

# Protecting your Confidentiality – Privacy Notice

## Your information, what you need to know

This privacy notice explains why we collect information about you, how that information may 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 within any NHS organisation. 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 may collect information about you which helps us respond to your queries or secure specialist services. We may keep your information in written form and/or in digital form. The records may include basic details about you, such as your name and address. They may also contain more sensitive information about your health and also information such as outcomes of needs assessments.

## How we keep your information confidential and safe

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), 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, everyone working for our organisation is subject to the Common Law Duty of Confidentiality. 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.

The health records we use may be electronic, on paper or a mixture of both, and we use a combination of working practices and technology to ensure that your information is kept confidential and secure. Your records are backed up securely in line with NHS standard procedures. We ensure that the information we hold is kept in secure locations, is protected by appropriate security and access is restricted to authorised personnel.

We maintain our duty of confidentiality to you at all times. We will only ever use or pass on information about you if we reasonably believe that others involved in your care have a genuine need for it. We will not disclose your information to any third party without your permission unless there are exceptional circumstances (such as a risk of serious harm to yourself or others) or where the law requires information to be passed on.

The practice is compliant with the [national data opt-out policy](#).

## Details 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 your permission when the practice is closed. 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
- research into the development of new treatments
- preventing illness and diseases
- monitoring safety
- planning services

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.

Most of the time, anonymised data is used for research and planning so that you cannot be identified in which case your confidential patient information isn't needed.

## Who we share information with

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

### Child Health Information

We wish to make sure that your child has the opportunity to have immunisations and health checks when they are due. We share information about childhood immunisations, the 6-8 week new baby check and breast-feeding status with NHS Oxford Health Foundation Trust health visitors and school nurses, and with NHS South Central and West Commissioning Support Unit, who provide the Child Health Information Service in Oxfordshire on behalf of NHS England.

### Clinical audit

Information may be used by the CCG for clinical audit to monitor the quality of the service provided to patients with long terms conditions. Some of this information may be held centrally and used for statistical purposes (e.g. the National Diabetes Audit). When this happens, strict measures are taken to ensure that individual patients cannot be identified from the data.

### Clinical Research

The practice contributes to the Clinical Practice Research Datalink (CPRD). The CPRD is a government organisation that provides anonymised patient data for research to improve patient and public health, particularly research to test the safety of medicines and develop new treatments. You cannot be identified from the information sent to the CPRD. If you do not want anonymised information from your patient record to be used in research you can opt out via the National Data Opt Out (see p.8). For more information about how your data is used visit [www.cprd.com/public](http://www.cprd.com/public).

Sometimes your information may be requested to be used for research purposes – we will always ask your permission before releasing your information for this purpose.

### Coronavirus (COVID-19) Pandemic

Beginning in May 2020 NHS Digital will be extracting information on a fortnightly basis on all patients currently registered with our practice (or with a date of death on or after 1 Nov 2019) whose record contains coded information relevant to COVID-19 pandemic planning and research. The data extraction will include demographic information such as name, address, date of birth, NHS number and entries detailing diagnoses and findings, medications and other prescribed items, investigations, tests and results, treatments and outcomes and vaccinations and immunisations.

This data will be extracted as a snapshot in time on the initial collection and then continue until 30 September 2020 but may be extended by the Secretary of State. If there is a continued need for the data for COVID-19 purposes it will continue with six monthly reviews until the expiry of the COVID-19 Direction which is currently 31 March 2022. Any extension will be published [here](#). The frequency of the data collection may change in response to demand. For more information about this please read our [Transparency Notice for GPES Data for Pandemic Planning and Research](#) and our [GPES patient information sheet](#).

For more information about data-sharing in relation to COVID-19 more generally please read our [Supplementary privacy notice on Covid-19 for Patients](#).

## **Department for Work and Pensions**

Our practice is legally required to provide anonymised data on patients who have been issued with a fit note under the Fit for Work scheme. The purpose is to provide the Department for Work and Pensions with information from fit notes to improve the monitoring of public health and commissioning and quality of health services.

## **General Practice Data for Planning and Research**

This practice is supporting vital health and care planning and research by sharing your data with NHS Digital. We will share structured and coded data from GP medical records. This *excludes* written notes (free text) such as the details of conversations with doctors and nurses, images, letters and documents, and coded data that is not needed due to its age - for example medication, referral and appointment data that is over 10 years old.

It is a legal requirement for practices to share patient's data in this way. This collection began on 01 July 2021 and replaced the previous collection method using the General Practice Extraction Service (GPES). The data is collected to help the NHS to improve health and care services.

NHS Digital will not collect patients' names or addresses. Any other data that could directly identify patients (such as NHS Number, date of birth, full postcode) is replaced with unique codes which are produced by de-identification software before the data is shared with NHS Digital. This process is called pseudonymisation and means that patients will not be identified directly in the data.

For more information about this see the GP Practice Privacy Notice for [General Practice Data for Planning and Research](#).

## **GP Federation Services**

As a member of the OxFed GP Federation we work with other local practices and Federation-managed services to provide joined up healthcare. Authorised healthcare staff who are involved in your health care are able to access relevant information in your GP record. Some clinicians are also able to add consultation details to ensure your record is updated as soon as possible. Access is strictly controlled by your practice.

## **Improving Cancer Care**

We are using a clinical decision support tool called 'C the Signs' to help GPs identify patients at risk of cancer at the earliest and most survivable stage of the disease. Patients will be added to our practice specific Cancer Dashboard, hosted through the C the Signs application inside of our EMIS clinical system, which is accessible only to those individual employees with access to EMIS at our practice. Staff will be verified through our EMIS credentials (e.g. Smartcard/ EMIS login details). Only the patients' NHS number will be stored by C the Signs and it will be encrypted (using SHA256).

A CCG dashboard will be created with anonymised data from the Practice Dashboard and pseudo-anonymised clinician usage of the tool by practice. This will not contain any patient identifiable data and only aggregated, calculated data will be passed to the CCG dashboard. The de-identified, anonymised database will be retained for research purposes to improve accuracy of cancer detection.

## **Improving Diabetes Care**

Information that does not identify individual patients is used to enable focussed discussions to take place at practice-led local diabetes review meetings between health care professionals. This enables the professionals to improve the management and support of these patients.

### **Individual Funding Request**

An 'Individual Funding Request' is a request made on your behalf, with your consent, by a clinician, for funding of specialised healthcare which falls outside the range of services and treatments that CCG has agreed to commission for the local population. An Individual Funding Request is taken under consideration when a case can be set out by a patient's clinician that there are exceptional clinical circumstances which make the patient's case different from other patients with the same condition who are at the same stage of their disease, or when the request is for a treatment that is regarded as new or experimental and where there are no other similar patients who would benefit from this treatment. A detailed response, including the criteria considered in arriving at the decision, will be provided to the patient's clinician.

### **Integrated Respiratory Team**

Our practice is working with a team of specialists from a collaboration of the local health care trusts to provide enhanced care to patients who have certain established long term chest conditions. This includes patients who have recently had an emergency admission to hospital for a chest problem and those who have signs in their GP record that indicate that they may have undiagnosed lung disease. The team are working with us as honorary members of staff and will have access to relevant information in your electronic record. As well as offering face-to-face consultations to identified patients, they will be helping us to find patients who could benefit from additional clinical help. This service is a pilot project in 2019-2020, although it is hoped that it will become a long term service when it is completed.

### **Invoice Validation**

Invoice validation is an important process. It involves using your NHS number to check which CCG is responsible for paying for your treatment. Section 251 of the NHS Act 2006 provides a statutory legal basis to process data for invoice validation purposes. We can also use your NHS number to check whether your care has been funded through specialist commissioning, which NHS England will pay for. The process makes sure that the organisations providing your care are paid correctly.

### **Local Information Sharing**

Your GP electronic patient record is held securely and confidentially on an electronic system managed by your registered GP practice. If you require attention from a local health or care professional outside of your usual practice services, such as in an Evening and Weekend GP Access Clinic, GP Federation Service, Emergency Department, Minor Injury Unit or Out Of Hours service, the professionals treating you are better able to give you safe and effective care if some of the information from your GP record is available to them.

Where available, this information can be shared electronically with other local healthcare providers via a secure system designed for this purpose. Depending on the service you are using and your health needs, this may involve the healthcare professional accessing a secure system that enables them to view parts of your GP electronic patient record (e.g. Oxfordshire Care Summary or your Summary Care Record) or a secure system that enables them to view your full GP electronic patient record (e.g. EMIS remote consulting system).

In all cases, your information is only accessed and used by authorised staff who are involved in providing or supporting your direct care. Your permission will be asked before the information is accessed, other than in exceptional circumstances (e.g. emergencies) if the healthcare professional is unable to ask you and this is deemed to be in your best interests (which will then be logged).

### **National Fraud Initiative – Cabinet Office**

The use of data by the Cabinet Office for data matching is carried out with statutory authority under Part 6 of the Local Audit and Accountability Act 2014. It does not require the consent of the individuals concerned under the Data Protection Act 2018. Data matching by the Cabinet Office is subject to a Code of Practice. For further information see:

<https://www.gov.uk/government/publications/code-of-data-matching-practice-for-national-fraud-initiative>

### **National Registries**

National Registries (such as the Learning Disabilities Register) have statutory permission under Section 251 of the NHS Act 2006, to collect and hold service user identifiable information without the need to seek informed consent from each individual service user.

### **Oxford University College Nurse Service**

Many Oxford University students and staff are able to access a College Nurse for health advice and support. To ensure a safe and joined-up service, the College Doctor and College Nurse both view and record your information in the same electronic record, using our secure clinical system called EMIS Web. The College Nurse views and records information about your health through an NHS-approved virtual private network (VPN), which provides an approved, secure connection to the College Doctor practice's records system. The information is then stored in your NHS GP electronic patient record, so it can be accessed by both your College Nurse and your GP when needed. If you have any concerns about this, please discuss them with the practice.

The College Nurses will not share any of your medical information with other College or University staff without your permission other than in exceptional circumstances (e.g. if you are unable to consent or deemed to be at risk of serious harm).

### **Primary Care Network (PCN)**

We have formed a Primary Care Network by agreeing to work together with four other local practices for the purposes of providing certain services 'at scale' and sharing staff. These were introduced as part of the NHS Long Term Plan, published in January 2019, to ensure better collaboration between practices and other community providers in the local health and social care system in order to deliver better integrated out-of-hospital care for patients. The other practices are 27 Beaumont St, 28 Beaumont St, Dr Leaver & Partners and Observatory Medical Practice.

We plan to share staff across the PCN and to work collaboratively with each other on a range of quality improvement plans. Our activities in this area are covered by a Data Sharing Agreement.

### **Risk Stratification**

'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.

Risk-stratification data may also be used to improve local services and commission new services, where there is an identified need. In this area, risk stratification may be commissioned by the Oxfordshire NHS Clinical Commissioning Group (OCCG). Section 251 of the NHS Act 2006 provides a statutory legal basis to process data for risk stratification purposes. Further information about risk stratification is available from: <https://www.england.nhs.uk/ourwork/tsd/ig/risk-stratification/>

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.

### **Safeguarding**

To ensure that adult and children's safeguarding matters are managed appropriately, access to identifiable information will be shared in some limited circumstances where it's legally required for the safety of the individuals concerned.

### **Summary Care Record (SCR)**

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.

Summary Care Records are there to improve the safety and quality of your care. SCR core information comprises your allergies, adverse reactions and medications. An SCR with additional information can also include reason for medication, vaccinations, significant diagnoses/ problems, significant procedures, anticipatory care information and end of life care information. Additional information can only be added to your SCR with your agreement.

Please be aware that if you choose to opt-out of SCR, NHS healthcare staff caring for you outside of this surgery may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency. Your records will stay as they are now with information being shared by letter, email, fax or phone. If you wish to opt-out of having an SCR please return a completed opt-out form to the practice.

### **Supporting Locally Commissioned Services**

CCGs support GP practices by auditing anonymised data to monitor locally commissioned services, measure prevalence and support data quality. The data does not include identifiable information and is used to support patient care and ensure providers are correctly paid for the services they provide.

### **Supporting Medicines Management**

Oxfordshire CCG and some Oxfordshire GP Federations operate pharmacist and prescribing advice services to support local GP practices with prescribing queries, which may require identifiable information to be shared. These pharmacists work with your usual GP to provide advice on medicines and prescribing queries, and review prescribing of medicines to ensure that it is appropriate for your needs, safe and cost-effective. Where specialist prescribing support is required, the CCG medicines management team may order medications on behalf of your GP Practice to support your care.

In conjunction with Oxfordshire CCG and the Academic Health Science Networks we share data relating to the national PINCER Indicator set, comprising of a series of prescribing safety indicators used to identify patients at risk of potentially hazardous prescribing. PINCER is a proven IT-based intervention which has been shown to reduce clinically important medication errors in primary care. Pharmacists, specifically trained to deliver the intervention, work with our GPs to review the data outputs at the GP Practice. The extracted data consists of practice aggregate data only. Practice aggregate data is transferred to PRIMIS for inclusion in the CHART Online data storage facility held on a secure University of Nottingham server.

### **Suspected Cancer**

Data may be analysed in cases of suspected cancer by Nuffield Department of Primary Care Health Sciences, Oxford University to facilitate the prevention, early diagnosis and management of illness. Measures are taken to ensure the data for analysis does not identify individual patients.

### **TalkingSpace Plus**

Patients referred to TalkingSpace Plus for counselling will have details of their treatment stored on a secure electronic clinical recording system that is separate from the one used by your GP. Only TalkingSpace Plus staff will routinely have access to this information. The data is held on servers at the University of York, which are fully approved by Connecting for Health's Information Governance Statement of Compliance (IGSoC), as part of a Department of Health requirement in order to be able to evaluate the effectiveness of psychological interventions and to improve patient care. Anonymised research information is provided confidentially and will not identify you. For more information about this please see the TalkingSpace Plus [patient information leaflet](#) or visit: <https://www.york.ac.uk/healthsciences/pc-mis/your-service/nhs-iapt.html>.

### **Third party processors**

As stated elsewhere in this document, the practice will share data (where required) with other NHS bodies such as other GP practices and hospitals, in order to deliver the best possible service. In addition the practice will use 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.

### **Telephone call recording**

One particular third party provider of note is our telephony provider – Surgery Connect (owned by X-on). They supply the practice with a cloud-based hosted VoIP system that includes call recording. This means that all of our calls, both those made *to* us and those made *by* us, are recorded. This is good practice, not only for training and quality assurance purposes, but also for bringing comfort to both patients and clinicians if there is ever some confusion over critical contact information.

Recordings are encrypted and held for three years in a secure data centre before being routinely deleted. Nearly every call recording remains unheard before deletion, and recordings can only be accessed by authorised personal in accordance with strict password protected access controls. Patients can ask staff to ensure entire conversations, or parts of telephone conversations, are not recorded if they wish. Patients have the right under GDPR Article 15 to access their personal data, which extends to recordings of telephone calls.

Further details regarding telephone call recording can be supplied on request.

## Data Retention

We manage patient records in line with the [Records Management NHS Code of Practice for Health and Social Care](#) which sets the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England, based on current legal requirements and professional best practice. If you transfer to another GP and we are asked to transfer your records we will do this to ensure your care is continued. Currently the NHS is required to keep GP records for 10 years after a patient has died. Exceptions to these rules are detailed in the code of practice.

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 2016.

## Who are our partner organisations?

We may also have to share your information, subject to strict agreements on how it will be used, with the following organisations:

- NHS Trusts and Specialist Trusts
- GP Federations
- Oxford Central Primary Care Network
- Dentists, opticians and pharmacists
- Private Sector Providers
- Voluntary Sector Providers
- Ambulance Trusts
- Clinical Commissioning Groups
- Social Care Services
- Local Authorities
- Education Services
- Fire and Rescue Services
- Police
- Other 'data processors' – e.g. C the Signs (cancer detection project)
- **insert here**

We will never share your information outside of health partner organisations without your explicit consent unless there are exceptional circumstances such as when the health or safety of others is at risk, where the law requires it or to carry out a statutory function.

Within the health partner organisations (NHS and Specialist Trusts) and in relation to the above mentioned themes – Risk Stratification, Invoice Validation, Supporting Medicines Management, Summary Care Record – we will assume you are happy to for your information to be shared unless you choose to opt-out (see below).

This means you will need to express an explicit wish to not have your information shared with the other organisations; otherwise it will be automatically shared. We are required by law to report certain information to the appropriate authorities. This is only provided after formal permission has been given by a qualified health professional. There are occasions when we must pass on information, such as notification of new births, where we encounter infectious diseases which may endanger the safety of others, such as meningitis or measles (but not HIV/AIDS), and where a

formal court order has been issued. Our guiding principle is that we are holding your records in strictest confidence.

## Your right to withdraw consent for sharing your personal information (Opt-Out)

If you are happy for your data to be extracted and used for the purposes described in this privacy notice then you do not need to do anything. If you do not want your information to be used for any purpose beyond providing your care you can choose to opt-out. This right is enshrined in the [NHS Constitution](#) and we will respect your decision if you do not wish your information to be used for any purpose other than your care but in some circumstances we may still be legally required to disclose your data.

There are two forms of opt-out available:

### **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 direct care, or in particular circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease. If you wish to apply a Type 1 Opt Out to your record you should make your wishes known 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.

By 2020 all health and care organisations are required to apply national data opt-outs where confidential patient information is used for research and planning purposes. NHS Digital has been applying national data opt-outs since 25 May 2018. Public Health England has been applying national data opt-outs since September 2018.

The national data opt-out replaces the previous 'type 2' opt-out, which required NHS Digital not to share 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.

The national data opt-out choice can be viewed or changed at any time by using the online service at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters). For any patients who are unable to use the online service, they can call the telephone number on the [patient handout](#): 0300 303 5678.

If you wish to discuss your opt-out choices at any time please contact the Practice Manager. He will be able to help you find out more about:

- What is meant by confidential patient information
- When confidential patient information is used for individual care and examples of when it is used for purposes beyond individual care
- The benefits of sharing data
- Who uses the data
- How your data is protected

- How to access the system to view, set or change your opt-out setting
- The situations where the opt-out will not apply

## Medical student placements

Our practice is involved in the training of medical students. As part of this programme medical students will work in the practice and may be involved in your care. If staff would like a student to be present they will always ask for your permission before the start of the consultation. The treatment or care you receive will not be affected if you refuse to have a student present during your appointment.

It is usual for GPs to discuss patient case histories as part of their continuing medical education or for the purpose of training GPs and/or medical students. In these situations the identity of the patient concerned will not be revealed.

## Access to your information

Under Data Protection Legislation everybody has the right have access to, or request a copy of, information we hold that can identify you, this includes your medical record, there are some safeguards regarding what you will have access to and you may find information has been redacted or removed for the following reasons;

- Does not cause harm to the patient
- That legal confidentiality obligations for the non-disclosure of third-party information are adhered to

You do not need to give a reason to see your data. And requests can be made verbally or in writing. However we may ask you to complete a form in order that we can ensure that you have the correct information you require.

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

If you wish to have a copy of the information we hold about you, please contact the Practice Manager. You will need to provide proof of identity to receive this information.

If you would like to access your GP record online click [here](#)

## Change of Details

It is important that you tell the person treating you if any of your details such as your name or address have changed or if any of your details are incorrect in order for this to be amended. Please inform us of any changes so our records for you are accurate and up to date.

## Mobile telephone number

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

## Email address

Where you have provided us with your email address 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.

## Data Protection Officer

Our designated Data Protection Officers are: Matthew Bramall, The Practice Manager - and - Emile Douilhet, GP Data Protection Officer.

Should you have any data protection questions or concerns, please contact the practice Data Protection Officer in the first instance at: [edwardst.manager@nhs.net](mailto:edwardst.manager@nhs.net)

## Notification

The Data Protection Act 2018 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](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.

## 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’.

## Complaints

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
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Phone: 0303 123 1113

Website: <https://ico.org.uk/global/contact-us>

## Further Information

Further information about the way in which the NHS uses personal information and your rights in that respect can be found here:

### 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 the Data Protection Act 2018.

<http://systems.digital.nhs.uk/infogov/links/nhscrg.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 programmes 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>

## NHS Digital

NHS Digital collects health information from the records health and social care providers keep about the care and treatment they give, to promote health or support improvements in the delivery of care services in England.

<http://content.digital.nhs.uk/article/4963/What-we-collect>

## 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 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...'

## Summary of this Privacy Notice

We have written a shorter two-page guide to provide a summary of how the NHS and care services treat your information. This is available in the form of our [transparency statement](#).

## Reviews of and Changes to our Privacy Notice

We will keep our Privacy Notice under regular review. This notice was last reviewed on 20 May 2020.

**Appendix A – The Practice will share your information with these organisations where there is a legal basis to do so.**

Activity	Rationale
CCG	<p><b>Purpose</b> – Anonymous data is used by the CCG for planning and performance as directed in the practices contract.</p> <p><b>Legal Basis</b> – Contractual</p> <p><b>Processor</b> – Oxfordshire Clinical Commissioning Group (CCG)</p>
Summary Care Record	<p><b>Purpose</b> - 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.</p> <p><b>Legal Basis</b> – Direct Care</p> <p>Please be aware that if you choose to opt-out of SCR, NHS healthcare staff caring for you outside of this surgery may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency. Your records will stay as they are now with information being shared by letter, email, phone. If you wish to opt-out of having an SCR please return a completed opt-out form to the practice.</p> <p><b>Processor</b> – NHS England and NHS Digital</p>
Research	<p><b>Purpose</b> – We may share personal confidential or anonymous information with research companies. Where you have opted out of having your identifiable information shared for this purpose your information will be removed.</p> <p><b>Legal Basis</b> – consent is required to share confidential patient information for research, unless 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</p> <p><b>Processor</b> –NIHR Clinical Research Network, Synexus Clinical Research, and Clinical Practice Research Datalink (CPRD) MHRA</p>
Individual Funding Requests	<p><b>Purpose</b> – 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 contracts.</p> <p><b>Legal Basis</b> - 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.</p> <p><b>Data processor</b> – Oxfordshire CCG</p>

Safeguarding Adults	<p><b>Purpose</b> – We will share personal confidential information with the safeguarding team where there is a need to assess and evaluate any safeguarding concerns.</p> <p><b>Legal Basis</b> - Because of public Interest issues, e.g. to protect the safety and welfare of vulnerable adults, we will rely on a statutory basis rather than consent to process information for this use.</p> <p><b>Data Processor</b> – Oxfordshire Safeguarding Adults Board</p>
Safeguarding Children	<p><b>Purpose</b> – We will share children’s personal information where there is a need to assess and evaluate any safeguarding concerns.</p> <p><b>Legal Basis</b> - Because of public Interest issues, e.g. to protect the safety and welfare of Safeguarding we will rely on a statutory basis rather than consent to share information for this use.</p> <p><b>Data Processor</b> – Oxfordshire Safeguarding Children Board</p>
Risk Stratification – Preventative Care	<p><b>Purpose</b> – ‘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.</p> <p>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.</p> <p>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.</p> <p><b>Type of Data</b> – Identifiable/Pseudonymised/Anonymised/Aggregate Data</p> <p><b>Legal Basis</b>  GDPR Art. 6(1) (e) and Art.9 (2) (h). The use of identifiable data by CCGs 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 2020 <a href="#">NHS England Risk Stratification</a> 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.</p> <p><b>Processors</b> – South, Central &amp; West Commissioning Support Unit</p>

<p>Public Health Screening programmes (identifiable) Notifiable disease information (identifiable) Smoking cessation (anonymous) Sexual health (anonymous)</p>	<p><b>Purpose</b> – 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. The law allows us to share your contact information with Public Health England so that you can be invited to the relevant screening programme.</p> <p>More information can be found at: <a href="https://www.gov.uk/topic/population-screeningprogrammes">https://www.gov.uk/topic/population-screeningprogrammes</a> or speak to the practice</p> <p><b>Legal Basis</b> - Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below</p> <p><b>Data Processors</b> –Public Health Team, NHS England, South East (Thames Valley)</p>
<p>NHS Trusts</p>	<p><b>Purpose</b> – Personal information is shared with other secondary care trusts in order to provide you with direct care services. This could be hospitals or community providers for a range of services, including treatment, operations, physio, and community nursing, ambulance service.</p> <p><b>Legal Basis</b> - 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 as stated below:</p> <p><b>Processors</b> – Oxford Health NHS Foundation Trust, and Oxford University Hospitals NHS Foundation Trust</p>
<p>Care Quality Commission</p>	<p><b>Purpose</b> – 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.</p> <p>More detail on how they ensure compliance with data protection law (including GDPR) and their privacy statement is <a href="https://www.cqc.org.uk/about-us/our-policies/privacy-statement">available on our website: https://www.cqc.org.uk/about-us/our-policies/privacy-statement</a></p> <p><b>Legal Basis</b> - 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</p> <p><b>Processors</b> – Care Quality Commission</p>
<p>Payments, Invoice validation</p>	<p><b>Purpose</b> – 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 amount 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 (QUOF), for instance the proportion of diabetic</p>

	<p>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.</p> <p><b>Legal Basis</b> - 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</p> <p><b>Data Processors</b> – NHS England, CCG, Public Health</p>
Patient Record data base	<p><b>Purpose</b> – Your medical record will be shared, in order that a data base can be maintained and managed in a secure way</p> <p><b>Legal Basis</b> - Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below</p> <p><b>Processor</b> – EMIS Health</p>
iGPR	<p><b>Purpose</b> – Your medical record will be shared in order that a report can be provided to agencies such as insurance companies or solicitors</p> <p><b>Legal Basis</b> – Your consent will be required to share your record for this purpose</p> <p><b>Processor</b> – iGPR</p>
AccurRX	<p><b>Purpose</b> – Your anonymous information will be shared in order to optimise your medication within your record. This will enable your GP to provide a more efficient medication regime.</p> <p><b>Legal Basis</b> - Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below</p> <p><b>Processor</b> – FDB (First Databank)</p>
Medicines Management Team	<p><b>Purpose</b> – your medical record is shared with the medicines management team, in order that your medication can be kept up to date and any changes can be implemented.</p> <p><b>Legal Basis</b> - Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below</p> <p><b>Processor</b> – Oxfordshire Clinical Commissioning Group (CCG)</p>
GP Federation (providing services such as: GP Extended Access College Nursing	<p><b>Purpose</b> – Your medical record will be shared with our local GP Federation (OxFed) in order that they can provide direct care services to the patient population. This could be in the form of the college nursing service, GP evening and weekend clinics, or the Home Visiting service.</p>

Home Visiting service Social Prescribing)	<p><b>Legal Basis</b> - Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below</p> <p><b>Processor</b> – OxFed Health &amp; Care Ltd</p>
PCN	<p><b>Purpose</b> – Your medical record will be shared with the Oxford Central Primary Care Network (PCN) in order that they can provide direct care services to the patient population.</p> <p><b>Legal Basis</b> - Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below</p> <p><b>Processor</b> – King Edward St Medical Practice, 27 Beaumont St Practice, 28 Beaumont St Practice, Observatory Medical Practice, and Dr Leaver and Partners</p>
Smoking cessation	<p><b>Purpose</b> – personal information is shared in order for the smoking cessation service to be provided.</p> <p><b>Legal Basis</b> – consented</p> <p><b>Processor</b> – Smokefreelife Oxfordshire (Solutions 4 Health)</p>
Social Prescribers	<p><b>Purpose</b> – personal information is shared in order for the Social Prescribing service to be provided.</p> <p><b>Legal Basis</b> – consented</p> <p><b>Processor</b> – OxFed Health &amp; Care Ltd</p>
Voluntary services	
Mental Health provider	<p><b>Purpose</b> – personal information is shared in order for the Mental Wellbeing service to be provided.</p> <p><b>Legal Basis</b> – consented</p> <p><b>Processor</b> – Oxfordshire Mind</p>
Subject Access Requests	<p><b>Purpose</b> – Personal information will be shared with the person or their representative at their request</p> <p><b>Legal Basis</b> – Contractual agreement with the patient – and consented</p> <p><b>Processor</b> – Patients and or their representatives – e.g. family members, solicitors, insurance companies</p>
Medical Reports	<p><b>Purpose</b> – Personal information will be shared with Insurance companies, or potential or active employers at the patients request</p> <p><b>Legal Basis</b> – Consented</p> <p><b>Processor</b> – Patients and or their representatives – e.g. Insurance companies, RAF, Navy</p>
Police	
Coroners	<p><b>Purpose</b> – Personal information may be shared with the coroner</p>

	<b>Legal Basis – Legal Obligation</b>
	<b>Processor – The Coroner</b>
Private healthcare providers	
Technical solutions for analytics	