Document Type:	Policy	
Reference Number : **1847**	Version Number: **4**	Next Review Date: **29 November 2022**
Title:	**Blood Borne Virus Testing for Substance Misuse Services Policy**	
Document Author:	Clinical Lead, Drug and Alcohol Services	
Applicability:	Torbay Drug and Alcohol Service	

Contents

1 Purpose

1.1 This policy aims to provide the framework within which all “at risk” service users within the Torbay Drug and Alcohol Service are offered routine screening for Blood Borne Viruses (BBV’s).

2 Introduction

2.1 Transmission of Blood Borne Viruses such as Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) Hepatitis C (HCV) through injecting drug use is a major public health problem. All adult (18 years and over) drug using service users who are receiving treatment at Torbay and South Devon NHS Foundation Trust (TSDFT) Drug & Alcohol Services are eligible for BBV testing.

2.2 This policy is designed to cover testing for BBV’s (specifically Hepatitis C and HIV). This policy does not cover immunisation and treatment.

2.3 Testing for Hepatitis B will not be routinely conducted, as immunisation will be offered without testing for this high risk group (DoH 2007).

2.4 Recovery Coordinators will not be required to test for Ribonucleic Acid (RNA) (Polymerase Chain Reaction (PCR), to confirm the active virus) for Hepatitis C. This will be completed through the Torbay Drug & Alcohol Service Blood Borne Virus Clinic System.

3 Roles and Responsibilities

3.1 The utilisation of dried blood spot testing within substance misuse services means that testing for Hepatitis C and HIV can be conducted by any suitably qualified staff.

3.2 Within these terms, “suitably qualified staff” does not necessarily refer to medically qualified staff such as nurses and doctors, but to any professional in the field who has undergone the necessary pre and post-test discussion training and have been instructed in the use of the dried blood spot testing kit.

3.3 Suitably qualified staff will deliver pre and post-test advice and information as well as refer service users for further treatment/testing.

4. Screening, testing and interpretation of results

4.1 Policy Statement/Objective

Testing for blood borne infections benefits the service user by:

- Testing provides the service-user with an opportunity for discussing any current behaviour which may be placing them at risk from infection, injecting behaviour or overdose.
- Testing provides the opportunity to identify and follow up those individuals who have an antibody positive result from their BBV screen and refer for follow-up testing and onward referral to treatment if required.
- Results may act as a motivating factor for the service user to make changes to their pattern of drug use.

Reducing risk of harm associated with drug-using behaviour and blood-borne virus infection through information-giving, testing and onward referral for treatment if required. As a significant harm to the service user’s health and well-being related to BBV’s, the opportunity for the individual in treatment to access testing and onward referral is necessary as an essential part of the service user’s treatment intervention.

4.2. Eligibility criteria

- Those aged 18 and over who reside in Torbay
- Individual is registered with a GP
- Individuals who have a history of injecting drugs and/or currently injecting drugs.
- Individuals who have a history of sharing drug paraphernalia with others e.g. injecting equipment or crack pipes.
- Drug users who are at an increased risk of progressing to injecting which includes:
- Those who are currently smoking heroin.
- Heavily dependent amphetamine users.
- Non-injecting users who are living in close proximity of current injectors.
- Individuals who have a history of high risk sexual behaviours:
- Anyone at risk through unprotected sex, regardless of sexual orientation.
- Regular sexual partners of people with diagnosed Blood Borne Viruses.

- Regular sexual partners of people who are at risk of contracting Blood Borne Viruses.
- Sex workers
- Drug users who may have had unsterile body piercing or unsterile medical treatment abroad (especially surgery or blood transfusion).

4.3. Exclusion criteria

Those aged under 18 years of age unless over-ridden by a service level agreement that contracts the trust to deliver a testing service.

Consideration must be made of the following:

- The level of anxiety the service user may experience and his/her resilience in managing this whilst awaiting result.
- Is the timing right? Are there other issues such as drug use or mental health difficulties that should be dealt with first?
- Positive tests mean facing possibility of illness and morbidity. Explore how patients would feel and cope.
- What support is available?
- Individuals who are not registered with a GP – this should be encouraged as a matter of priority by the worker.

4.4. Cost to service user

This service is free to service users

4.5. Modality service interfaces with:

- The Eddystone Trust HIV and Sexual Health Services
- Torbay and South Devon NHS Foundation Trust Hepatology service
- Genito-Urinary health
- General Practice

4.6. Process

100% of all service users entering substance misuse treatment with Torbay Drug & Alcohol Service will be offered a test, unless assessed as not appropriate to offer.

4.7. Prior to testing

Pre-test discussion should be carried out by suitably informed and trained staff. Information should be provided to the service user in a clear and concise way that the service user can understand. Pre-test discussion should cover the following areas:

- Informed consent should be obtained from the service user.
- Confidentiality of test results.
- Modes of transmission.

- The nature of a blood borne virus infection and the possible long-term implications of the disease.
- Activities that the service user may have been involved in which have put them at risk of infection. Some attempt should be made to establish the date of the last risk activity (so that the "window period" is taken into account)
- Information about risk reduction and harm reduction appropriate to the service users circumstances.
- The implications of a positive or negative result for the individual and his/her family, e.g. the possible effect on relationships and the possible need for sexual partners to be tested.
- Establish what support network the individual may have and information about national / local organisation's providing support.
- The testing procedures and what will need to happen if the test result is positive. The service user should be advised of need for a confirmatory blood test and the process involved in arranging this.
- Onward referral and treatment pathway for further investigation and treatment.
- 'Window Period' and need for further testing if service user has engagement in risk behaviour during previous 3-6 months.
- The inability to obtain a 100% reliable result using this technique should be explained to the service user. Due to the level of false negative results (e.g. 10% of people tested according to the specificity obtainable using this technique). Service users should be advised that regardless of risk taking behaviour they are offered a re-test at 6 months.
- Arrangements for giving the results of the tests agreed – advise these are routinely given face-to face. Unless in exceptional circumstances client requests alternative communication of results.
- A Proforma is available to support staff undertaking pre and post-test discussion. (see appendix 2)

4.8. Dried blood spot screening

The service will use the dried blood spot testing method. The benefits of this system are:

- It is relatively non-invasive and non-time-consuming when compared against 'blood letting.
- This is a more acceptable screening method to those service users who are difficult to bleed or are reluctant to have a venous blood sample taken.
- It is a simple and easy test to undertake and can be carried out within a variety of clinical and community settings by any staff who has been trained to use this testing system.
- It is as sufficiently reliable to indicate infection.
- The test results are emailed directly to Torbay Drug & Alcohol Service, usually within 14 days of testing.
- Due to the nature of the testing (dried blood spot testing), an alternative testing method such as oral fluid screening will be offered if this technique is against an individual's religious beliefs.

The samples are analysed at a CPA (Clinical Pathology Accreditation) accredited specialist virology laboratory for the main blood borne viruses:

- Hepatitis C: Anti-HCV
- Hepatitis B: Anti-HBcore & HbsAg
- HIV: Anti-HIV
- Hepatitis C PCR: (indicative of current infection). Venous sample to be offered initially due to cost / further diagnostics available via this method. Dried blood spot to be completed if poor venous access / or venous sample declined by client. To be completed by BBV Lead / NMP.

4.8.1 Dried blood spot testing as compared to oral fluid testing has a greater level of both sensitivity and specificity at >95%. In comparison, oral fluid yields a specificity of 90-95% and sensitivity of 85-92%.

4.8.2 As such, dried blood spot testing has a performance similar to that of serum/plasma.

4.8.3 Dried blood spot testing has a cost saving of around 25% when compared to oral fluid testing.

4.9. Test results

4.9.1 Test results will be sent via secure email and delivered to the appropriate agency and worker. Results take a maximum of two weeks to become available.

4.9.2 Test results should be given face-to-face by a competent health professional at the earliest opportunity.

4.9.3 Best practice is that the post-test information, screening result and discussion is given by the same person who undertook the pre-test discussion. If this is not possible a suitable competent named worker should be nominated to undertake this.

4.9.4 The service user may wish to bring someone along with them for support when being informed of the result. This should be discussed prior to attending for the test results, but would usually be supported.

4.9.5 As part of a comprehensive post-test discussion Recovery Co-coordinators must be able to signpost service users appropriately to supportive services/resources unless contra-indicated by a risk assessment.

4.10. Positive reactive results

4.10.1 A positive Hepatitis C antibody test should be viewed as being reactive, and must be confirmed by testing a second sample. The confirmatory sample will be a venous PCR test arranged with (BBV Lead Nurse or the Non-Medical Prescriber Clinic Nurse). It is important that the service user clearly understands this, and that further specialist tests are required to establish whether there is current infection and identify the extent of any disease. The Recovery coordinator will observe previously agreed levels of consent and information sharing in this process which will be obtained from the service user using the consent section included in the pre and post-test discussion pro-forma.

4.10.2 Information will be shared in writing with the GP, and will state the presumptive nature of the test, the clients expressed consent for information sharing to occur and the agreed support offered to the service user during the interim period.

4.10.3 Service user may need additional support to come to terms with a positive test result and potential future implications. Referring practitioners should consider providing such support during the period that service user waits to see a specialist or exploring whether such support is available from the specialist department before the first appointment.

4.10.4 Primary issues for positive result and subsequent post-test discussion:

- Reinforcement of realistic facts, potential treatment options etc.
- Time frames involved
- Prioritise issues appropriately, e.g. stabilise substance use.
- Lifestyle information – drug & alcohol intake minimisation, nutrition, stress reduction, complementary therapies available
- Discuss support networks
- Self-help / support groups and relevant literature.
- Importance of positive attitude.
- Potential risk to self and others on mutual transmission - infected individuals can pass on infection and can also be re-infected with different viral strains; safer sex and the use of condoms; sharing injecting equipment including spoons, filters, water and needles/syringes; for HIV and Hepatitis B, interventions can prevent infection of the unborn child.
- Summary and questions.

4.11. Negative test results

4.11.1 Primary issues for negative result and subsequent post-test discussion:

- Service user not showing exposure to blood borne viruses.
- Last perceived time of risk and window period (subsequent testing in 3-6 months may be required to allow for window period)
- Re-testing every 6-12 months.
- Staying negative:
    - Transmission prevention.
    - Harm reduction.
    - Safer injecting.
    - Safe sex.

4.12 Options once modality completed

4.12.1 Negative Results

- On-going engagement with drug treatment to either reduce further risk of infection or maintain achieved risk reduction.

4.12.2 Positive Results

- On-going engagement in drug treatment to either reduce further risk of cross-infection or maintain achieved risk reduction.
- Onward referral to Hepatology (Hepatitis or GU Medicine (HIV)

4.12.3 **Other services which modality interfaces**

- Genito-Urinary (GU) Medicine
- Torbay and South Devon NHS Foundation Trust Liver Specialist Nurse and Hepatology Department
- The Eddystone Trust HIV and Sexual Health Services

4.12.4 **Documentation of intervention and results**

The electronic records system for substance misuse service (HALO) contains information fields which record all latest test dates, results and onward referral. The suitably qualified staff member performing BBV screening will update these fields following screening and again following results. A record of BBV screening and results will also be made under client contacts.

Referral to the Hepatology and GU departments will be made in writing by letter or email and a copy sent to GP. A copy of any correspondence received from the referral source kept on the clients HALO record.

5 Training and Supervision

5.1 All staff undertaking testing will have received pre and post-test discussion training from an accredited provider.

5.2 Further, staff will have been trained locally in the use of the testing method (dried blood spot testing). This may be delivered by the provider or by previously trained and competent staff within the service.

5.3 Staff will work to the Standing Operating Procedure for dried blood spot testing for Hep C / HIV in all instances (1828)

5.4 Refresher training will be required if there are changes in the testing method, clinical innovation, service change or changing demographics in the patient group.

5.5 The service manager for the Torbay Drug & Alcohol Services (TDAS) will be responsible for maintaining an up to date record of suitably trained staff centrally.

6. Monitoring, Auditing, Reviewing & Evaluation

6.1 Implementation of this policy will be monitored through the Torbay Drug & Alcohol services Quality, Safety and Performance Group (QSP), and will report to the Care and clinical policies sub-group.

6.2 This policy will be reviewed on a three-yearly basis; the lead officer responsible for this will be the Torbay Drug & Alcohol Service Clinical Lead.

6.3 In the light of any changes due to new clinical innovation or Trust policy changes, this policy will be reviewed sooner than the above date.

6.4 Dried Blood Spot tests have been shown to have several advantages over oral fluid specimens, including the potential to provide greater sensitivity and to permit a wider range of tests to be performed. Optimised assay methods for anti-HCV antibody detection in dried blood spots provide over 99 per cent sensitivity and 100 per cent specificity, and therefore could be used diagnostically to encourage hepatitis C testing in low threshold settings in which it is difficult to take blood because of poor vein access or lack of trained phlebotomists. (Health Protection Agency 2007).

6.5 The identified provider (Abbott) is accredited with the United Kingdom accreditation Service (UKAS) and its laboratories are periodically audited to ensure that they continue the performance capability to meet internationally agreed quality levels.

6.6 Evaluation of the efficacy of the testing method with the identified provider will be continually appraised based on the known evidence base relating to the testing equipment, its sensitivity and specificity.

7. References

7.1 Journal Clinical Microbiology. 2002 Sep;40(9):3512-4.
Simple and reliable method for detection and genotyping of hepatitis C virus RNA in dried blood spots stored at room temperature.
Solmone M, Girardi E, Costa F, Pucillo L, Ippolito G, Capobianchi MR.

7.2 Journal Virological Methods. 2005 Sep;128(1-2):128-34.
Usage of dried blood spots for molecular diagnosis and monitoring HIV-1 infection.
Uttayamakul S, Likanonsakul S, Sunthornkachit R, Kuntiranont K, LouisirirotchanakulS, Chaovavanich A, Thiamchai V, Tanprasertsuk S, Sutthent R.

7.3 Drug Misuse and dependence: UK Guidelines on clinical management (2007)
London, Department of Health (England) the Scottish Government, Welsh Assembly Government and Northern Ireland executive.

7.4 Hepatitis C in England: An update 2007.
London: Health Protection Agency Centre for Infections, December 2007.

7.6 Hepatitis C In the UK:
London, Health Protection Agency Centre for Infections, November 2009

7.7 Hepatitis C Essential Information for Professionals and Guidance on Testing: London, Department of Health, March 2002

8. Equality and Diversity

This document complies with the Torbay and South Devon NHS Foundation Trust Equality and Diversity statements.

9. Further Information

NICE Quality standard (QS23) – Drug use disorders in adults (blood borne viruses quality statement 4).

10. Appendices:

Appendix 1 - Pre/post-test discussion pro-forma.

Appendix 1

Pre/post BBV discussion

BBV Pre-Test Discussion			
Name		**NHS Number**	
Date of Interview & Test			

Reason for Test Discussion (please tick)				
Patient request (give reason for concern):	❑		Investigation of illness:	❑
Annual test due	❑		Antenatal:	❑
History of high risk behaviour	❑		Other (specify):	

Patient Knowledge and Awareness Checklist	**Discussed Yes**	**No**
What these initial tests can tell us	❑	❑
Antibodies take 3 months (HIV) – 6 months (HCV) to develop – repeat test required?	❑	❑
What further tests may be needed if reactive test – BBV nurse referral process	❑	❑
Natural history and disease progression – impact of treatment	❑	❑
Monitoring and treatment – chronic illness but not cure	❑	❑
Harm reduction – safer sex and safer injecting	❑	❑
Life assurance and mortgage issues including confidentiality	❑	❑
Patients understanding of risk factors	❑	❑
Pregnancy issues	❑	❑

If you were positive, how would your life be different?

What would be your greatest worry or fear?

Who would you tell/talk to?

Taking the Tests	**Discussed Yes**	**No**
Window period	❑	❑
Advised to repeat any test	❑	❑
Appointment for result made: ……./…./……	❑	❑
Support whilst awaiting result		

Consent

I am aware that if the screening result for HIV antibody or Hepatitis C PCR/ Viral Load is positive then this will require information to be shared. Depending upon the result, there will be a referral to either Genito-Urinary Medicine (for HIV) or my GP practice (for Hepatitis C) for test-result confirmation and treatment.

Name (please print) …… **Signature** ……

BBV Post-Test Discussion

Name		**NHS Number**	
Date of Interview			

Presumptive Test Result			
Hepatitis C		**HIV**	

Future Prevention	**Discussed Yes**	**No**
Transmission preventions	❑	❑
Harm reduction (including safer injecting)	❑	❑
Safer sex advice	❑	❑

Onward Referral for Confirmatory Test	**N/A**	**Yes**	**No**
BBV nurse	❑	❑	❑
Initial Support			
Any additional comments			

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1847		
Document title:	BBV testing policy for substance misuse services		
Purpose of document:	To provide the framework within which all "at risk" service users within the Torbay Drug and Alcohol Service are offered routine screening for Blood Borne Viruses (BBV's).		
Date of issue:	29 November 2019	**Next review date:**	29 November 2022
Version:	4	**Last review date:**	
Author:	Clinical Lead, Drug and Alcohol Services		
Directorate:	Community		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group Meeting		
Date approved:	21 November 2019		
Links or overlaps with other policies:	Policy for the Clinical Management of Substance Misuse in the Community 1912 Torbay Recovery Coordination Protocol 1976 Blood Borne Virus testing procedure SOP 1828		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select *Yes*	*No*
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☒
Does this document have training implications? *If yes please state:*	☒	☐
Does this document have financial implications? *If yes please state:*	☐	☒
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☒

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
7 February 2008	1.0	Initial Draft	Manager, Torbay Drugs and Alcohol Service
12 February 2008	1.1	Initial comments /amendments	Manager, Torbay Drugs and Alcohol Service
14 February 2008	1.2	Included references to DBS evidence & references	Manager, Torbay Drugs and Alcohol Service
27 March 2008	1.3	Feedback from policy ratification	C&CP Sub-group
2 March 2010	1.4	Due for review	C&CP Sub-group
3 July 2012	1.5	Due for review	C & CP Sub group
November 2014	2	Due for review	C & CP sub group
02 December 2016	3	Revised	Care and Clinical Policies Group
29 November 2019	4	Revised	Care and Clinical Policies Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☒	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process? No	☒
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☒	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☒	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Details *(please state):*			

NHS South Devon and Torbay Clinical Commissioning Group Torbay and South Devon NHS Foundation Trust

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	**BBV testing policy for substance misuse services - 1847**	**Version and Date**	*V.3.0 November 2016*
Policy Author	NMP / Clinical Lead for Drug and Alcohol Service		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Review of existing policy.

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	NMP / Clinical Lead for Drug and Alcohol Service	**Signature**	
Validated by (line manager)	Manager	**Signature**	

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our GDPR page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our Data Protection site on the public internet.