

Privacy Notice – Commissioning, planning, risk stratification, patient identification

Plain English explanation

The records we keep enable us to plan for your care.

This practice keeps data on you that we apply searches and algorithms to in order to identify from preventive interventions.

This means using only the data we hold or in certain circumstances linking that data to data held elsewhere by other organisations, and usually processed by organisations within or bound by contracts with the NHS.

If any processing of this data occurs outside the practice your identity will not be visible to the processors. Only this practice will be able to identify you and the results of any calculated factors, such as your risk of having a heart attack in the next 10 years or your risk of being admitted to hospital with a complication of chest disease

You have the right to object to our processing your data in these circumstances and before any decision based upon that processing is made about you. Processing of this type is only lawfully allowed where it results in individuals being identified with their associated calculated risk. It is not lawful for this processing to be used for other ill defined purposes, such as “health analytics”.

Despite this we have an overriding responsibility to do what is in your best interests. If we identify you as being at significant risk of having, for example a heart attack or stroke, we are justified in performing that processing.

We are required by Articles in the General Data Protection Regulations to provide you with the information in the following 9 subsections.

1) Data Controller	Dr Jon Levick Jonlevick@nhs.net 01207 560206
2) Data Protection Officer	Catherine McBride Catherine.mcbride3@nhs.net 01207 560206

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<p>3) Purpose of the processing</p>	<p>The practice performs computerised searches of some or all of our records to identify individuals who may be at increased risk of certain conditions or diagnoses i.e. Diabetes, heart disease, risk of falling). Your records may be amongst those searched. This is often called “risk stratification” or “case finding”. These searches are sometimes carried out by Data Processors who link our records to other records that they access, such as hospital attendance records. The results of these searches and assessment may then be shared with other healthcare workers, such as specialist, therapists, technicians etc. The information that is shared is to enable the other healthcare workers to provide the most appropriate advice, investigations, treatments, therapies and or care.</p>
<p>4) Lawful basis for processing</p>	<p>The legal basis for this processing is</p> <p>Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’</p> <p>and</p> <p>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...”</p> <p>We will recognise your rights under UK Law collectively known as the “Common Law Duty of Confidentiality”*</p>
<p>5) Recipient or categories of recipients of the shared data</p>	<p>The data will be shared for processing with North East Commissioning Support Unit and for subsequent healthcare with North Durham Clinical Commissioning Group</p>
<p>6) Rights to object</p>	<p>You have the right to object to this processing where it might result in a decision being made about you. That right may be based either on implied consent under the Common Law of Confidentiality, Article 22 of GDPR or as a condition of a Section 251 approval under the HSCA. It can apply to some or all of the information being shared with the recipients. Your right to object is in relation to your personal circumstances. Contact the Data Controller or the practice.</p>
<p>7) Right to access and correct</p>	<p>You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.</p>
<p>8) Retention period</p>	<p>The data will be retained in line with the law and national guidance. https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016 or speak to the practice.</p>
<p>9) Right to Complain.</p>	<p>You have the right to complain to the Information Commissioner’s Office,</p>

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	<p>you can use this link https://ico.org.uk/global/contact-us/ or calling their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)</p> <p>There are National Offices for Scotland, Northern Ireland and Wales, (see ICO website)</p>
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* “Common Law Duty of Confidentiality”, common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.

The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.

In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.

Three circumstances making disclosure of confidential information lawful are:

- where the individual to whom the information relates has consented;
- where disclosure is in the public interest; and
- where there is a legal duty to do so, for example a court order.