forms to sign up to a service and provides a better experience for a patient.
3. Reduced waiting time for social prescribing. Joy improves the efficiency of Social Prescribers enabling them to hold larger caseloads. The interoperability with the clinical systems reduces the likelihood of a missed referral to the social prescribing service – possible when social prescribers are covering multiple sites and logging in to disparate GP systems.
4. Patients receiving Community Wellness Outreach NHS Health Checks can have results securely transferred to their patient record.

Benefits to the PCN
1. Ability to benchmark the PCNs social prescribing effort against NHSE targets. Joy enables the PCN to quality assure the social prescribing service.
2. Improved staff productivity, Joy reduces the amount of paperwork and reporting that staff perform freeing them up to see patients. The interoperability with the clinical systems enables staff working across multiple practices to manage their caseload from one system and reduces duplication of effort.
3. Reduced burden on GP time – GPs can refer a patient to a social prescribing service directly from the clinical system via the integration in a few clicks. Referral forms are auto-populated from the patient's medical record to speed up the process.
4. Protected transfer of data from the Social Prescribers and Community Wellness Outreach inniative.

Describe the processing

Step 1 Collect

1. A Clinician at the practice will identify if an individual would benefit from a Social Prescribing intervention.
2. If the client agrees to take part in the social prescribing service, the clinician will press the "Joy button" inside the clinical system to send a referral to the social prescribing service. Data will be pulled from the patient's medical record to complete the referral form via the clinical system integration. Note the GP Practice is the data controller and Joy is the data processor.
3. When referring to an external service, the clinician controls what data to share with the community-based organisation. Personal information such as name and contact details will need to be shared for the organisation to contact the client. If it's necessary, they may also disclose sensitive personal information such as medical information e.g. if the client has dementia this may be necessary to share with the community-based organisation so they can provide a safe environment for the client.
4. Social Prescribers and the Community Wellness Outreach Data Officer will be able to add additional information to the Joy system during their intervention such as additional client needs and other contextual information.

Step 2 Use

- Patient data will be used to manage caseloads, track outcomes, and send referrals to community-based service providers.
- Where social prescribers work in a team e.g. across the PCN the Social Prescribers will allocate cases amongst themselves, work on cases together and cover for one another e.g. during holiday or sickness. As a result of this they will be able to access the notes entered by other Social Prescribers.
- The data will also be used to report on outcomes. For example, performing analysis on the reduction of GP appointments and the wellbeing improvement for an individual client or all clients seen by the service.
- Data added to the Joy system can be filed back into the patient record by a Social Prescriber and the Community Wellness Data Officer pressing the "send to clinical record" button inside the Joy app. The Social Prescriber requires clinical system access/permission to use this functionality. Notes added to the clinical system will be saved in-line to the medical record and be searchable and auditable. The notes will appear differently to notes added directly into the EHR to show that the data was entered by a 3rd party application, the staff member logged in to the PC when it was added and the staff member writing the note.
- Where the integration with the GP practice is setup to interact with the clinical system, a system administrator will need to activate this in the first instance. A system administrator can switch the integration off at any point from within the clinical system.
- This personal data will not be sold for advertising purposes.

Step 3 Delete

- Client data is deleted by a healthcare professional using Joy by pressing the 'delete' button. At this point all data attached to a client will be deleted, this includes personal identifiable information such as name, address, dob, NHS # as well as any notes, wellbeing assessments, referrals made for that client.
- All patient data including referrals, notes, wellbeing assessments will be deleted in line with the NHS retention schedule after patient is discharged/last seen by the social prescribing service.
- This will be deleted directly out of the Joy database. The database is an SQL database, and each client is a 'row' in a data table. When the healthcare professional deletes the client, the row is permanently deleted.
- Note - data added to the patient medical record via Joy will not be deleted by the Joy software- this will be performed from within the clinical system, if necessary

Step 4 Retain

- Data is retained until the healthcare professional deletes the client data. This will happen 8-years after the patient is discharged/last seen by the social prescribing service (in line with the NHS retention schedule).
- Data collected in Joy can be filed back to the patient medical record using the "send to clinical record" functionality any data added to the medical record will be kept in line with the NHS retention schedule.

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The scope of this project covers the Social Prescribing Service and the Community Wellness Outreach initiative.

The data subjects are patients, the Joy app permits social prescribers to access personal and sensitive personal data (special category data) about the patients they are working with.

The following data will be pulled from the Clinical System to populate Social Prescribing referral forms:

- Name – to know who the individual is
- DOB/Age – some services are specific for different age-groups
- Contact details (email address, telephone number etc.) – to be able to contact individuals
- *Health information (medical conditions, mental health, wellbeing needs, allergies) – to match the individual to a correct service, to ensure patient safety at all times
- Address – it may be necessary for a home visit, or to determine eligibility to a community-based service, or to identify community-based services close to the individual's home
- *Data revealing ethnicity – to enable equalities reporting and to identify health inequalities based upon ethnicity.
- Unique identifier NHS number – to identify the individual
- Gender – to match clients to appropriate services and to identify health inequalities based upon gender
- Reason for referral – to keep track of why they have been referred
- *Safeguarding concerns e.g., risk of violence, substance abuse – to ensure the safety of the individual

*data not mandatory and entered on a case-by-case basis

How much data will be collected?

Data will only be collected on patient's participating in the PCNs Social Prescribing scheme. It is expected that 10-20 patients per 1000 patients in the local area will be affected per year. Only the data categories stated above will be collected and used. The Joy app provides the facility to collect all of the data above however the data controller will only enter what is necessary on a case-by-case basis.

How often?

Data will be collected upon the patient being referred to the social prescribing scheme and throughout the course of their engagement with the scheme. In total, participation in the scheme could last between 6-12 months.

How long will data be retained for?
The health care professional controls how long the data is retained for. They will delete the data when it is no longer required at which point all of the client data will be deleted permanently from the Joy database.

- If the data is not deleted by the practice. Patient data will be deleted after 8 years of the client being discharged/last seen from social prescribing in line with the NHS retention schedule by Joy App. https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/

- The Social Prescriber can add data to the patient medical record from Joy by using the "send to clinical record" feature. This will be added to the patient's medical record within the practice's clinical system and will be held in line with the NHS retention schedule.

How often will data be processed?

Data will be processed upon being referred to the social prescribing and at period intervals throughout the course of the program.

How many individuals are affected?

It is expected that 1%-2% of patients per year will be affected. This is the expected number of patients participating in Social Prescribing per year.

What geographical area does it cover?

Patients registered in the PCN

Why does this data needed to be processed on the Joy app?

The Joy app enables social prescribing teams to deliver an effective and efficient service specifically it:

- Reduces the need for patients to re-tell their story
- Reduces the risk of harm caused to patients e.g. through inappropriate or missed referrals
- Reduces the risk of harm caused by patients e.g. through safeguarding issues
- Enables a patient's progress to be tracked over time
- Enables monitoring and evaluation of the social prescribing scheme
- Enables GPs and other clinical staff to view a patient's progress over time directly from the clinical system
- Enables Social Prescribing staff covering multiple practices to manage their clients in one-place and work efficiently
- Enables secure and timely transfer of data from the JOY App to the patient record.

The data will be processed in the context of a patient accessing the social prescribing service.

What is the nature of your relationship with the individuals?

The individuals included are patients registered with the GP surgery within the PCN that:

Are referred for Social Prescribing

Access the Community Wellness Outreach initiative.

Would they expect you to use their data in this way?

Yes. The data is used to manage cases and make referrals, this is in line with standard operating procedure for other primary care services such as GP appointments.

Do they include children or other vulnerable groups?

The individuals would include vulnerable groups but not currently include children.

Are there prior concerns over this type of processing or security flaws? Is it novel in any way? What is the current state of technology in this area?

The technology being used comprises a cloud-based case management system and digital referral pathway. The data processing is not unique or novel in anyway. The data is encrypted and can only be accessed by authorized users.

Are you signed up to any approved code of conduct or certification scheme.

- The Joy app is accredited with IASME, Cyber Essentials Plus and ISO 27001. Joy has also successfully completed the NHS Data Security and Protection Toolkit (NHS ODS Code 8KN75), the system is also approved by the NHS Digital IM1 team for its integrations with the clinical systems. https://digital.nhs.uk/services/gp-it-futures-systems/im1-pairing-integration#im1-live-suppliers

What control do individuals have regarding using the app?

- The Joy case management application is a requisite piece of technology for the social prescribing team. In a similar way to a GP system being a requisite piece of technology for the GP team

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- Patients can decline social prescribing
- The application is accessed by Social Prescribers via a browser
- If an individual makes a Subject Access Request to the practice, it will be the responsibility of the Practice together with Reading Voluntary Action to disclose the information held within the Joy App. The Practice will be able to access this data via their access to Joy. However, if needed, the Practice can ask Joy to provide this information to the Practice for them to release it.

Describe the purposes of the processing: what do you want to achieve? What is the intended effect on individuals? What are the benefits of the processing – for you, and more broadly?

- The purpose of the processing is to monitor and evaluate the efficacy of the social prescribing as well as improve the overall efficiency and quality of the social prescribing effort.

  Benefits for patients:
- Patients will not have to repeat their story multiple times to different members of staff
- Patients can make an informed choice about the community-services they access and see reviews of these services left by other patients
- Patients will be able to provide feedback on the community-services they access
- Patients will have a shorter wait to begin the social prescribing service as the scheme will run more efficiently
- The interoperability with the clinical systems reduces the likelihood of a missed referral or client action – possible when caseloads are spread across multiple GP systems.

  Benefits for the PCN

- Staff will be more efficient which will increase the capacity and reduce the waiting list time for social prescribing
- It will be easier to monitor and evaluate the social prescribing program and improve the overall quality of the initiative.
- GPs will be able to send more referrals to a wider range of quality-assured services

3: Consultation process

- Joy has engaged with a third-party Data Protection and Information Security Consultancy team to support with the creation of the information and security management system in line with ISO 27001

- The PCN has consulted with their DPO to carry out due diligence on Joy including assuring Joy holds relevant accreditations such as to ISO27001:2013, Cyber Essentials, Cyber Essentials Plus, IASME Governance.

4: Assess necessity and proportionality

Describe compliance and proportionality measures, in particular: what is your lawful basis for processing? Does the processing actually achieve your purpose? Is there another way to achieve the same outcome? How will you prevent function creep? How will you ensure data quality and data minimisation? What information will you give individuals? How will you help to support their rights? What measures do you take to ensure processors comply? How do you safeguard any international transfers?

Principle	Comments

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First principle – **processed lawfully, fairly and in a transparent manner in relation to the data subject**	To ensure that personal data is processed lawfully, fairly and in a transparent manner in relation to the data subject and specific to the use of Joy. The lawful basis for the use of Joy App for the provision of health and/or social care services is: Article 6(1)(e) '…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…' Article 9(2)(h) '… the provision of health or social care or treatment of management of health or social care systems…' The Social Prescriber will also ensure that they adhere to the duty of confidentiality and all other relevant legislation. The practice is also responsible to ensure that patients are fully informed and privacy notices are updated accordingly. Practices also have a leaflet that they can share to patients regarding the Joy App.
Second Principle **– Purpose Limitation** Data collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes	This plan covers the scope of all purposes for using client data. Joy processes ensures that the data is only processed for the purposes of which it is obtained which is to deliver and evaluate the social prescribing service. Joy App is a Data Processor and will only act under instruction of the Data Controller (GP Practice) as per the Data Processing Agreement that is in place between the Practice and Joy App.
Third Principle - **Data minimisation** Data is adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed	The project seeks to minimise the amount of personal client data processed. The data collected is the minimum amount for reporting and providing a quality service. The DPIA forms part of the Governance process to ensure that data is minimised. Data collected and why it is necessary: • Name – to know who the individual is • DOB/Age – some services are specific for different age-groups • Contact details (email address, telephone number etc.) – to be able to contact individuals • *Health information (medical conditions, mental health, social needs, allergies) – to match the individual to a correct service, to ensure patient safety at all times

	• Address – it may be necessary for a home visit, or to determine eligibility to a community-based service, or to identify community-based services close to the individual's home • *Data revealing ethnicity – to enable equalities reporting and to identify health inequalities based upon ethnicity. • Unique identifier NHS number – to identify the individual • Gender – to match clients to appropriate services and to identify health inequalities based upon gender • Reason for referral – to keep track of why they have been referred • *Safeguarding concerns e.g. risk of violence, substance abuse – to ensure the safety of the individual *This data is accessible to Social Prescribers who have access to the GP clinical system. Joy users without this access will only be able to access this information if a health care professional deems it necessary e.g. sharing a dementia diagnosis may be required for some community-based services. N.B. With regards to the reporting there is an in-built "dashboard" which users of the PCNs Joy system can use to report (in-real time).
Fourth Principle – Accuracy Data must be accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay	Information is taken from the patient medical record via the integration with the clinical system. The practice will ensure that this information is up to date.
Fifth Principle – Storage limitation Data must kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures in order to safeguard the rights and freedoms of the data subject	Client data can be deleted by the Practice at any point on the Joy App. If not deleted, it will be deleted by a health care professional after 8 years of discharge by pressing the delete button in line with the NHS retention schedule. This will directly delete the client from the Joy database. All data associated with that client will be permanently deleted from the database. Social Prescribers can add data to the patient medical record from Joy by using the "send to clinical record" feature. This will then form part of the patient's medical record and will be held in line with the NHS retention schedule.

Sixth Principle **– Integrity and confidentiality**. Data must be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures	The new system involves storing data in the cloud. It is kept in a secure AWS database instance located in the UK. The primary threat comes from insecure logins. To that end staff will be provided with secure logins which are password protected. Another threat is from a cyber-attack or hacking. To mitigate that penetration testing is performed on an annual basis to the Joy platform. Training is provided to staff members explaining how they should use the Joy platform to keep the data secure. Joy is accredited to Cyber Essentials and IASME Governance, and soon to be Cyber Essentials Plus to provide external assurances to our internal processes. Joy App has also successfully completed the NHS Data Security and Protection Toolkit and completed a Security Questionnaire for the practice. The Joy App system is also approved by the NHS Digital IM1 team for its integrations with the clinical systems. https://digital.nhs.uk/services/gp-it-futures-systems/im1-pairing-integration#im1-live-suppliers and as part of the integration with the Clinical System has undergone the NHS Digital process.

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Seventh Principle – **Accountability**	The practice considered data protection at the outset of the implementation of the use of Joy and have worked with the DPO from the start, regarding the potential use of Joy.
The Data Controller (GP Practice and Reading Voluntary Action) shall be responsible for and be able to demonstrate compliance with the data protection principles.	We have carried out due diligence on Joy including assuring Joy is accredited to ISO27001, accredited to Cyber Essentials, Cyber Essentials Plus and IASME Governance, to provide external assurances to its internal processes. Joy is also certified against ISO27001:2013 covering the whole organisation and services related to the Joy product.
	The practice has a Data Processing Agreement in place with Joy to outline the role between the practice as the Data Controller and Joy as the Data Processor.
	The practice will update their Privacy Notices to include the use of Joy and provide patients with the Joy leaflet when they are referred to the Social Prescribing Service. The practice's privacy notice is available on the website, in the practice and provided to new patients when they register with the practice.
	The practice will also update their Record of Processing Activities (ROPA) to include the use of Joy.

5: Identify and assess risks

Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	Likelihood of harm	Severity of harm	Overall risk
Inadequate disclosure controls, results in a someone accessing the data who should not e.g. sharing of passwords which if exposed could result in enforcement, including fines.	Low	Medium	Medium
Inadequate cyber security controls result in a data breach and someone accessing the data who should not e.g. the database is hacked. If exposed, this could result in enforcement, including.	Low	Medium	Medium
The potential crash in AWS Cloud, which could affect the day-to-day operations of the organisation. If exposed, this could result in enforcement, including fines.	Low	High	Medium

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Risk that data is deleted from the Joy App and the practice is unable to provide the information as part of a Subject Access Request. If exposed, this could result in enforcement, including fines.	Low	High	Medium
Staff member accidentally releases patient information by referring a patient to the wrong referral partner via Joy App.	Low	High	Medium
Patients may not be aware that their information is being processed in this way which would result in a failure to adhere to the transparency principles and Article 13 and 14 under the UK GDPR. Lack of transparency could result in enforcement, including fines.	Low	Medium	Medium
Risk that access to the data could be used for secondary uses.	Low	Medium	Medium
Risk of a data breach by Joy app, which could result in enforcement, including fines.	Low	High	Medium
Risk of lack of governance in place between the practice and Joy app.	Low	High	Medium
Risk that the practice's data is shared by Joy App without the practice's authorisation.	Low	High	Medium
Joy App releases information to a patient making a Subject Access Request directly, without the practice reviewing the data prior to release. The practice is the Data Controller and therefore responsible for complying with the Subject Access Request with the assistance of Joy (if required).	Low	High	Medium
Risk of a breach to the practice's data via the integration with Joy App and the clinician system. If exposed, could result in enforcement, including fines.	Medium	Medium	Medium
Risk that access via the Joy App is used to access a patient's clinical records when the individual does not have the practice's permission to do so.	Low	High	Medium

6: Identify measures to reduce risk

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5

Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved
Inadequate disclosure controls, results in someone accessing the data who should not e.g. sharing of passwords	Employee policies to contain rules about sharing passwords. Within the organization a user to be identified as the admin and manage new access	Reduces	Low	Yes
Inadequate cyber security controls result in a data breach and someone accessing the data who should not e.g. the database is hacked	Ensure the platform has controls and safeguards to protect the data and that these are in line with recognized standards such as IASME and Cyber Essentials Data is encrypted at rest, so in the event of the database being stolen, the database will be inaccessible.	Reduces	Low	Yes
The potential crash in AWS Cloud, which could affect the day-to-day operations of the organisation	Again, loss of the data stored in the AWS Cloud would cause operations to halt, putting critical information at risk of being lost. Same as above, backup copies are held in a different physical location, and backups are tested regularly as stated in the Joy security policy.	Reduces	Low	Yes

Staff member accidentally releases patient information by sending it to wrong external recipient.	Staff are reminded at the outset of employment the importance of the security policy, defining responsibilities and how-to's in response to an error, coupled with staff training to reduce errors in this area. Staff are provided with data protection and confidentiality training, which is refreshed annually. Staff are also provided with regular updates and reminders regarding data protection and steps to take to reduce risks to patients and other staff members.	Reduces	Low	Yes
Patients may not be aware that their information is being processed in this way which would result in a failure to adhere to the transparency principles and Article 13 and 14 under the UK GDPR. Lack of transparency could result in enforcement, including fines.	The PCNs/practices will update their privacy notices to reflect the use of Joy App. The privacy notice is available in the practice, on the practice's website and provided to patients on registration. Patients referred to the Social Prescribing Service will also be provided with a leaflet regarding the use of Joy App. Social Prescriber confirms patient consent on first contact. CWO DO confirms patient consent on arrival at CWO clinic.	Reduces	Low	Yes

Risk that access to the data could be used for secondary uses.	The Data Processing Agreement outlines what Joy App will be providing the service for. All Staff members are providing with training at the outset of employment and provided annual refresher training. All staff members are aware of the duty of confidentiality and data protection legislation. Training will also be provided to staff regarding the way in which the data on Joy will be used and the acceptable uses of Joy.	Reduces	Low	Yes
Risk of a data breach by Joy app, which could result in enforcement, including fines.	Joy will be independently auditing for information security and perform annual penetration testing. The Data Processing Agreement outlines what steps Joy app must take if there is a data breach.	Reduces	Low	Yes
Risk of lack of governance in place between the practice and Joy app.	The Practice has a Data Processing Agreement in place with Joy App which sets out the acceptable uses of Joy App. The DPIA and DPA to be reviewed every 12 months or upon any changes.	Reduces	Low	Yes
Risk that the practice's data is shared by Joy App without the practice's authorisation.	Data Processing Agreement sets out the acceptable uses of Joy and what Joy are providing. Joy act under the instructions of the practice as per the Data Processing Agreement.	Reduces	Low	Yes

Joy App releases information to a patient making a Subject Access Request directly, without the practice reviewing the data prior to release. The practice is the Data Controller and therefore responsible for complying with the Subject Access Request with the assistance of Joy (if required).	Joy will direct all relevant Subject Access Request to the Practice who is the Data Controller. The Practice will ensure that if they receive a Subject Access Request that they search the Joy App and release this data as part of the Subject Access Request. If the Practice requires the assistance of Joy App, regarding the Subject Access Request, they will request it.	Reduces	Low	Yes
Risk of a breach to the practice's data via the integration with Joy App and the clinician system. If exposed, could result in enforcement, including fines.	Ensure the platform's integration with the clinical system has controls and safeguards to protect the data in line with the NHS Digital IM1 standards The platform's integration with the clinical system is configured within the clinical system itself by GP surgery staff with administrative privileges. Access can be changed/denied/restricted at any point	Reduces	Low	Yes
Risk that access via the Joy App is used to access a patient's clinical records when the individual does not have the practice's permission to do so.	Users of the Joy App will only be able to view the clinical record of patients if they have access to the practice's clinical system. If the practice has not set the user up with access to their clinical system, they will be unable to use the 'view record' feature in the Joy App.	Reduced	Low	Yes

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7: Sign off and record outcomes

Item	Name/date	Notes
Measures approved by:	**Dr Rabinder Mittal**	
Residual risks approved by:	**Dr Rabinder Mittal**	
DPO advice provided:	**Laura Taw**	DPO should advise on compliance, step 6 measures and whether processing can proceed

Summary of DPO advice:

The GP Practices should read and fully understand this DPIA, and the risks set out in section 5.

The GP Practices should understand the mitigations required and action as appropriate to reduce risks where possible set out in section 6 of this DPIA.

The GP practices should ensure the correct settings are in place for Joy App users to prevent unauthorised access to patient records.

The GP Practices, as the data controllers, should ensure the relevant processing agreements are in place with the federation to support this process.

The GP Practices should update their Information Asset Register and Data Flow Map to reflect this process.

The GP Practices should update their Privacy Notice to reflect this process. Suggested wording that may be used:

Social Prescribing (JOY)	**Purpose:** The practice clinical system will be made available to JOY to provide a social prescribing service to their patients. Patients will be asked to consent to being referred into the service and allow their individual record to be accessed at the time of contact.
	All access into the GP clinical system will be monitored and audited regularly.
	Legal Basis: This activity is being undertaken as an enhanced direct care service.
	UKGDPR Article 6 1(e) Public Task
	Article 9 2(h) Health data will apply.
	Processor: JOY

DPO advice accepted or overruled by:		If overruled, you must explain your reasons
Comments:		
Consultation responses reviewed by:		If your decision departs from individuals' views, you must explain your reasons
Comments:		
This DPIA will kept under review by:	**Dr Rabinder Mittal**	The DPO should also review ongoing compliance with DPIA