Impact Assessment Screening Tool

Name of policy or process:	*Disclosing confidential information about patients – including where they may not be fit to drive*
Purpose of policy or process:	Supporting guidance for GOC registrants
Team/Department:	Standards & CET
Date:	27 September 2019
Screen undertaken by:	*Natalie Michaux*
Approved by:	*Marcus Dye*
Date approved:	*27 September 2019*
Instructions:	• Circle or colour in the current status of the project or policy for each row. • **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is **not** required, put you reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

A) Impacts	High Risk	Medium Risk		Low Risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required.	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	Budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation & Media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people & equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	
8. Communication (Comms) / Raising Awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh, Comms Team aware.		Does not need to be published in Welsh.	

Please put commentary below about your Impacts ratings above:
Reserves: no impact. Budget: current work planned is fully accounted for within agreed 19-20 budget, but depending on stakeholder feedback, further budget may be needed at a later date to support implementation activities (although this is unlikely) Legislation, guidelines and regulations: GOC Legal team have been involved at every stage of guidance development and we are compliant Future legislation changes: none relevant that we are aware of. Some stakeholders are campaigning for a change in the law relating to compulsory sight testing for drivers, which would impact the guidance, but we have no reason to believe that any such change is imminent. Reputation and media: one of the subjects addressed in the guidance (where patients' eyesight may render them unfit to drive) has had a high media profile in recent years and is quite an emotive issue due to fatal accidents caused by drivers who have been advised that they should stop driving as a result of poor vision but continued to do so. The high rating for this item will be mitigated by the production of internal and external communications plans which make the GOC's messages clear to its target audiences. Resources: we are likely to complete this work with the current resource within the Standards team. However, this should be re-evaluated when a communications plan has been finalised. Sustainability: Standards Project Group (a team of nine) is fully aware of the work and has been involved at all stages of development. Training material for FTP staff and decision-makers has not yet been drafted but the relevant lead in FTP has been identified, is aware of the need and provisional dates for training are being scoped. Communication: Internal communications have been planned and an external communications plan is being developed..

B) Information Governance	High Risk	Medium Risk		Low Risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	n/a
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted.	n/a
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	n/a
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	n/a
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	n/a
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	n/a
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	n/a
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; Archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	n/a
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	n/a
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	n/a
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	n/a
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	n/a

13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG.	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	n/a

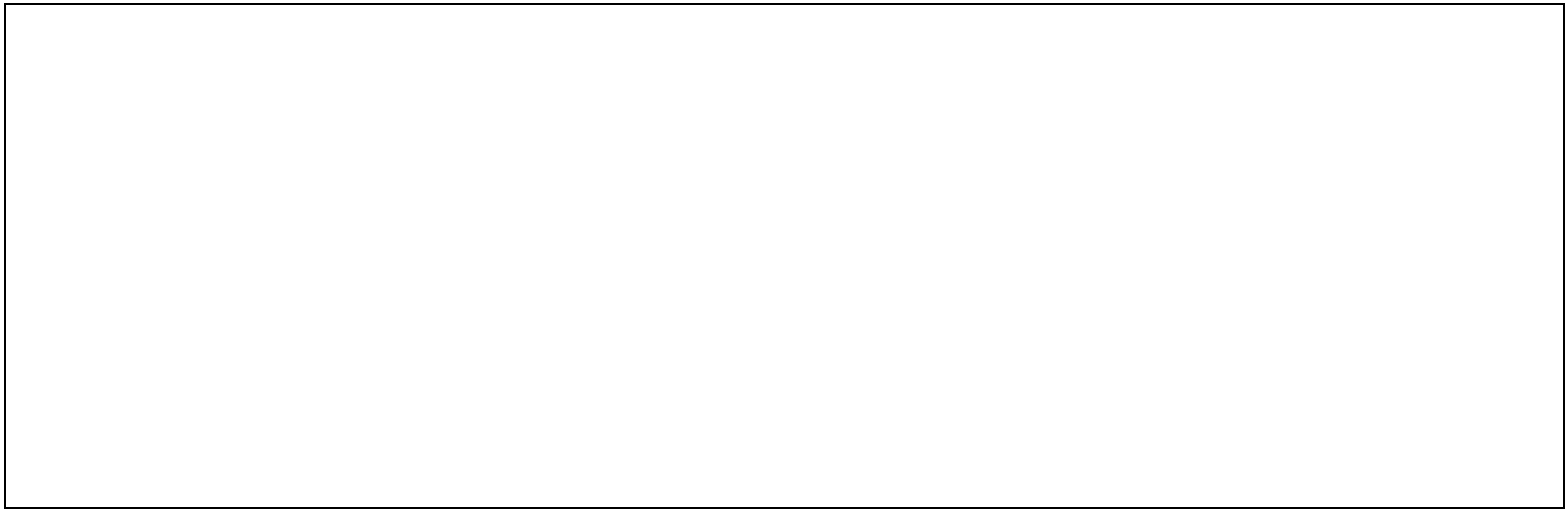
Please put commentary below about reasons for Information Governance ratings:
No data is collected or supplied to the GOC as a result of this work and therefore this section is not applicable. Registrants however will need to be aware of their IG responsibilities under the *Standards of Practice, Standards for Optical Students and Standards for Optical Businesses* when putting the guidance into effect within their own practice, and the guidance itself makes reference to registrants' IG responsibilities under the 'Data protection' subheading in Section 1.

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
Main audience/policy user	Public			Registrants, employees or members*	
Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process.			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process.	
The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases.	Yes, the decision is made by a representative panel (specifically selected). No, no decisions are required.	n/a
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration.	There is clear decision criteria, but no form to record the decision.	There is clear decision criteria and a form to record the decision.	n/a
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process.	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	n/a
	The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months.	The decision-makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked.	The decision-makers are not involved before receiving EDI & unconscious bias training.	The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded.	n/a
Training for all involved	Less than 50% of those involved have received EDI training in the last 12	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12	n/a

	months; and there is no further training planned			months, which is recorded.	
Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team.	n/a
Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	n/a
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	n/a
Attendance	Short notice of dates/places to attend	Medium notice (5-14 days)of dates/places to attend		Planned well in advance	n/a
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	n/a
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	n/a
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed.		Attendance/involvement is equal, and monitored per attendee.	n/a
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates.	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates).	n/a
Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available.	n/a
Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors.	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	n/a
Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees,	

				members and wider groups.	

Please put commentary below for Human Rights, Equalities and Inclusion ratings above:
Main audience/policy user: the guidance is intended for registrants but may be accessed by members of the public and other interested non-optical organisations – such persons were included in the public consultation and provided feedback on clarity, accessibility and utility which have all been taken into account. Participation in a process: the guidance itself does not exclude anyone from participating in a process, but the consequences of a disclosure under it may indirectly result in such (i.e. where a registrant makes a decision to disclose confidential information to a third party, and then that third party uses that information as part of its decision to deny participation). This was taken into consideration when drafting the guidance and the questions asked as part of the consultation process – we asked questions relating to adverse impact, particularly on those with protected characteristics and fewer than 5% of respondents thought that there would be an adverse impact. We have added information to the guidance to mitigate against any increase in patient vulnerability that may come about as a result of a revocation of driving licence, i.e. advising registrants to direct patients to sources of help and support. Decision-making giving outcomes for individuals: similarly to the above, the guidance does not leave impactful decision-making (with an outcome for individuals) to one person, but the result of the guidance being properly applied by registrants (i.e. passing on information to the DVLA/DVA) may lead to this happening in practice (i.e. the decision to revoke a driver's licence being taken by an individual on the DVLA/DVA's medical team). This is beyond our control as it concerns the DVLA/DVA's internal processes. Consultation and inclusion: public consultation undertaken on draft guidance from March to June 2019 (respondents to which included all categories of registrant, professional/representative bodies, charities and members of the public), and draft guidance considered by multi-disciplinary internal bodies too (Standards Project Group, Standards Committee, Council) Training for all involved: whilst we are not able to formally train all registrants in implementing the guidance, we are providing training and briefings for relevant staff and members as part of our internal communications plan. We are also considering the provision of Continuing Education and Training (CET) as part of our external communications plan.



Policy – Impact Assessment

Step 1: Scoping the IA

Name of the policy/function:	**Disclosing confidential information about patients**
Assessor:	**Natalie Michaux**
Date IA started:	**27 September 2019**
Date IA completed:	**27 September 2019**
Date of next IA review:	**27 March 2019**
Purpose of IA:	
Approver:	
Date approved:	

Q1. **Screening Assessment**

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
  - ☐ Impacts
  - ☐ Information Governance (Privacy)
  - ☐ Human Rights, Equality & Inclusion
  - ☐ None have been completed

Q2.About the policy, process or project

- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

Aims: To provide support and guidance to GOC registrants when considering whether or not to disclose confidential information about patients to another party in the public interest
Purpose and Outcome: Published supporting guidance to be read in conjunction with the *Standards of Practice for Optometrists and Dispensing Opticians*, *Standards for Optical Students,* and *Standards for Optical Businesses*
Who will benefit: Patients and the public, GOC registrants, GOC staff and FTP decision-makers

Q3. Activities or areas of risk or impact of the policy or process

- Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

Activity/Aspect
• Protection and safety of patients and the public
• Registrant confidence in meeting (and ability to meet) professional standards

Q4. Gathering the evidence

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

Available evidence – used to scope and identify impact
• Quantitative and qualitative data obtained as part of public consultation process with stakeholders. Consultation took the form of a survey on our Citizen Space hub, which was open for 12 weeks and had 280 responses from registrants (individual and business), stakeholder organisations (professional/representative bodies, charities and road safety organisations) and members of the public. • Bilateral discussions with key stakeholder organisations • Input from multi-disciplinary sources internally (Standards Project Group, FTP directorate, Advisory Panel and Council)

Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information Governance and Privacy implications; and
    3) Human Rights, Equality and Inclusion implications.

If yes, note them here:

Input from the DVA in Northern Ireland is required to ensure that the guidance section relating to disclosures on vision and safe driving is compatible with what the DVA would expect to receive from healthcare professionals when making such disclosures. This has now been received.

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how:
Public consultation from March – June 2019 via survey on GOC Citizen Space hub.
Summary of the feedback from consultation: • Guidance is broadly useful but would benefit from more specific use of language so that registrants could better understand when they should take action to protect patients and the public • Registrants expressed discomfort with using professional judgement to make a decision on whether confidential information about patients should be disclosed, and implied they would be more comfortable with definitively being told what to do

- More content desired in the guidance on what factors should be taken into consideration when deciding whether or not to disclose
- Further activities to support implementation of the guidance, to include patient- and public-facing communications and information as well as registrant-focused.

Link to any written record of the consultation to be published alongside this assessment:

Consultation report being finalised internally and will be published on GOC website (and GOC standards microsite) in November 2019.Impact (in terms of EDI) questions were asked as part of the consultation, specifically:

- Are there any aspects of the guidance that could have an adverse or negative impact on any group of patients, the public, GOC registrants or others?
- Are there any aspects of the guidance that could discriminate against stakeholders with specific characteristics? Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, caring responsibilities or any other characteristics.

How engagement with stakeholders will continue:

- Bilateral meetings with key stakeholder organisations
- Business registrant roundtable events
- Programme of implementation activities (tbc)

Step 2: Assess impact and opportunity to promote best practice

- Using the evidence you have gathered what if any impacts can be identified. Please use the table below to document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Use the table below to document your strengthening actions (already in place or those to further explore or complete).

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
Guidance drafting/amendment	Risk that confidential information may be shared inappropriately if messaging insufficiently clear regarding when implied consent applies and/or why GP should be informed	• Further advice sought from GOC Legal team on how to clarify position and drafting accordingly amended to be in line with this and with ICO guidance.
Guidance drafting/amendment	Risk that registrants could underreport if there is a lack of certainty in the language as to when they should do so, and a lack of clarity around whether they will be subject to FTP proceedings	• Action taken: text of guidance amended to replace phrase 'you should consider notifying' with phrase 'you should notify' • Action to take: explore with Legal and FTP teams the extent to which assurances can be given within guidance (due: 4 October 2019)
Guidance drafting/amendment AND comms messaging	Perception risk that vulnerable patients will be disadvantaged as a result of decisions taken by registrants to disclose (i.e. elderly or infirm not having access to support or transport following a disclosure about fitness to drive)	• Action taken: added wording into guidance that suggests registrants could signpost patients to useful information and sources of support • Action still to take: implementation activities to include patient-facing information, which could cover support resources (due end Q4 19-20)

Step 3: Monitoring and review

Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

Analysing impact in future registrant surveys (tbc)
Review of guidance in four years in accordance with GOC Standards framework
Standards microsite analytics data
Considering incorporation of privacy-related impact questions in future surveys

Please provide a review date to complete an update on this assessment (three months from initial completion).

Date: