**Fair Processing Notice (Privacy Notice)**

**Your Personal Information – what you need to know**

## Your information, what you need to know

This privacy notice explains why we collect information about you, how that information will be used, how we keep it safe and confidential and what your rights are in relation to this.

## Why we collect information about you

Health care professionals who provide you with care are required by law to maintain records about your health and any treatment or care you have received. These records help to provide you with the best possible healthcare and help us to protect your safety.

We collect and hold data for the purpose of providing healthcare services to our patients and running our organisation which includes monitoring the quality of care that we provide. In carrying out this role we will collect information about you which helps us respond to your queries or secure specialist services. We will keep your information in written form and/or in digital form.

## Our Commitment to Data Privacy and Confidentiality Issues

As a GP practice, all of our GPs, staff and associated practitioners are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the General Data Protection Regulation (EU) 2016/679 (GDPR) now known as the UK GDPR, the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time. The legislation requires us to process personal data only if there is a legitimate basis for doing so and that any processing must be fair and lawful.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

## Data we collect about you

Records which this GP Practice will hold or share about you will include the following:

* Personal Data – means any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.
* Special Categories of Personal Data – this term describes personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation.
* Confidential Patient Information – this term describes information or data relating to their health and other matters disclosed to another (e.g. patient to clinician) in circumstances where it is reasonable to expect that the information will be held in confidence. Including both information ‘given in confidence’ and ‘that which is owed a duty of confidence’. As described in the Confidentiality: NHS code of Practice: Department of Health guidance on confidentiality 2003.
* Pseudonymised – The process of distinguishing individuals in a dataset by using a unique identifier which does not reveal their ‘real world’ identity.
* Anonymised – Data in a form that does not identify individuals and where identification through its combination with other data is not likely to take place
* Aggregated – Statistical data about several individuals that has been combined to show general trends or values without identifying individuals within the data.

## How we use your information

Improvements in information technology are also making it possible for us to share data with other healthcare organisations for the purpose of providing you, your family and your community with better care. For example it is possible for healthcare professionals in other services to access your record with or without your permission when the practice is closed. Where your record is accessed without your permission it is necessary for them to have a legitimate basis in law. This is explained further in the Local Information Sharing at Appendix A.

Whenever you use a health or care service, such as attending Accident & Emergency or using Community Care services, important information about you is collected in a patient record for that service. Collecting this information helps to ensure you get the best possible care and treatment.

The information collected about you when you use these services can also be used and provided to other organisations for purposes beyond your individual care, for instance to help with:

* improving the quality and standards of care provided by the service
* research into the development of new treatments and care pathways
* preventing illness and diseases
* monitoring safety
* planning services
* risk stratification
* Population Health Management

This may only take place when there is a clear legal basis to use this information. All these uses help to provide better health and care for you, your family and future generations. Confidential patient information about your health and care is only used like this where allowed by law or with consent.

Pseudonymised or anonymised data is generally used for research and planning so that you cannot be identified.

***A full list of details including the legal basis, any Data Processor involvement and the purposes for processing information can be found in Appendix A.***

## How long do we hold information for?

All records held by the Practice will be kept for the duration specified by national guidance from [NHS Digital, Health and Social Care Records Code of Practice](https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/). Once information that we hold has been identified for destruction it will be disposed of in the most appropriate way for the type of information it is. Personal confidential and commercially confidential information will be disposed of by approved and secure confidential waste procedures. We keep a record of retention schedules within our information asset registers, in line with the Records Management Code of Practice for Health and Social Care 2021.

## Individuals Rights under UK GDPR

Under UK GDPR 2016 the Law provides the following rights for individuals. The NHS upholds these rights in a number of ways.

1. The right to be informed
2. The right of access
3. The right to rectification
4. The right to erasure (not an absolute right) only applies in certain circumstances
5. The right to restrict processing
6. The right to data portability
7. The right to object
8. Rights in relation to automated decision making and profiling.

## Your right to opt out of data sharing and processing

The NHS Constitution states ‘You have a right to request that your personal and confidential information is not used beyond your own care and treatment and to have your objections considered’.

**Type 1 Opt Out**

This is an objection that prevents an individual's personal confidential information from being shared outside of their general practice except when it is being used for the purposes of their individual direct care, or in particular circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease. If patients wish to apply a Type 1 Opt Out to their record they should make their wishes know to the practice manager.

**National data opt-out**

The national data opt-out was introduced on 25 May 2018, enabling patients to opt-out from the use of their data for research or planning purposes, in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs.

The national data opt-out replaces the previous ‘type 2’ opt-out, which required NHS Digital not to use a patient’s confidential patient information for purposes beyond their individual care. Any patient that had a type 2 opt-out recorded on or before 11 October 2018 has had it automatically converted to a national data opt-out. Those aged 13 or over were sent a letter giving them more information and a leaflet explaining the national data opt-out. For more information go to [National data opt out programme](https://digital.nhs.uk/services/national-data-opt-out-programme)

To find out more or to register your choice to opt out, please visit [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters).

On this web page you will:

* See what is meant by confidential patient information
* Find examples of when confidential patient information is used for individual care and examples of when it is used for purposes beyond individual care
* Find out more about the benefits of sharing data
* Understand more about who uses the data
* Find out how your data is protected
* Be able to access the system to view, set or change your opt-out setting
* Find the contact telephone number if you want to know any more or to set/change your opt-out by phone
* See the situations where the opt-out will not apply

## Right of Access to your information (Subject Access Request)

Under Data Protection Legislation everybody has the right ~~have~~ of access to, or request a copy of, information we hold that can identify them, this includes medical records. There are some safeguards regarding what patients will have access to and they may find information has been redacted or removed for the following reasons;

* It may be deemed to risk causing harm to the patient or others
* The information within the record may relate to third parties who are entitled to their confidentiality, or who have not given their permission for the information to be shared.

Patients do not need to give a reason to see their data. And requests can be made verbally or in writing. Although we may ask them to complete a form in order that we can ensure that they have the correct information required.

Where multiple copies of the same information is requested the surgery may charge a reasonable fee for the additional copies.

Patients will need to provide proof of identity to receive this information.

Patients may also request to have online access to their data, they may do this via the [NHS APP](https://help.login.nhs.uk/setupnhslogin/#where-you-can-use-nhs-login), or via the practices system. If you would like to access your GP record online click here [www.martinsoak.co.uk](http://www.martinsoak.co.uk)

## COVID Passport access

Patients may access their Covid passport via the [link](https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/), the practice cannot provide this document as it is not held in the practice record. If you have any issues gaining access to your Covid Passport or letter you should call: 119

## Change of Detail

It is important that you tell the surgery if any of your contact details such as your name or address have changed, or if any of your other contacts details are incorrect including third party emergency contact details. It is important that we are made aware of any changes **immediately** in order that no information is shared in error.

## Mobile telephone number

If you provide us with your mobile phone number, we will use this to send you text reminders about your appointments or other health screening information. Please let us know if you do not wish to receive text reminders on your mobile.

## Email address

Where you have provided us with your email address, with your consent we will use this to send you information relating to your health and the services we provide. If you do not wish to receive communications by email please let us know.

## Notification

Data Protection Legislation requires organisations to register a notification with the Information Commissioner to describe the purposes for which they process personal and sensitive information.

We are registered as a Data Controller and our registration can be viewed online in the public register at: <http://ico.org.uk/what_we_cover/register_of_data_controllers>

Any changes to this notice will be published on our website and in a prominent area at the Practice.

## Data Protection Officer

Should you have any data protection questions or concerns, please contact our Data Protection Officer via the surgery at: admin.martinsoak@nhs.net

## What is the right to know?

The Freedom of Information Act 2000 (FOIA) gives people a general right of access to information held by or on behalf of public authorities, promoting a culture of openness and accountability across the public sector. You can request any non-personal information that the GP Practice holds, that does not fall under an exemption. You may not ask for information that is covered by the Data Protection Legislation under FOIA. However you can request this under a right of access request – see section above ‘Access to your information’.

## Right to Complain

If you have concerns or are unhappy about any of our services, please contact the Practice Manager.

For independent advice about data protection, privacy and data-sharing issues, you can contact:

The Information Commissioner

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Phone: 0303 123 1113  Website: <https://ico.org.uk/global/contact-us>

##  The NHS Care Record Guarantee

The NHS Care Record Guarantee for England sets out the rules that govern how patient information is used in the NHS, what control the patient can have over this, the rights individuals have to request copies of their data and how data is protected under Data Protection Legislation. A copy of the NHS Care Record Guarantee can be downloaded [here](https://digital.nhs.uk/binaries/content/assets/legacy/pdf/1/8/care_record_guarantee.pdf)

## The NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England. It sets out the rights patients, the public and staff are entitled to. These rights cover how patients access health services, the quality of care you’ll receive, the treatments and programs available to you, confidentiality, information and your right to complain if things go wrong.

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

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| **Activity** | **Rationale** |
| Commissioning and contractual purposes Invoice ValidationPlanningQuality and Performance | **Purpose –** Anonymous data is used by the Integrated Care Board (ICB) for planning, performance and commissioning purposes, as directed in the practices contract, to provide services as a public authority.**Legal Basis** – UK GDPR 6 1(b) Contractual obligation as set out in theHealth and Social Care Act for Quality and Safety 2015Patients may opt out of having their personal confidential data used for Planning or research. Please contact your surgery to apply a Type 1 Opt out or logon to <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/> to apply a National Data Opt Out**Processor** – NHS Sussex Integrated Care Board |

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| Summary Care RecordIncluding additional information | **Purpose –**The NHS in England uses a national electronic record called the Summary Care Record (SCR) to support patient care. It contains key information from your GP record. Your SCR provides authorised healthcare staff with faster, secure access to essential information about you in an emergency or when you need unplanned care, where such information would otherwise be unavailable.**Legal Basis** – Direct Care under UK GDPR :* Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’; and
* Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine

Patients have the right to opt out of having their information shared with the SCR by completion of the form which can be downloaded [here](https://digital.nhs.uk/services/summary-care-records-scr/scr-patient-consent-preference-form) and returned to the practice. Please note that by opting out of having your information shared with the Summary Care Record could result in a delay to care that may be required in an emergency. **Processor –** NHS Englandand NHS Digital  |

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| Research | **Purpose –** We may share anonymous patient information with research companies for the purpose of exploring new ways of providing healthcare and treatment for patients with certain conditions. This data will not be used for any other purpose. Where personal confidential data is shared your consent will need to be required. Where you have opted out of having your identifiable information shared for this Planning or Research your information will not be shared.**Legal Basis –** Where sharing of personal identifiable data is required the legal basis of Article 6 1 (a) and 9 2 (h) Consent will be required.Where identifiable data is required for research, patient consent will be needed, unless there is a legitimate reason under law to do so or there is support under the Health Service (Control of Patient Information Regulations) 2002 (‘section 251 support’) applying via the Confidentiality Advisory Group in England and Wales Sharing of aggregated non identifiable data is permitted.**Processor –** we do not share with research organisations at the present time. |
| Individual Funding Requests | **Purpose –** We may need to process your personal information where we are required to fund specific treatment for you for a particular condition that is not already covered in our standard NHS contract. The clinical professional who first identifies that you may need the treatment will explain to you the information that is needed to be collected and processed in order to assess your needs and commission your care; they will gain your explicit consent to share this. You have the right to withdraw your consent at any time but this may affect the decision to provide individual funding. **Legal Basis –** Under UK GDPR Article 6 1(a) consent is required6 1 (e) Public TaskArticle 9 2 (h) health data**Data processor** – NHS Sussex Integrated Care Board |
| Safeguarding Adults | **Purpose –** We will share personal confidential information with the safeguarding team where there is a need to assess and evaluate any safeguarding concerns and to protect the safety of individuals.Consent may not be required to share information for this purpose.**Legal Basis –** in some case consent will be required otherwise* Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’; and
* Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine

**Data Processor** – Health and Social Care Connect (HSCC)  |
| Safeguarding Children  | **Purpose –** We will share children’s personal information where there is a need to assess and evaluate any safeguarding concerns and to protect the safety of children.**Legal Basis -** * Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’; and
* Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine

Consent may not be required to share this information.**Data Processor** – Single Point of Advice (SPoA) |
| Risk Stratification – Preventative Care | **Purpose -** ‘Risk stratification for case finding’ is a process for identifying and managing patients who have or may be at-risk of health conditions (such as diabetes) or who are most likely to need healthcare services (such as people with frailty). Risk stratification tools used in the NHS help determine a person’s risk of suffering a particular condition and enable us to focus on preventing ill health before it develops. Information about you is collected from a number of sources including NHS Trusts, GP Federations and your GP Practice. A risk score is then arrived at through an analysis of your de-identified information.  This can help us identify and offer you additional services to improve your health.  If you do not wish information about you to be included in any risk stratification programmes, please let us know. We can add a code to your records that will stop your information from being used for this purpose. Please be aware that this may limit the ability of healthcare professionals to identify if you have or are at risk of developing certain serious health conditions.Type of Data – Identifiable/Pseudonymised/Anonymised/Aggregate Data**Legal Basis**UK GDPR Art. 6(1) (e) Public task and Art.9 (2) (h) Health data. The use of identifiable data by ICBs and GPs for risk stratification has been approved by the Secretary of State, through the Confidentiality Advisory Group of the Health Research Authority (approval reference (CAG 7-04)(a)/2013)) and this approval has been extended to the end of September 2022 [NHS England Risk Stratification](https://www.england.nhs.uk/ig/risk-stratification/) which gives us a statutory legal basis under Section 251 of the NHS Act 2006 to process data for risk stratification purposes which sets aside the duty of confidentiality. We are committed to conducting risk stratification effectively, in ways that are consistent with the laws that protect your confidentiality.**Processors** – NHS Sussex Integrated Care Board Rural Rother PCN |
| Public HealthScreening programmes (identifiable)Notifiable disease information (identifiable)Smoking cessation (anonymous)Sexual health (anonymous)Vaccination Programmes | **Purpose –** Personal identifiable and anonymous data is shared.The NHS provides national screening programmes so that certain diseases can be detected at an early stage. These currently apply to bowel cancer, breast cancer, aortic aneurysms and diabetic retinal screening service to name a few. The law allows us to share your contact information, and certain aspects of information relating to the screening with Public Health England so that you can be appropriately invited to the relevant screening programme.More information can be found at: https://www.gov.uk/topic/population-screeningprogrammes [Or insert relevant link] or speak to the practicePatients may not opt out of having their personal information shared for Public Health reasons.Patients may opt out of being screened at the time of receiving an invitation.**Legal Basis:**Sharing personal data for this purpose is governed by the COPI Reg 2.Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ 6 1 (f) Legitimate interestsAnd Article 9(2)(h) Health data as stated below9 2 (i) Public health**Data Processors** – Public Health, East Sussex County Council |
| Direct CareNHS TrustsCommunity ProvidersPharmaciesEnhanced care providersNursing HomesOther Care Providers | **Purpose –** Personal information is shared with other secondary care trusts and providers in order to provide you with individual direct care services. This could be hospitals or community providers for a range of services, including treatment, operations, physio, and community nursing, ambulance service.**Legal Basis -** The processing of personal data in the delivery of direct care and for providers’ administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 1 (e) direct care and 9 2 (h) to provide health or social care: In some cases patients may be required to consent to having their record opened by the third party provider before patients information is accessed. Where there is an overriding need to access the GP record in order to provide patients with life saving care, their consent will not be required. **Processors** – The practice uses carefully selected third party service providers. When we use a third party service provider to process data on our behalf then we will always have an appropriate agreement in place to ensure that they keep the data secure, that they do not use or share information other than in accordance with our instructions and that they are operating appropriately. Examples of functions that may be carried out by third parties include: * Companies that provide IT services & support, including our core clinical systems; systems which manage patient facing services (such as our website and service accessible through the same); data hosting service providers; systems which facilitate appointment bookings or electronic prescription services; document management services etc.
* Delivery services (for example if we were to arrange for delivery of any medicines to you).
* Payment providers (if for example you were paying for a prescription or a service such as travel vaccinations.

Further details regarding specific third party processors can be supplied on request. |
| Care Quality Commission | **Purpose** – The CQC is the regulator for the English Health and Social Care services to ensure that safe care is provided. They will inspect and produce reports back to the GP practice on a regular basis. The Law allows the CQC to access identifiable data.More detail on how they ensure compliance with data protection law (including UK GDPR) and their privacy statement is [available on our website](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbXNpZD0mYXVpZD0mbWFpbGluZ2lkPTIwMTgxMjIxLjk5Mzg4MDcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE4MTIyMS45OTM4ODA3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MzQ2MzQxJmVtYWlsaWQ9aWFpbi5yZWRtaWxsQG5ocy5uZXQmdXNlcmlkPWlhaW4ucmVkbWlsbEBuaHMubmV0JnRhcmdldGlkPSZmbD0mbXZpZD0mZXh0cmE9JiYm&&&107&&&https://www.cqc.org.uk/about-us/our-policies/privacy-statement)**:** <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>**Legal Basis** - Article 6(1)(c) “processing is necessary for compliance with a legal obligation to which the controller is subject.” And Article 9(2) (h) as stated below**Processor**s – Care Quality Commission |
| Population Health Management | **Purpose –** Health and care services work together as ‘Integrated Care Systems’ (ICS) and are sharing data in order to:• Understand the health and care needs of the care system’s  population, including health inequalities• Provide support to where it will have the most impact• Identify early actions to keep people well, not only focusing  on people in direct contact with services, but looking to join  up care across different partners.(NB this links to the Risk Stratification activity identified above)Type of Data – Identifiable/Pseudonymised/Anonymised/Aggregate Data. NB only organisations that provide your care will see your identifiable data.**Legal Basis -** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below**Data Processors -** Optum, Cerner |
| Payments, Invoice validation | **Purpose -** Contract holding GPs in the UK receive payments from their respective governments on a tiered basis. Most of the income is derived from baseline capitation payments made according to the number of patients registered with the practice on quarterly payment days. These amounts paid per patient per quarter varies according to the age, sex and other demographic details for each patient. There are also graduated payments made according to the practice’s achievement of certain agreed national quality targets known as the Quality and Outcomes Framework (QOF), for instance the proportion of diabetic patients who have had an annual review. Practices can also receive payments for participating in agreed national or local enhanced services, for instance opening early in the morning or late at night or at the weekends. Practices can also receive payments for certain national initiatives such as immunisation programs and practices may also receive incomes relating to a variety of non-patient related elements such as premises. Finally there are short term initiatives and projects that practices can take part in. Practices or GPs may also receive income for participating in the education of medical students, junior doctors and GPs themselves as well as research. In order to make patient based payments basic and relevant necessary data about you needs to be sent to the various payment services. The release of this data is required by English laws.**Legal Basis** - Article 6(1)(c) “processing is necessary for compliance with a legal obligation to which the controller is subject.” And Article 9(2)(h) ‘as stated below**Data Processors** – NHS England, ICB, Public Health |
| Patient Record data base | **Purpose –** Your medical record will be processed in order that a data base can be maintained, this is managed in a secure way and there are robust processes in place to ensure your medical record is kept accurate, and up to date. Your record will follow you as you change surgeries throughout your life. Closed records will be archived by NHS England **Legal Basis -** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below**Processor** – EMIS Web And Primary Care Support England |
| Medical reportsSubject Access Requests | **Purpose –** Your medical record may be shared in order that:Solicitors/persons acting on your behalf can conduct certain actions as instructed by you. Insurance companies seeking a medical reports where you have applied for services offered by then can have a copy to your medical history for a specific purpose. **Legal Basis –** under GDPR Article 6 1 (a) and 9 2 (a) explicit consentwill be required before a GP can share your record for either for these purposes.**Processor –** Solicitors, Insurance organisations |
| Medicines Management TeamMedicines Optimisation | **Purpose** – your medical record is shared with the medicines management team pharmacists, in order that your medication can be kept up to date and any necessary changes to medication can be implemented.**Legal Basis** - Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor** – Medicines Management NHS Sussex Integrated Care Board |
| GP Federation  | **Purpose –** Your medical record will be shared with the Rural Rother Federation in order that they can provide direct care services to the patient population. This could be in the form of video consultations, Minor injuries clinics, GP extended access clinics. The Federation will be acting on behalf of the GP practice.**Legal Basis** - Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor** – Rural Rother Federation |
| Primary Care Network (PCN) | **Purpose –** Your medical record will be shared with GP practices who work in order that they can provide direct care services to the patient population. **Legal Basis** - Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor** – Martins Oak Surgery, Fairfield Surgery, Ferry Road Health Centre, Northiam/Broad Oak Surgery, Oldwood Surgery & Battle Health Centre, Rye Medical Centre and Sedlescombe & Westfield Surgeries |
| Smoking cessation | **Purpose –** personal information is shared in order for the smoking cessation service to be provided.Only those patients who wish to be party to this service will have their data shared**Legal Basis –** Article 6 1 (a) and 9 2 (h) consent**Processor –** OneYou Sussex |
| Social Prescribers | **Purpose** – Access to medical records is provided to social prescribers to undertake a full service to patients dependent on their health social care needs.Only those patients who wish to be party to this service will have their data shared**Legal Basis** – Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below **Processor –** Community Connectors |
| Police | **Purpose –** Personal confidential information may be shared with the Police authority for certain purposes. The level of sharing and purpose for sharing may vary. Where there is a legal basis for this information to be shared consent will not always be required. The Police will require the correct documentation in order to make a request. This could be but not limited to, DS 2, Court order, s137, the prevention and detection of a crime. Or where the information is necessary to protect a person or community.**Legal Basis – UK** GDPR –6 1 (c) Legal Obligation. Article 6 1 (f) legitimate interestArticle 9 2 (f) requests for legal reasons**Processor –** Police Constabulary |
| CoronerMedical Examiner | **Purpose –** Personal health records or information relating to a deceased patient may be shared with the coroneror medical examinerupon request.**Legal Basis –** UK GDPR Article 6 1 (c) Legal Obligation 9 2 (h) Health data**Processor –** The Coroner, Medical Examiner |
| Private healthcare providers | **Purpose –** Personal information shared with private health care providers in order to deliver direct care to patients at the patient’s request. Consent from the patient will be required to share data with Private Providers.**Legal Basis –** Article 6 1 (a) and 9 2 (h) Consented and under contract between the patient and the provider**Provider** – As necessary; providers such as BUPA, AXA PP etc. |
| Messaging Service | **Purpose –** Personal identifiable information shared with the messaging service in order that messages including; appointment reminders; results; campaign messages related to specific patients health needs; and direct messages to patients, can be transferred to the patient in a safe way.**Legal Basis –** UK GDPR Article 6 1 (b) Contract, Article 6 1 (e) Public task, Article 9 2 (h) Health data**Provider -** AccuRX, Engage Consult |
| Remote consultationIncluding – Video ConsultationClinical photography | **Purpose** – Personal information including images may be processed, stored and with the patients consent shared, in order to provide the patient with urgent medical advice.**Legal Basis –** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated belowPatients may be videod or asked to provide photographs with consent. There are restrictions on what the practice can accept photographs of. No photographs of the full face, no intimate areas, no pictures of patients who cannot consent to the process. No pictures of children.**Processor -** AccuRX, Engage Consult |
| MDT meetings | **Purpose** – For some long term conditions, the practice participates in meetings with staff from other agencies involved in providing care, to help plan the best way to provide care to patients with these conditions. Personal data will be shared with other agencies in order that mutual care packages can be decided.**Legal Basis –** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor –** MS Teams |
| COVID-19Research and Planning | **Purpose** – To understand the risks to public health, trends and prevent the spread of infections such as Covid-19 the government has enabled a number of initiatives which include research and planning during the Covid-19 pandemic which may include the collection of personal confidential data has been necessary. This is to assist with the diagnosis, testing, self-isolating, fitness to work, treatment medical, social interventions and recovery from Covid-19.COPI Reg 3 has been extended and you can find further information here:[Coronavirus (COVID-19): notice under Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/coronavirus-covid-19-notification-to-organisations-to-share-information/coronavirus-covid-19-notice-under-regulation-34-of-the-health-service-control-of-patient-information-regulations-2002)[NHS England » OpenSAFELY – the Coronavirus (COVID-19) Research Platform](https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/covid-19-response/coronavirus-covid-19-research-platform/)**Legal Basis** – In order to share personal confidential data with other agencies for research or planning. Either the Article 6 1 (a) and 9 2 (a) Explicit consent will be required.or The Processor would need to meet Section 251 CAG approval.OrIt would need to be approved under direct care to patients Article 6 1 (e) Public Task and 9 2 (h) Health data**Provider** – COVID vaccination Hubs, BIOBANK, Oxford University,  |
| General Practice Extraction Service (GPES)1. At risk patients data collection Version 3
2. Covid-19 Planning and Research data
3. CVDPREVENT Audit
4. Physical Health Checks for people with Severe Mental Illness
 | **Purpose –** GP practices are required to provide data extraction of their patients personal confidential information for various purposes to NHS Digital. The objective of this data collection is on an ongoing basis to identify patients registered at General Practices who fit within a certain criteria, in order to monitor and either provide direct care, or prevent serious harm to those patients. Below is a list of the purposes for the data extraction, by using the link you can find out the detail behind each data extraction and how your information will be used to inform this essential work: 1. [At risk patients including severely clinically vulnerable](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/covid-19-at-risk-patients-data-provision-notice)
2. [Covid-19 Planning and Research data, to control and prevent the risk of Covid-19](file:///%5C%5CSCW.XSWHealth.nhs.uk%5CSCW%5CDirectorate%5CSpecialist%20Services%5CGovernance%5CGPIG%5CSussex%20Primary%20Care%20IG%5CCustomer%20Specific%20Guidance%5CCOVID-19%20Public%20Health%20Directions%202020%20-%20NHS%20Digital)
3. [NHS England has directed NHS Digital to collect and analyse data in connection with Cardiovascular Disease Prevention Audit](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/cardiovascular-disease-prevention-audit)
4. [GPES Physical Health Checks for people with Severe Mental Illness (PHSMI) data collection](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/physical-health-checks-severe-mental-illness?_cldee=cm9iZXJ0LmhhY2tpbmdAbmhzLm5ldA%3d%3d&recipientid=lead-1b4643b1db2feb11bf6f000d3a86b8d5-6b1a1b731c7d46d2b60ec64c42de1be7&esid=b5b9d61e-ab29-eb11-a813-000d3a87467d).

**Legal Basis -** All GP Practices in England are legally required to share data with NHS Digital for this purpose under section 259(1)(a) and (5) of the 2012 ActFurther detailed legal basis can be found in each link. Any objections to this data collection should be made directly to NHS Digital. enquiries@nhsdigital.nhs.uk**Processor –** NHS Digital or NHS X |
| Medication/Prescribing | **Purpose:** Prescriptions containing personal identifiable and health data will be shared with organisations who provide medicines management including chemists/pharmacies, in order to provide patients with essential medication regime management, medicines and or treatment as their health needs dictate. This process is achieved either by face to face contact with the patient or electronically.Pharmacists may be employed to review medication**,** Patients may be referred to pharmacists to assist with diagnosis and care for minor treatment,patients may have specified a nominated pharmacy they may wish their repeat or acute prescriptions to be ordered and sent directly to the pharmacy making a more efficient process. Arrangements can also be made with the pharmacy to deliver care and medication **Legal Basis :** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor** – Pharmacy of choice |
| Professional Training | **Purpose –** We are a training surgery. Our clinical team are required to be exposed to on the job, clinical experience, as well as continual professional development. On occasion you may be asked if you are happy to be seen by one of our GP registrars, pharmacists or other clinical team to assist with their training as a clinical professional. You may also be asked if you would be happy to have a consultation recorded for training purposes. These recordings will be shared and discussed with training GPs at the surgery, and also with moderators at the RCGP and HEE.**Legal Basis –** 6 1 (a) consent, patients will be asked if they wish to take part in training sessions.**9 2 (a) -** explicit consent will be required when making recordings of consultationsRecordings remain the control of the GP practice and they will delete all recordings from the secure site once they are no longer required.**Processor** – RCGP, HEE, iConnect, Fourteen Fish |
| Telephony | **Purpose –** The practice use an internet based telephony system that records telephone calls, for their own purpose and to assist with patient consultations. The telephone system has been commissioned to assist with the high volume and management of calls into the surgery, which in turn will enable a better service to patients. We record, store, and may monitor or use any incoming and outgoing calls, email or any other communication with you for training purposes and to improve the quality of our services.  Calls are stored on a standalone recording system and are not accessed unless there is a training or monitoring need.**Legal Basis –** While there is a robust contract in place with the processor, the surgery has undertaken this service to assist with the direct care of patients in a more efficient way.Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Provider –**LouisComm/Gamma Telecom |
| Learning Disability Mortality ProgrammeLeDer | **Purpose :** The Learning Disability Mortality Review (LeDeR) programme was commissioned by NHS England to investigate the death of patients with learning difficulties and Autism to assist with processes to improve the standard and quality of care for people living with a learning disability and Autism. Records of deceased patients who meet with this criteria will be shared with NHS England.**Legal Basis:**  It has approval from the Secretary of State under section 251 of the NHS Act 2006 to process patient identifiable information who fit within a certain criteria.**Processor : ICB, NHS England** |
| Technical SolutionPseudonymisation | **Purpose:** Personal confidential and special category data in the form of medical record, is extracted under contract for the purpose of pseudonymisation. This will allow no patient to be identified within the data set that is created. SCWCSU has been commissioned to provide a data processing service for the GPs, no other processing will be undertaken under this contract.**Legal Basis:** Under UK GDPR the legitimate purpose for this activity is under contract to provide assistance.Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor**: SCW CSU |
| Shared Care Record | **Purpose:** In order for the practice to have access to a shared record, the Integrated Care Service has commissioned a number of systems including GP connect, which is managed by NHS Digital, to enable a shared care record, which will assist in patient information to be used for a number of care related services. These may include Population Health Management, Direct Care, and analytics to assist with planning services for the use of the local health population. Where data is used for secondary uses no personal identifiable data will be used. Where personal confidential data is used for Research explicit consent will be required. **Legal Basis:** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor:** NHS Digital |
| Local shared care record  | **Purpose:** Health and Social care services are developing shared systems to share data efficiently and quickly.  It is important for anyone treating you to be able to access your shared record so that they have all the information they need to care for you. This will be during your routine appointments and in urgent situations such as going to A&E, calling 111 or going to an Out of hours appointment.  It is also quicker for staff to access a shared record than to try to contact other staff by phone or email.Only authorised staff can access the systems and the information they see is carefully checked so that it relates to their job.  Systems do not share all your data, just data which services have agreed is necessary to include.**Legal Basis:** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor:** Health & Social Care Connect (HSCC) |
| Anticoagulation Monitoring | **Purpose:** Personal Confidential data is shared with LumiraDX in order to provide an anticoagulation clinic to patients who are on anticoagulation medication. This will only affect patients who are within this criteria. **Legal Basis**: The legal basis for this activity under UK GDPR is Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below**Processor** : LumiraDX INRStar |

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| NHS 111 COVID-19 Triage response | **Purpose** – in order for NHS 111 to triage patient calls with queries regarding Covid-19 during practice closures or times of pressure on the system, enabling  the robust process for patients, potentially suffering with covid-19, to be triaged and treated in the most effective and appropriate way.**Legal Basis** - The Secretary of State for Health and Social Care has issued NHS Digital with a Notice under [Control of Patient Information Regulations (COPI](https://digital.nhs.uk/coronavirus/coronavirus-covid-19-response-information-governance-hub/control-of-patient-information-copi-notice)). This allows NHS Digital to share patient information with organisations entitled to process this under COPI for COVID-19 purposes. This means that for GP Connect, NHSD are creating a single ‘National Sharing Agreement’ on the Spine that contains all GP practices in England.Patients can opt out of their information being shared with GP Connect by contacting their GP practice and requesting a Type 1 Opt out.  Please note that opting out of having information shared may delay or impair the ability for urgent treatment.**Processor** – NHS Digital, NHS 111 via GP Connect |
| Ardens | **Purpose –** in order to provide patients with the best possible care review to meeting their individual health needs, templates are created to assist the clinicians with patient reviews. No confidential data is shared outside of the clinical system, but sensitive health data may be used to develop bespoke templates.**Legal Basis** – The provision of health or social care / the management of health or social care systems as provided for in Article 9 (2) (h) in the GDPR**Processor –** Ardens |
| Prospective online access | **Purpose**: To allow patients to access their GP medical record online via the NHS App. The view all documents and entries made into their record by the GP, including information sent to the GP Practice where exemptions do not apply. Where a patient has requested third party access (family/friends) to their medical records, it is the patient’s responsibility to ensure removal of this access if no longer required. Proxy access to the patient’s record will be limited unless the patient has requested full access.**Legal Basis**: **UK GDPR**:* Article 6(1)(e) Necessary for the performance of a task carried out in the public interest
* Article 9(2)(h) Necessary for provision of health and/or social care, including preventative or occupational medicine

**Common Law Duty of Confidentiality (CLDC)**:* The CLDC is satisfied as the data subjects are accessing their own data following sign up for a relevant app or platform and selecting the option to view their GP record.

**Processor**: NHS Digital, EMIS |

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| NHS Community Pharmacist Consultation Service (CPCS) | **Purpose:** CPCS was launched by NHS England and NHS Improvement on the 29 October 2019, to progress the integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients’ homes. Patients give consent for a referral from the GP practice to a local pharmacy of their choice via a secure system. After consultation with the Pharmacist by telephone or at the pharmacy, a record of the consultation is returned via secure messaging to the practice for adding to the patient GP record. **Legal Basis**: Article 6(1)(a) – ‘the data subject has given consent to the processing of his or her personal data for one or more specific purposes.’ **Processor** : Pinnacle and Sonar |
| Workforce and Workload Analysis  | **Purpose**: The practice will use the Apex tool to review the workload and workforce data as held by the practice, which will include personal confidential data of staff and patients in order to understand where there are pressures in the system and apply solutions for the benefit of the practice, the PCN and the patients. **Legal Basis**: The legal basis for the practice being able to undertake this analysis is in line with their statutory duty as a public authority. Article 6 1 (e) Public Task **Processor**: Apex, SCW, PCN member Practices |
| CSU Processing General Practice Data for SID | **Purpose**: The capabilities for Population Health Management in Sussex are being established to improve the quality of health, well-being and care across Sussex Health and Care Partnership (SHCP) Information will be shared by General Practices in Sussex, into the Sussex Integrated Dataset (SID). CSU will then provide that information in to the SID (in pseudonymised form and with Postcode replaced by LSOA). It does not include provider to provider sharing. Outputs of the SID will be available to providers.**Legal Basis:** Article 6 - Lawfulness of processing: Article 6(1)(e) Performance of a public task as defined in the Health and Social Care Act 2012Article 9 - Processing of special categories of personal dataArticle 9(2)(h) Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional**Processor**: SCW CSU |
| Medical Examiner | **Purpose:** the medical examiner is commissioned by NHS England to scrutinise the deaths of patients in the community. Under the NHS Health and Social Care Act – Scrutiny of Deaths Act 2021. The ME’s will have direct access to the medical records to complete their investigation. Only patient records requiring scrutiny will be accessed.**Legal Basis:** Under GDPR the Practice has the legal basis of Article 6 1 (e) Public Task and Article 9 2 (h) Health data. Confidentiality has also been overwritten by approval under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 (‘section 251 support’) to process confidential information without consent. The approved application can be foundon the Health Research Authority's website (ref: 21/CAG/0032)**Processor:** University Hospital Sussex NHS Foundation Trust |

We keep our Privacy Notice under regular review. This notice was last reviewed on 2nd August 2023.

**Lawful basis for processing:**

The processing of personal data in the delivery of direct care and for providers’ administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 and 9 conditions of the UK GDPR:

* Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’; and
* Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services...”