

## Privacy Notice (supplemental information for Patients)

### Why we collect information about you

We collect and hold data for 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.

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

Everyone working for our Practice has been trained appropriately and is subject to the Common Law Duty of Confidence. Information provided in confidence will only be used for the purposes advised with consent given by the patient, unless the law requires to use this information for other purposes.

We are committed to protecting your privacy and will only use information collected lawfully in accordance with:

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.

### Sharing of records in the NHS Ecosystem

#### 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 CLCH health visitors and school nurses, and with NEL Commissioning Support Unit, who provide the Child Health Information Service on behalf of NHS England.

#### Clinical audit

Information may be used by the Clinical Commissioning Group 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

Sometimes anonymised data may be used for research purposes – but we will normally ask your permission before releasing any information for this purpose which could be used to identify you.

In some instances, the Confidentially Advisory Group, part of the Health Research Authority may allow for identifiable information to be shared with researchers without consent of individuals. You may however opt-out of this, details of which can be found below under the ‘National Data Opt-Out’.

### **Improving Diabetes Care and long-term condition management**

Information that does not identify individual patients is used to enable focussed discussions to take place at practice-led local diabetes and long term condition management 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.

### **Invoice Validation**

Invoice validation is an important process. It involves using your NHS number to check which Clinical Commissioning Group 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.

### **NHS England and Open Exeter**

NHS England has a legal duty to keep a list of all patients registered with GP Practices in England. This list is held in the National Health Application and Infrastructure Services (NHAIS) systems. These systems also hold data about patients registered with GPs in Wales and the Isle of Man. NHS Digital, and other service agencies around the country manage these systems on behalf of NHS England.

The data are used to provide Primary Care Support Services. NHS England has a contract with Capita Business Services Ltd, operating as [Primary Care Support England](#) to provide these services which include:

- Moving paper patient records between practices and into storage when patients leave or move practices
- Storing paper records of unregistered and deceased patients

- Sending letters to patient to inform them of their NHS number when one is first allocated
- Providing the cervical cytology call and recall administrative service on behalf of Public Health England
- delivering prior notification lists of patients eligible for screening to GPs
- processing new patient registrations and de-registrations at GP practices to maintain accurate lists of numbers of patients at GP Practices–
- Making payments to NHS Ophthalmic practitioners for NHS services provided
- Making payments to GP practices based on lists of registered patients, and specific payments for childhood vaccinations and immunisations
- Writing to patients on behalf of Primary Care commissioners with regards to provision of primary care services or assignment to a GP Practice list.
- Writing to patients when they have been removed from their GP Practice list
- Conducting audits and reconciliations of GP Practice lists to ensure list sizes are accurate.

The data from the NHAIS list is used to update the [Personal Demographics Service](#) (PDS). This provides information for hospitals, Public Health England Cancer Screening Programmes, Child Health systems and other health providers making sure that they know their patients' current GP Practice and can access other essential information such as the [Summary Care Record](#).

NHS England Regional Local Teams (RLTs) and Clinical Commissioning Groups (CCGs) (where delegated) may also undertake necessary processing of a limited subset of these data (e.g. patient name, address, postcode and NHS number) for example when managing practice closures and list dispersals (the process used to allocate patients to neighbouring GP Practices). This processing is necessary to inform patients of their reregistration options and 'Choice' as required under the NHS Constitution.

Sources of the data: The data are transferred automatically from GP practice systems in to the NHAIS systems. The data is also updated by Primary Care Support England after notifications from data subjects themselves.

The categories of personal data held on the systems are:

- Name – including any previous names, unless name changes are the result of adoption, gender reassignment or witness protection schemes
- Current and historic addresses and whether the address is a registered nursing home
- Dates of Birth
- Gender
- Place of Birth
- NHS number
- Cervical Screening history
- Special allocation scheme status
- Current and Previous GP practice details
- GPs Banking details

Categories of recipients: Statistical information (numbers) produced from NHAIS systems is shared with other organisations to enable them to fulfil their statutory obligations, for example the Office of National Statistics, Public Health England and local authorities for their public health purposes. Personal data may also be shared with the approval of NHS England's Caldicott Guardian when he is assured that confidentiality is respected, for example when hospitals need to update their records for direct care purposes or to support specific research projects with ethical and or Health Research Authority approval.

Legal basis for processing: For GDPR purposes NHS England's basis for lawful processing is Article 6(1)(e) – '...exercise of official authority...'. For special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'

For more details relating to patient information available to NHSE see their privacy notice:

<https://www.england.nhs.uk/wp-content/uploads/2018/05/nhs-england-privacy-notice-v1.4-21-12-2018.pdf>

## Local Information Sharing

Your GP electronic patient record is held securely and confidentially on an electronic system managed by your registered GP practice. In order to provide you with health and social care services Your GP practice works in close collaboration with **Hammersmith & Fulham Central Primary Care Network (H&F Central PCN), a group of 5 geographically local practices**. The organisational boundary within which professionally trained staff can access your health record without consent has extended from your GP practice to this Primary Care Network. Staff are trained to understand their legal and professional responsibilities of confidence to their patients and will only access your records when they are required to do so to support you care. They will identify themselves and their role using a smart card and access to your PCN record is recorded, monitored, and audited.

If you require attention from a local health or care professional outside of your usual PCN services, such as in an Evening and Weekend GP HUB services, 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. If those services use a TPP clinical system your full SystemOne medical record will only be shared with your express consent.

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 either parts of your GP electronic patient record (e.g. your Summary Care Record) or a secure system that enables them to view your full GP electronic patient record (e.g. TPP SystemOne medical records or 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. Aside from your registered health care provider, 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>

## **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 NWL Clinical Commissioning Groups. 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.

## **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 Medicines Management

NWL Clinical Commissioning Groups use 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 provide relating to obtaining medications on behalf of your GP Practice to support your care.

## 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.

## Suspected Cancer

Data may be analysed in cases of suspected cancer by [The Royal Marsden NHS Trust](#), [The Royal Brompton Hospital](#), [Imperial College Healthcare NHS Trust](#), [Chelsea and Westminster Hospital NHS Foundation Trust](#), [London North West Healthcare NHS Trust](#) and [University College London Hospitals NHS Foundation Trust](#) to facilitate the prevention, early diagnosis and management of illness. Measures are taken to ensure the data for analysis does not identify individual patients.

## Sharing Vaccination Data during the COVID Pandemic

During the COVID pandemic we have signed an agreement with our Local Authorities to allow trained Public Health personnel access to a limited amount of patient information. This has been restricted to the contact details of North West London patients over 50 years old, who do not live in the Grenfell area, who are eligible for but have not received COVID vaccination. The purpose is to provide those patients with direct care and to save lives by increasing the update of COVID vaccination. The legal basis for sharing is the short term COPI legislation (introduced by the secretary of state for health for just this purpose) and when the COPI legislation expires the data will be deleted. We have taken measures to ensure this data is safely transmitted and managed securely and that PH personnel are trained to understand their professional responsibilities of confidence.

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Under the powers of the Health and Social Care Act 2015, NHS Digital can request personal confidential data from GP Practices without seeking patient consent for a number of specific purposes, which are set out in law. These purposes are explained below.

You may choose to opt-out to personal data being shared for these purposes. When we are about to participate in a new data-sharing project we aim to display prominent notices in the Practice and on our website four weeks before the scheme is due to start.

Instructions will be provided to explain what you have to do to 'opt-out' of the new scheme. Please be aware that it may not be possible to opt out of one scheme and not others, so you may have to opt out of all the schemes if you do not wish your data to be shared.

You can object to your personal information being shared with other healthcare providers which will not affect your entitlement to care, but you should be aware that this may, in some instances, affect your care as important information about your health might not be available to healthcare staff in other organisations. If this limits the treatment that you can receive then the practice staff will explain this to you at the time you object.

To ensure you receive the best possible care, your records are used to facilitate the care you receive. Information held about you may be used to help protect the health of the public and to help us manage the NHS.

## Who are our partner organisations?

We will not share your full information outside of health partner organisations without your 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. No information will ever be shared where we do not have a lawful basis to do so.

## Data Processors

### Anticoagulation Data managed with INRstar

We use LumiraDx Care Solutions UK Ltd who manufacture INRstar which is the software used to support the monitoring of patients who are take Warfarin. They act as data processors on behalf of our practice for the anticoagulation data recorded on those patients. INRstar are moving these patient records to cloud based services on 25<sup>th</sup> – 27<sup>th</sup> June 2021. The data residency will remain in England in a UK Government approved data centre. Further details on their privacy policy and data protection impact assessment can be found at [www.lumiradxcaresolutions.com/legal](http://www.lumiradxcaresolutions.com/legal). ”

## 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>

Within the health partner organisations providing your care (NHS and Specialist Trusts) and in relation to the above-mentioned themes – Risk Stratification, Invoice Validation, Supporting Medicines Management, Summary Care Record – your information will 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.

## Complaints

If you have concerns or are unhappy about any of our services, please contact the Customer Services Manager Sally Collins on 02073851965

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: [www.ico.org.uk](http://www.ico.org.uk)