

Privacy Notice

Spencer Street Surgery, Carlisle, CA1 1BP

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.

The [NHS Constitution](#) establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

NHS England

On 1 February 2023 NHS England and NHS Digital merged, meaning that NHS England has assumed responsibility for all activities previously undertaken by NHS Digital. This includes running the vital national IT systems which support health and social care, as well as the collection, analysis, publication and dissemination of data generated by health and social care services, to improve outcomes.. NHS England 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 <https://digital.nhs.uk/>

We keep a Register of all our information processing activities, including those involving the use of personal information. This records lots of metadata including where we get the information from, with whom we share it, the legal basis allowing us to process personal data and the security arrangements in place.

Details we collect about you

The health care professionals who provide you with care maintain records about your health and any treatment or care you have received previously (e.g. from Hospitals, GP Surgeries, A&E, etc.). These records help to provide you with the best possible healthcare. Records which this GP Practice may hold about you may include the following:

- Details about you, such as your address and next of kin
- Any contact the surgery has had with you, such as appointments, clinic visits, emergency appointments, etc.
- Notes and reports about your health
- Details about your treatment and care
- Results of investigations, such as laboratory tests, x-rays, etc.
- Relevant information from other health professionals, relatives or those who care for you

How we keep your information confidential and safe

Everyone working for our organisation is subject to the Common Law Duty of Confidence. Information provided in confidence will only be used for specific purposes in accordance with the law. The NHS Digital Code of Practice on Confidential Information <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/code-of-practice-on-confidential-information> applies to all NHS staff and they are required to protect your information, inform you of how your information will be used, and allow you to decide if and how your information can be shared. All our staff are expected to make sure information is kept confidential and receive regular training on how to do this.

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 also make sure external data processors that support us are legally and contractually bound to operate and prove security arrangements are in place where data that could or does identify a person are processed. We are committed to protecting your privacy and will only use information collected lawfully in accordance with:

- Data Protection Act 2018
- UK GDPR
- Human Rights Act
- Common Law Duty of Confidentiality
- NHS Codes of Confidentiality and Information Security
- Health and Social Care Act 2015
- And all applicable legislation

We have a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing. This person is called the Caldicott Guardian. The Caldicott Guardian for the practice is Dr Rupak Saha who can be contacted using the contact details at the top of this document.

OFFICAL

We are registered with the Information Commissioner's Office (ICO) as a data controller which describes the purposes for which we process personal data. A copy of the registration is available from the [ICO's web site](#) by searching on our name.

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.

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 section below.

Under the powers of the Health and Social Care Act 2015, NHS England 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 withdraw your consent to personal data being shared for these purposes.

You can object to your personal information being shared with other healthcare providers but 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.

A list of Data Sharing can be found at the end of this document.

Data Retention

We manage patient records in line with the Records Management NHS Code of Practice 2021 <https://www.nhs.uk/information-governance/guidance/records-management-code/> 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.

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
- Specialist Trusts
- GP Federations
- Independent Contractors such as dentists, opticians, pharmacists
- Private Sector Providers
- Voluntary Sector Providers
- Ambulance Trusts
- Integrated Care Boards
- Social Care Services
- Local Authorities
- Education Services
- Fire and Rescue Services
- Police
- Other 'data processors'

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 and in relation to the above mentioned themes 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 Rights

Your right to withdraw consent for us to share your personal information

The national data opt-out allows people to opt out of their confidential patient information being used for research and planning. It was introduced on 25 May 2018, providing a facility for individuals to opt-out from the use of their data for research or planning purposes. 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 has had it automatically converted to a national data opt-out from 25 May 2018 and has received a letter giving them more information and a leaflet explaining the new national data opt-out. If a patient wants to change their choice, they can use the new service to do this. You can find out more from the practice or by clicking here <https://www.nhs.uk/your-nhs-data-matters/>

Your right to opt out

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Patients who have a type 1 opt-out

Some patients will have a type 1 opt-out registered with the practice, you can tell the practice if you do not want your confidential patient information held in your GP medical record to be used for purposes other than your individual care. This is commonly called a type 1 opt-out. This opt-out request can only be recorded by your GP practice.

If your wishes cannot be followed, you will be told the reasons (including the legal basis) for that decision. There are certain circumstances where a person is unable to opt out but these are only where the law permits this such as in adult or children's safeguarding situations.

You have a right in law to refuse or withdraw previously granted consent to the use of your personal information. There are possible consequences of not sharing such as the effect this may have on your care and treatment but these will be explained to you to help with making your decision.

If you wish to exercise your right to opt-out, or to speak to somebody to understand what impact this may have, if any, please contact us using the usual practice contact details.

You can find out more by clicking [here](https://www.nhs.uk/using-the-nhs/about-the-nhs/opt-out-of-sharing-your-health-records/) <https://www.nhs.uk/using-the-nhs/about-the-nhs/opt-out-of-sharing-your-health-records/>

Right of Access to Your Personal Information

We will tell you if we use your personal information, what that information is and why we use it. We will also tell you where we obtained the information from and with whom we share your information. Under this right we have to tell you how long we intend to keep your information for.

You are entitled to obtain a copy of the personal information held about you by the practice. You can view this or request copies of the records by making a **subject access request**. Any request to access or obtain a copy of this information will be considered in line with the data protection legislation. This is generally free of charge unless your request is very complicated

and/or unreasonably excessive; if you require further copies of information already provided to you we may charge a reasonable administrative fee. If you want to access your data you can contact us using the contact details at the top of this notice. Under special circumstances, some information may be withheld.

Right to Rectification

This right allows you to ask for any information you believe to be inaccurate or incomplete to be corrected and completed. We are allowed one month from the date of your request in which to perform any such corrections or add supplementary statements. We will communicate any rectification of information to anyone to whom it has been disclosed unless this is not possible or involves disproportionate effort. We will tell you who those recipients are if you ask us.

Right to Erasure

This right is also commonly referred to as the 'right to be forgotten'. You can request that your information be erased, subject to certain exemptions, if it is no longer needed by us for the original purpose we said we would use it for or if you decide to withdraw your consent or if you object to the use of your information. If it transpires that the information was unlawfully used or is found to infringe the law you can ask for it to be erased. We will erase your information if we have a legal obligation to do so. We will communicate any erasure of information to anyone to whom it has been disclosed unless this is not possible or involves disproportionate effort. We will tell you who those recipients are if you ask us.

Right to Restriction of Processing

Restriction means marking information with the aim of limiting its processing in the future. Under this right you can request we restrict information processing for a period of time if you think the information is inaccurate, while we check its accuracy. If the information is found to have been used unlawfully you can ask for it to be restricted instead of being erased. If we no longer need to keep the information but you need us to keep it in connection with a legal claim you are involved with you can ask us to restrict it. You can also ask us to restrict processing if you have previously objected to us processing it whilst we check whether our legitimate reasons for processing it outweigh your right. Once processing has been restricted we can start to use the information again only if you have consented to this or where it is in connection with a legal claim or if it is to protect the rights of another person or there is a strong public interest. We will tell you before any restriction we have put in place is lifted. We will communicate any restriction of processing to anyone to whom it has been disclosed unless this is not possible or involves disproportionate effort. We will tell you who those recipients are if you ask us.

Right to Data Portability

The purpose of this right is to give a person more control over their personal information. Data Portability means you have the right to receive a copy of personal information which you have given us in a structured, commonly-used, machine-readable format and to have it

transferred directly to another 'controller' where technically possible. This right only applies to information which is processed by automated means and where you have given consent to the processing or where processing is necessary for the performance of a contract. It does not apply if the processing is needed to comply with a legal obligation, our official duties or is for a task carried out in the public interest. It is therefore unlikely to apply to any of the processing carried out by the practice.

Right to Object

You can object to the processing of your personal information if the processing activity is necessary for the performance of a task carried out in connection with our lawful, official duties or those of a third party, or a task carried out in the public interest. We could refuse to comply with a request only where we could show that there was an overriding legal reason or if we need to process the information in relation to a legal claim.

You also have a separate right to object to processing if it is for direct marketing purposes. We do not use your information in this way but if we did we would tell you about it. This right also includes a specific right to object to research uses except where this is done in the public interest.

Automated Decision-Making, Including Profiling

Profiling means any form of automated processing (i.e. processed by a computer and not a human being) of personal information used to analyse, evaluate or predict things about someone; this can include things like someone's health, personal preferences, interests, economic situation, reliability, performance at work behaviour, location or movements.

Under this right you can ask not to be subject to a decision made solely by automated means, including any profiling, which affects you in a legal way or has a similar significant effect. Automated decision-making and profiling is not allowed if it involves certain types of information; these 'special categories' of information are deemed to carry more sensitivity therefore we cannot use your health information for automated decision-making or profiling unless we have your explicit consent or there is substantial public interest allowing us to do so. We currently do not carry out any automated decision-making, including profiling.

Consent

Where processing is based on consent you have the right to withdraw consent to process your personal data.

Right to Complain to the Information Commissioner's Office (ICO)

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, or to complain to the ICO if you think any processing of your personal data infringes data protection legislation you can contact:

OFFICAL

The Information Commissioner
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Phone: 0303 123 1113 Website: www.ico.gov.uk

Data Protection Officer (DPO)

As a public authority the practice must appoint a DPO. The DPO is an essential role in facilitating 'accountability' and the organisation's ability to demonstrate compliance with the data protection legislation. The DPO for the practice is Julie Swan, who can be contacted via the contact details at the top of this notice.

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.

Reviews of and Changes to our Privacy Notice

We will keep our Privacy Notice under regular review.

Data Sharing/Usage List

The following table builds upon the information in our Data Privacy Notice and is published to ensure transparency. This list is not exhaustive. Where the offering of a service to a patient will inform them about the sharing of their data, e.g. support from smoking cessation services, it is not necessarily included here. This list does not set out uses of anonymous data where identity has been completely removed (such as anonymised data to the Department for Work and Pensions on provision of 'fit notes').

| Organisation/ Activity | Relevant to surgery [Y / N] | Rationale |
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| Shared Care Records | [Y] | <p>Purpose - To ensure you receive effective, safe care, we will, through digital means enable your record to be available to those providing your care in whichever care setting you are seen, such as an A&E attendance, a physiotherapy appointment, a social care needs assessment.</p> <p>In order to achieve this, the aim of Shared Care Records is to enable health and care staff to view your information, to save valuable time in getting you the right treatment. Your information will only be available to the staff involved in your direct care, and not at any other time, or for any other reason.</p> <p>Legal Basis – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’</p> |
| Summary Care Record | [Y] | <p>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. Further information can be found here</p> <p>Legal Basis – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’</p> <p>Controller of summary care record data – NHS Digital</p> |
| Local Information Sharing | | <p>Purpose - 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 a 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.</p> <p>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</p> |

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| | <p>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. Great North Care Record 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).</p> <p>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).</p> <p>When analysing current health services and proposals for developing future services it is sometimes necessary to link separate individual datasets to be able to produce a comprehensive evaluation. This may involve linking primary care GP data with other data such as secondary uses service (SUS) data (inpatient, outpatient and A&E). In some cases there may also be a need to link local datasets which could include a range of acute-based services such as radiology, physiotherapy, audiology etc, as well as mental health and community-based services such as Improving Access to Psychological Therapies (IAPT), district nursing, podiatry etc. When carrying out this analysis, the linkage of these datasets is always done using a unique identifier that does not reveal a person's identity. We may also contract with other organisations to process data. These organisations are known as Data Processors. We ensure external data processors that support us are legally and contractually bound to operate and prove security arrangements are in place where data that could or does identify a person are processed.</p> <p>Currently, the external data processors we work with include NHS North of England Commissioning Support Unit, which is based at John Snow House, Durham, DH1 3YG and which has been granted a legal basis for processing data for us and which operates under strict controls to ensure your information is handled lawfully.</p> <p>We record any instances where we transfer personal information to a third country or international organisation. This is very limited and we check and record the safeguards in place to protect the information to be transferred.</p> |
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| | | Legal Basis – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’ |
| Safeguarding | [Y] | <p>Purpose - 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.</p> <p>Legal Basis – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’</p> |
| OpenSAFELY COVID-19 Service | [Y] | <p>Purpose - NHS England has been directed by the Government to establish and operate the OpenSAFELY service. This service provides a Trusted Research Environment that supports COVID-19 research and analysis. Each GP practice remains the controller of its own patient data but is required to let researchers run queries on pseudonymised patient data. This means identifiers are removed and replaced with a pseudonym, through OpenSAFELY. Only researchers approved by NHS England are allowed to run these queries and they will not be able to access information that directly or indirectly identifies individuals.</p> <p>Additional information about OpenSAFELY can be found on this webpage</p> <p>Legal Basis – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’</p> |
| National Fraud Initiative - Cabinet Office | [Y] | <p>Purpose – The use of data by the Cabinet Office for data matching is carried out with statutory authority. It does not require the consent of the individuals concerned under Data Protection legislation. Data matching by the Cabinet Office is subject to a Code of Practice. For further information see:</p> <p>https://www.gov.uk/government/publications/code-of-data-matching-practice-for-national-fraud-initiative</p> <p>NFI activities vary each year, so data would only be disclosed if required by the focus of their activities</p> <p>Legal Basis – Part 6 of the Local Audit and Accountability Act 2014</p> <p>Controller – Cabinet Office</p> |
| Test requests and results | [Y] | <p>Purpose – Some basic identifying details, the type of test requested and if required any relevant health information is shared with Pathology Laboratories when tests such as blood or urine tests need to be undertaken. The laboratory will also hold</p> |

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| | | <p>the details of the request and the result. The result/report will be sent electronically to the practice who will hold it in the patient's record.</p> <p>Legal Basis – Article 6(1)e 'exercise of official authority' and article 9(2)h 'Provision of health and care'</p> <p>Controller of test data – The laboratory that process the request and result are a controller of the data generated by the test process.</p> |
| Research | [Y] | <p>Purpose – We may share anonymous information with research companies. Where you have opted out of having your identifiable information shared for this purpose then it will not be used. Details on how to opt out are here.</p> <p>Legal Basis – consent is required to share confidential patient information for research, unless there is have 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>The organisation leading the research will be the controller of data disclosed to them.</p> |
| GP Connect | [Y] | <p>Purpose - The GP Connect service allows GP practices and clinical staff to share GP Practice clinical information and data between IT systems, quickly and efficiently via Application Programming Interfaces (APIs). GP Connect is not used for any purpose other than direct care. Further information is available here https://digital.nhs.uk/services/gp-connect/gp-connect-in-your-organisation/gp-connect-privacy-notice</p> <p>Legal Basis – Article 6(1)e 'exercise of official authority' and article 9(2)h 'Provision of health and care'</p> |
| Individual Funding Requests | [Y] | <p>Purpose – We may need to process your personal information where we are required to apply for funding for a specific treatment for you for a particular condition that is not routinely available. 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. If you are happy for the request to be made. Your data will be disclosed to the ICB who manages the individual funding request process.</p> |

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| | | Legal Basis - Article 6(1)e 'exercise of official authority' and article 9(2)h 'Provision of health and care' |
| Child Health Information Service (CHIS) | [Y] | <p>Purpose - 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 health visitors and school nurses.</p> <p>Legal Basis – Article 6(1)e 'exercise of official authority' and article 9(2)h 'Provision of health and care'</p> |
| Risk Stratification – Preventative Care | [Y] | <p>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.</p> <p>Information about you is collected from a number of sources including RAID-R, NHS Trusts and your GP Practice. A risk score is then arrived at to help us identify and offer you additional services to improve your health.</p> <p>In addition, data with your identity removed is used to inform the development and delivery of services across the local area.</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>Legal Basis</p> <p>Article 6(1)e 'exercise of official authority' and article 9(2)h 'Provision of health and care'.</p> <p>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 NHS England 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</p> |

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| | | <p>stratification effectively, in ways that are consistent with the laws that protect your confidentiality.</p> <p>Controller to which data is disclosed: NHSE/CCG*</p> <p>(NB identifiable data is not disclosed to other controllers)</p> <p>*In 2013 NHS England gained approval from the Secretary of State, through the Confidentiality Advisory Group for its application for the disclosure of Secondary Use Services (SUS), commissioning data sets (approved under CAG 2-03(a)/2013) and GP data for risk stratification purposes to data processors working on behalf of GPs and CCGs.</p> <p>The application was made by NHS England on behalf of GPs and CCGs, as the relevant data controllers. It will enable GPs, supported by Clinical Commissioning Groups (CCGs), to target specific patient groups and enable clinicians with the duty of care for the patient to offer appropriate interventions. It will also support Commissioners to understand service use and to target interventions to improve care pathways.</p> <p>In August 2020, NHS England applied to the Confidentiality Advisory Group for an extension of the Risk Stratification CAG approval which was due to expire at the end of September 2018. The Confidentiality Advisory Group has confirmed that support for the use of GP's and CCGs Secondary Use Data can continue risk stratification purposes until the end of September 2022.</p> |
| Clinical Digital Tools | [Y] | <p>Purpose – A variety of clinical digital tools are used at GP practices to support clinicians managing patients with very specific conditions or to identify patients who may be at risk of health conditions in the future. These digital tools enable clinicians to focus on preventative care or very specialist care for specific conditions.</p> <p>Prior to introducing clinical digital tools to NHS services, a strict process of assessment is undertaken to ensure that NHS criteria are met – Digital technology assessment criteria. Where relevant to use of a digital tool, your patient information is collected from your record held at the GP practice. This data is processed by the authorised third-party supplier and the results are made available to the healthcare professional at the Practice and linked to your patient record. The use of clinical digital tools is often linked with 'risk stratification for case finding' (please see above section) enabling resources to be used efficiently and effectively for patient care in GP practices.</p> |

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| | | <p>Although digital technology is used to support healthcare professionals in their work, decisions about patient care are made by a person and not automated.</p> <p>Digital support tools are being developed/updated and introduced to NHS services regularly. Examples that may be used in GP practices are:</p> <ul style="list-style-type: none"> • Support for anticoagulation management plans and medications for a specific cohort of patients • A clinical decision support tool to identify potential patients who may benefit from additional health care services or support to help keeping them well and avoiding admission to hospital • A clinical decision support tool that identifies patients at higher risk of cancer at the earliest stage <p>We will use and share your information using these digital tools for your direct care purposes.</p> <p>If you have concerns about how your data is used, please let us know, noting if you do object this may limit our ability to identify if you have or are at risk of developing certain serious health conditions or be included in specialised monitoring of specific conditions.</p> <p>Legal Basis</p> <p>Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’.</p> |
| <p>Population Health Management</p> | <p>[Y]</p> | <p>Purpose – Health and care service providers North Cumbria work together as ‘Integrated Care Systems’ (ICS) and are sharing data in order to:</p> <ul style="list-style-type: none"> • Understanding 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. <p>Type of Data – Identifiable/Pseudonymised/Anonymised/Aggregate Data. NB only organisations that provide your individual care will see your identifiable data.</p> <p>Legal Basis - Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) Provision of health and care</p> |

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| | | Population Health Management also incorporates the use of risk stratification tools as an integral part of the purpose (please see the risk stratification section of this notice above). |
| Public Health Screening programmes (identifiable) Notifiable disease information (identifiable) Smoking cessation (anonymous) Sexual health (anonymous) | [Y] | <p>Purpose – 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. Personal identifiable and anonymous data is shared. More information can be found at: https://www.gov.uk/guidance/nhs-population-screening-explained</p> <p>Legal Basis - Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’.</p> <p>Controller to which data is disclosed: Public Health Services (England).</p> |
| NHS Trusts | [Y] | <p>Purpose – Personal information is shared with Hospitals, Community Services, Mental Health Services and others in order to provide you with care services. This could be for a range of services, including treatment, operations, physio, and community nursing, ambulance service.</p> <p>Legal Basis - Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’.</p> <p>Examples of Trust controllers to which data is disclosed (not exhaustive): North Cumbria Integrated Care NHS Trust</p> |
| Care Quality Commission | [Y] | <p>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 but only where it is needed to conduct their services.</p> <p>More detail on how they ensure compliance with data protection law (including GDPR) and their privacy statement is available on CQC website: https://www.cqc.org.uk/about-us/our-policies/privacy-statement</p> <p>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 ‘management of health and care services’</p> |

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| | | Controller data is disclosed to – Care Quality Commission |
| Invoices and Payments | [Y] | <p>Purpose - Payments to the practice come in many different forms. Some payments are based on the number of patients that receive specific services, such as diabetic reviews and immunisation programmes. In order to make patient based payments basic and relevant necessary data about you needs to be sent to the various payment services, this data contains limited identity if needed, such as your NHS number. The release of this data is required by English laws.</p> <p>Invoice validation is an important process. It involves using your NHS number to check that the ICB 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.</p> <p>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</p> <p>Controllers that data is disclosed to – NHS England, ICB, Public Health</p> |
| Patient Record data base support | [Y] | <p>Purpose – The practice uses electronic patient records. Our supplier of the electronic patient record system is Optum Ltd (previously known as EMIS)</p> <p>Our supplier does not access identifiable records without permission of the practice and this is only given where it is necessary to investigate issues on a particular record</p> <p>Legal Basis</p> <p>Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘management of health and care services’.</p> |
| Medicines optimisation | [Y] | <p>Purpose – We use software packages linked to our patient record system to aid when prescribing drugs. These ensure that prescribing is effective. We do not share your identifiable data with the companies that provide these packages.</p> <p>The ICB operates pharmacist prescribing advice services to support local GP practices with prescribing queries, which may require identifiable information to be shared. Pharmacists and pharmacy technicians work with your usual GP to provide advice on medicines, prescription ordering processes, prescribing</p> |

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| | | <p>queries, and review prescribing of medicines to ensure that it is appropriate for your individual needs, safe and cost-effective. Where specialist prescribing support is required, the ICB medicines management team may discuss product choice with your GP and your nominated community pharmacist to ensure evidence based cost effective choices are made to support your care.</p> <p>Legal Basis - Article 6(1)e 'exercise of official authority' and article 9(2)h 'Provision of health and care'.</p> |
| Multi-Disciplinary Teams | [Y] | <p>Purpose - We work closely with a range of other care providers to deliver the best care possible for you. Multi-disciplinary teams are our way of bringing together care providers for conversations in a confidential environment about care arrangements for you where this is appropriate. For example, if you have a number of long term conditions and would benefit from additional support. Where possible, we will inform you that your care will be discussed in this type of forum. However, if this may not always be possible and in these circumstances, we will consider your best interests and will share information on this basis.</p> <p>Legal Basis - Article 6(1)e 'exercise of official authority' and article 9(2)h 'Provision of health and care'.</p> |
| Clinical Audit | [Y] | <p>Purpose – Information may be used by the Integrated Care Board (ICB) 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.</p> <p>Legal Basis - Article 6(1)e 'exercise of official authority' and article 9(2)h 'management of health and care services'.</p> <p>Controller – North East and North Cumbria Integrated Care Board</p> |
| National Registries | [Y] | <p>Purpose – 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.</p> <p>Legal Basis – Section 251 of the NHS Act 2006</p> |

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| Police | [Y] | <p>Purpose – The police may request information in relation to on-going enquiries, all requests are reviewed and only appropriate information will be shared under legislation.</p> <p>Legal Basis –</p> <p>Article 6(1)e – task carried out in the public interest</p> <p>Article 9(2)c - Vital Interests</p> <p>Article 9(2)f - Legal claims or judicial acts</p> <p>Article 9(2)g - Reasons of substantial public interest</p> <p>Controller disclosed to - Police</p> |
| Anticoagulation | [Y] | <p>Data held for the purposes of anticoagulation management is currently held within the INRstar Anticoagulation Management system by LumiaDx Care Solutions.</p> <p>The data residency of the information will remain in England in a UK government approved data centre. The data will not be modified in any way, and the way it is processed will remain the same following migration.</p> <p>The privacy policy and data protection impact assessment relating the migration can be found here: www.lumiradxcaresolutions.com/legal.</p> <p>Legal Basis - Article 6(1)(e) – It is necessary for the performance of a task carried out in the public interest or under official authority vested in the controller.</p> <p>Article 9(2)(h) – processing is 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 of 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 and subject to conditions and safeguards.</p> |
| iGPR | [Y] | <p>Purpose – The practice uses iGPR to process Subject Access Requests (SARs) and undertake private non-NHS work for patients on its behalf.</p> <p>All private work is discretionary as it does not form part of the NHS contract [https://www.bma.org.uk/pay-and-contracts/fees/why-doctors-charge-fees/why-does-my-doctor-</p> |

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| | | <p>charge-fees] and therefore using Medi2Data enables the work to be completed for patients at a time when the surgery cannot commit to undertaking work outside of its main duties.</p> <p>The data processed will be dependent on the private work request of the patient.</p> <p>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</p> |
| Weight Management and Diabetes Programme | [] | <p>Purpose – To support eligible patients to lose weight, improve glycaemic parameters and potentially achieve remission of Type 2 diabetes.</p> <p>Legal Basis – Article 6(1)(e) – It is necessary for the performance of a task carried out in the public interest or under official authority vested in the controller.</p> <p>Article 9(2)(h) – processing is 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 of 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 and subject to conditions and safeguards.</p> |
| Accelerated Access to Medical Records | [Y] | <p>Purpose - From 31 October 2023, patients with online accounts such as through the NHS app will be able to read new entries into their medical record, including free text. This change only applies to future (prospective) record entries and not historic data.</p> <p>https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/guidance-on-nhs-app-features/online-access-to-gp-health-records</p> <p>Legal Basis –</p> <p>Article 6(1)(c) – it is necessary for compliance with a legal obligation to which the controller is subject.</p> <p>Article 9(2)(h) – processing is 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 of the management of health or social care systems and services on the basis of union or member state law or pursuant to contract</p> |

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| | | with a health professional and subject to conditions and safeguards. |
| Online Consultation & Practice Request Management Tool | [Y] | <p>Purpose - As referenced above in 'Why we collect personal information about you', the surgery uses Accurx to manage patient requests. Patients are able to utilise the platform online if they decide to. The online platform allows patients to submit requests directly, receive notifications on the status of their request and find out helpful information about the practice and local services.</p> <p>Patients should note that even if they do not sign up to use the system directly, the surgery still uses Accurx to manage all patient requests to provide safe and equitable care as it enables the clinical team to triage, action and audit patient requests.</p> <p>The legal basis for doing so is as follows:</p> <p>Article 6(1)(e) – It is necessary for the performance of a task carried out in the public interest or under official authority vested in the controller.</p> <p>Article 9(2)(h) – processing is 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 of 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 and subject to conditions and safeguards.</p> |
| Scribe Technology | | <p>Purpose – The practice uses AI-powered scribe technology, to assist clinicians in accurately and efficiently documenting patient consultations. The programmes process two main types of personal data during consultations:</p> <ul style="list-style-type: none"> • Patient Information: This includes the patient's name, contact details, medical history, diagnosis, treatment information, and any other information shared during consultations. • Clinician Information: This includes audio recordings capturing the clinician's voice and any professional identifiers, such as names and titles. <p>The processing of data with Heidi AI or Lexacom AI is done to support clinicians in maintaining accurate and timely medical records.</p> <p>The legal basis for doing so is as follows:</p> <p>Article 6(1)(e) – It is necessary for the performance of a task carried out in the public interest or under official authority vested in the controller.</p> |

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| | | <p>Article 9(2)(h) – processing is 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 of 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 and subject to conditions and safeguards.</p> <p>Data Retention: Audio data captured during consultations is temporarily stored for transcription and is deleted once the clinician verifies and finalises the documentation in the Electronic Health Record (EHR).</p> <p>Data Security: Data is encrypted during processing and stored on NHS-compliant secure servers located within the UK. Only authorised staff and clinicians have access to this data.</p> <p>Heidi & Lexacom operate as the data processor for their respective data. Both programmes are fully compliant with NHS data security standards, and access to AI-transcribed data is restricted to healthcare providers directly involved in your care.</p> |
| Clinical Administration Management | [Y] | <p>Purpose - The surgery utilises a third party system to review, code, and save clinical correspondence received from other healthcare providers onto a patient's record. This system is called Anima. The system is managed by practice employed staff who process the information and action as necessary. The legal basis for doing so is as follows:</p> <p>Article 6(1)(e) – It is necessary for the performance of a task carried out in the public interest or under official authority vested in the controller.</p> <p>Article 9(2)(h) – processing is 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 of 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 and subject to conditions and safeguards.</p> |