## Your information, what you need to know

This privacy notice explains why we collect information about you, how that information will be used, how we keep it safe and confidential and what your rights are in relation to this. We may amend this privacy notice at any time. The date in the document footer will be amended each time this notice is updated.

## Why we collect information about you

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

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

## Our Commitment to Data Privacy and Confidentiality Issues

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

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

## Data we collect about you

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

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

## How we use your information

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

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

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

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

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

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

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

## How long do we hold information for?

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

## Individuals Rights under UK GDPR

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

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

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

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

**Type 1 Opt Out**

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

**National data opt-out**

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

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

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

On this web page you will:

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

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

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

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

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

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

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

Patients may also request to have online access to their data, e.g. via the NHS App <https://www.nhs.uk/nhs-app/> (accessible via computer as well as Smartphone App). If you would like to access your GP record online please see our website [www.fireclayhealth/nhs/uk/online-services](http://www.fireclayhealth/nhs/uk/online-services) for more information

## COVID Pass access

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

## Change of Detail

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

## Mobile telephone number

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

## Email address

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

## Notification

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

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

Any changes to this notice will be published on our website and available in hard copy on request.

## Data Protection Officer

Should you have any data protection questions or concerns, please contact our Data Protection Officer via the practice by emailing [fireclayhealth@nhs.net](mailto:fireclayhealth@nhs.net) – please mark for the attention of Kathryn Thompson, Practice Manager

## What is the right to know?

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

## Right to Complain

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

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

The Information Commissioner

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

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

## The NHS Care Record Guarantee

The NHS Care Record Guarantee for England sets out the rules that govern how patient information is used in the NHS, what control the patient can have over this, the rights individuals have to request copies of their data and how data is protected under Data Protection Legislation.

A copy of the NHS Care Record Guarantee can be downloaded at <https://digital.nhs.uk/binaries/content/assets/legacy/pdf/1/8/care_record_guarantee.pdf>

## The NHS Constitution

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

See [https://www.gov.uk/government/publications/the-nhs-constitution-for-england](https://www.gov.uk/government/publications/the-nhs-constitution-for-england%20)

**Document Control**

This document was created by NHS South Central and West Commissioning Support Unit (SCW) and as such the Intellectual Property Rights of this document belong to SCW. Adaptations for Fireclay Health purposes are marked in red

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| **Document Name** | **Version** | **Status** | **Author** | |
| *Privacy Notice*  *Primary Care template* | 3.0 | Published | NHS SCW Information Governance Services | |
| **Document objectives:** | This document supports Practice staff in compliance with Data Protection legislation, achieving best practice in the area of Information Governance and in meeting the requirements of the Data Security and Protection Toolkit | | | |
| **Target audience:** | All staff | | | |
| **Monitoring arrangements and indicators:** | This document will be monitored by Fireclay Health to ensure legislative changes that occur before the review date are incorporated. | | | |
| **Review frequency** | Reviewed annually in line with IT Governance review and when interim changes needed. customer documents in line with our planned schedule | | | |
| **Approved & ratified by practice** | Fireclay Health | | | Date: 7th August 2023 |

**Change record**

|  |  |  |
| --- | --- | --- |
| **Date** | **Author** | **Reason for Change** |
| 15.8.2023 | KT | Add NHS App messaging |
| 8.4.2024 | KT | Review for DSP Toolkit |
| 4.12.2024 | MH | Add CCTV |
| 13.1.2025 | MH | Amended iGPR |
| 17.1.2025 | MH | Add Numed Envisage Coda |
| 21.1.2025 | MH | Add InHealth |
| 21.1.2025 | MH | Remove Care Forum Social Prescribing |
| 25.2.2025 | KT | iGPR amendment to wording |
| 25.2.2025 | KT | Reference to CCG changed to BNSSG ICB |
| 31.3.2025 | MH | Heidi Ambient Voice Technology |
| 14.4.2025 | KT | Review for DSP Toolkit |
| 15.4.25 | KT | Lexacom added |

**The Practice will share patient information with these organisations where there is a legal basis to do so**

| **Activity** | **Rationale** |
| --- | --- |
| Commissioning and contractual purposes Invoice Validation  Planning  Quality and Performance | **Purpose –** Anonymous data is used by the CCG for planning, performance and commissioning purposes, as directed in the practices contract, to provide services as a public authority.  **Legal Basis** – UK GDPR 6 1(b) Contractual obligation as set out in the  Health and Social Care Act for Quality and Safety 2015  **Processor** – BNSSG ICB |
| Summary Care Record  Including additional information | **Purpose** - During the height of the pandemic changes were made to the Summary Care Record (SCR) to make additional patient information available to all appropriate clinicians when and where they needed it, to support direct patients care, leading to improvements in both care and outcomes.  These changes to the SCR will remain in place, unless you decide otherwise.  Regardless of your past decisions about your Summary Care Record preferences, you will still have the same options that you currently have in place to opt out of having a Summary Care Record, including the opportunity to opt-back in to having a Summary Care Record or opt back in to allow sharing of Additional Information.  You can exercise these choices by doing the following:  1. Choose to have a Summary Care Record with all information shared. This means that any authorised, registered and regulated health and care professionals will be able to see a detailed Summary Care Record, including Core and Additional Information, if they need to provide you with direct care.  2. Choose to have a Summary Care Record with Core information only. This means that any authorised, registered and regulated health and care professionals will be able to see limited information about allergies and medications in your Summary Care Record if they need to provide you with direct care.  3. Choose to opt-out of having a Summary Care Record altogether. This means that you do not want any information shared with other authorised, registered and regulated health and care professionals involved in your direct care. You will not be able to change this preference at the time if you require direct care away from your GP practice. This means that no authorised, registered and regulated health and care professionals will be able to see information held in your GP records if they need to provide you with direct care, including in an emergency.  Patients have the right to opt out of having their information shared with the SCR by completion of the form which can be downloaded at https://digital.nhs.uk/services/summary-care-records-scr/scr-patient-consentpreference-form and returned to the practice. Please note that by opting out of having your information shared with the Summary Care Record could result in a delay to care that may be required in an emergency.  **Legal basis for sharing this data**  In order for your Personal Data to be shared or processed, an appropriate 'legal basis' needs to be in place and recorded. The legal bases for direct care via SCR is the same as the legal bases for the care you would receive from your own GP, or another healthcare provider:  • for the processing of personal data: Article 6.1 (e) of the UK GDPR: 'processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller'.  • for the processing of 'Special Category Data' (which includes your medical information): Article 9.2 (h) of the UK GDPR: 'processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services'.  Find out more about SCR https://digital.nhs.uk/services/summary-care-records-scr  **Processor** – NHS England and NHS Digital |
| Research | **Purpose –** We may share anonymous patient information with research companies for the purpose of exploring new ways of providing healthcare and treatment for patients with certain conditions. This data will not be used for any other purpose.  Where personal confidential data is shared your consent will need to be sought.  Where you have opted out of having your identifiable information shared for this Planning or Research your information will not be shared.  **Legal Basis –** consent is not required to share anonymous data that does not identify a patient.  Where identifiable data is required for research, patient consent will be needed, unless there is a legitimate reason under law to do so or there is support under the Health Service (Control of Patient Information Regulations) 2002 (‘section 251 support’) applying via the Confidentiality Advisory Group in England and Wales  **Processor –** IQVIA MRES (Medical Research Extraction Scheme) |
| Individual Funding Requests | **Purpose –** We may need to process your personal information where we are required to fund specific treatment for you for a particular condition that is not already covered in our standard NHS contract.    The clinical professional who first identifies that you may need the treatment will explain to you the information that is needed to be collected and processed in order to assess your needs and commission your care; they will gain your explicit consent to share this. You have the right to withdraw your consent at any time but this may affect the decision to provide individual funding.  **Legal Basis –** Under UK GDPR Article 6 1(a) consent is required  Article 9 2 (h) health data  **Data processor** – BNSSG ICB |
| Safeguarding Adults | **Purpose –** We will share personal confidential information with the safeguarding team where there is a need to assess and evaluate any safeguarding concerns.  **Legal Basis –** in some case consent will be required otherwise   * Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’; and * Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine   **Data Processor** – Bristol & S Glos Councils |
| Safeguarding Children | **Purpose –** We will share children’s personal information where there is a need to assess and evaluate any safeguarding concerns.  **Legal Basis -** in some case consent will be required otherwise   * Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’; and * Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine   **Data Processor** – Bristol & S Glos Councils |
| Risk Stratification – Preventative Care | **Purpose -** ‘Risk stratification for case finding’ is a process for identifying and managing patients who have or may be at-risk of health conditions (such as diabetes) or who are most likely to need healthcare services (such as people with frailty). Risk stratification tools used in the NHS help determine a person’s risk of suffering a particular condition and enable us to focus on preventing ill health before it develops.  Information about you is collected from a number of sources including NHS Trusts, GP Federations and your GP Practice. A risk score is then arrived at through an analysis of your de-identified information.  This can help us identify and offer you additional services to improve your health.    If you do not wish information about you to be included in any risk stratification programmes, please let us know. We can add a code to your records that will stop your information from being used for this purpose. Please be aware that this may limit the ability of healthcare professionals to identify if you have or are at risk of developing certain serious health conditions.  Type of Data – Identifiable/Pseudonymised/Anonymised/Aggregate Data  **Legal Basis**  UK GDPR Art. 6(1) (e) 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 2022 NHS England Risk Stratification <https://www.england.nhs.uk/ig/risk-stratification/> gives us a statutory legal basis under Section 251 of the NHS Act 2006 to process data for risk stratification purposes which sets aside the duty of confidentiality. We are committed to conducting risk stratification effectively, in ways that are consistent with the laws that protect your confidentiality.  **Processors** – – BNSSG ICB |
| NHS  Screening programmes (identifiable)  Notifiable disease information (identifiable) | **Purpose –** Personal identifiable and anonymous data is shared.  The NHS provides national screening programmes so that certain diseases can be detected at an early stage, including breast, bowel and cervical cancer, aortic aneurysms. The law allows us to share your contact information so that you can be invited to the relevant screening programme.  More information can be found at: <https://digital.nhs.uk/services/screening-services> or speak to the practice. Health Intelligence is commissioned to provide the diabetic retinal screening service - see <https://www.bnssgdesp.co.uk/diabetic-eye-screening/privacy-notice/>  **Legal Basis -** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’  And Article 9(2)(h) Health data as stated below  **Data Processors** – NHS Digital |
| Direct Care  NHS Trusts  Other Care Providers | **Purpose –** Personal information is shared with other secondary care trusts and providers 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, out of hours providers.  **Legal Basis -** The processing of personal data in the delivery of direct care and for providers’ administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 1 (e) direct care and 9 2 (h) to provide health or social care: In some cases patients may be required to consent to having their record opened by the third party provider before patients information is accessed. Where there is an overriding need to access the GP record in order to provide patients with life saving care, their consent will not be required.  **Processors** – Local NHS trusts and providers, including North Bristol NHS Trust, University Hospitals Bristol and Weston NHS Foundation Trust, Sirona, Brisdoc, BCH, St Peters Hospice, Hannah Vasectomy, Child Health Information Service |
| Care Quality Commission | **Purpose** – The CQC is the regulator for the English Health and Social Care services to ensure that safe care is provided. They will inspect and produce reports back to the GP practice on a regular basis. The Law allows the CQC to access identifiable data.  More detail on how they ensure compliance with data protection law (including GDPR) and their privacy statement is at<https://www.cqc.org.uk/about-us/our-policies/privacy-statement>  **Legal Basis** - Article 6(1)(c) “processing is necessary for compliance with a legal obligation to which the controller is subject.” And Article 9(2) (h) as stated below  **Processor**s – Care Quality Commission |
| Population Health Management | **Purpose –** Health and care services work together as ‘Integrated Care Systems’ (ICS) and are sharing data in order to:  • Understand the health and care needs of the care system’s  population, including health inequalities  • Provide support to where it will have the most impact  • Identify early actions to keep people well, not only focusing  on people in direct contact with services, but looking to join  up care across different partners.  (NB this links to the Risk Stratification activity identified above)    Type of Data – Identifiable/Pseudonymised/Anonymised/Aggregate Data. NB only organisations that provide your care will see your identifiable data.  **Legal Basis -** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below  **Data Processors -** Connecting Care, One Care |
| Payments, Invoice validation | **Purpose -** Contract holding GPs in the UK receive payments from their respective governments on a tiered basis. Most of the income is derived from baseline capitation payments made according to the number of patients registered with the practice on quarterly payment days. These amounts paid per patient per quarter varies according to the age, sex and other demographic details for each patient. There are also graduated payments made according to the practice’s achievement of certain agreed national quality targets known as the Quality and Outcomes Framework (QOF), for instance the proportion of diabetic patients who have had an annual review. Practices can also receive payments for participating in agreed national or local enhanced services, for instance opening early in the morning or late at night or at the weekends. Practices can also receive payments for certain national initiatives such as immunisation programs and practices may also receive incomes relating to a variety of non-patient related elements such as premises. Finally there are short term initiatives and projects that practices can take part in. Practices or GPs may also receive income for participating in the education of medical students, junior doctors and GPs themselves as well as research. In order to make patient based payments basic and relevant necessary data about you needs to be sent to the various payment services. The release of this data is required by English laws.  **Legal Basis** - Article 6(1)(c) “processing is necessary for compliance with a legal obligation to which the controller is subject.” And Article 9(2)(h) ‘as stated below  **Data Processors** – NHS England, – BNSSG ICB |
| Patient Record data base | **Purpose –** Your medical record will be processed in order that a data base can be maintained, this is managed in a secure way and there are robust processes in place to ensure your medical record is kept accurate, and up to date. Your record will follow you as you change surgeries throughout your life.  Closed records will be archived by NHS England  **Legal Basis -** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below  **Processor** – EMIS Health, PCSE, Docman |
| Child Health Immunisation Service | 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.  **Legal Basis** – Direct Care  **Processors/Recipients** – SCW CSU, on behalf of NHS England, Inhealth |
| iGPR Managed Services | **Purpose –**To provide the GP Practice with support for the requests received for Subject Access Requests, Medical Reports, DWP and Insurance reports    **Legal Basis**:  1.Article 6(1)a  “the data subject has given consent”  2.Article 9(2)a  “the data subject has given explicit consent”    **Processor**: iGPR (Niche Health and Social Care Consulting Limited) |
| Medicines Optimisation  Scriptswitch  Eclipse Live (via Apollo) | **Purpose** – Your anonymous aggregated information will be shared in order to optimise medication. This will enable your GP to provide a more efficient medication regime for your personal care. Some of the anonymous information may be used nationally to drive wider understanding of the medication is used.  **Legal Basis** - Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Processor** - BNSSG CCG |
| GP Federation  One Care | **Purpose –** Your medical record will be shared with One Care in order that they can provide direct care services to the patient population. This could be in the form of video consultations, Minor injuries clinics, GP extended access clinics  **Legal Basis** - Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Processor** – One Care |
| PCN | **Purpose –** Your medical record will be shared within FOSS PCN in order that they can provide direct care services to the patient population.  **Legal Basis** - Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Processor** – FOSS PCN (Fireclay Health & Old School Surgery practices) |
| Police | **Purpose –** Personal confidential information may be shared with the Police authority for certain purposes. The level of sharing and purpose for sharing may vary. Where there is a legal basis for this information to be shared no consent will be required.  The Police will require the correct documentation in order to make a request. This could be but not limited to, DS 2, Court order, s137, the prevention and detection of a crime.  In some cases consent may be required.  **Legal Basis –** GDPR – Article 6 1 (f) legitimate interest 6 1 (c) Legal Obligation.  Article 9 2 (f) requests for legal reasons  **Processor –** Police Constabulary |
| Coroner | **Purpose –** Personal information relating to a patient may be shared with the coronerupon request.  **Legal Basis –** UK GDPR Article 6 1 (c) Legal Obligation 9 2 (h) Health data  **Processor –** The Coroner |
| Private healthcare providers | **Purpose –** Personal information shared with private health care providers in order to deliver direct care to patients at the patient’s request. Consent from the patient will be required to share data with Private Providers.  **Legal Basis –** Consented and under contract between the patient and the provider  **Provider** – Private Health Care Providers including Emersons Green Hospital |
| Texting Service | **Purpose –** Personal identifiable information shared with the texting service in order that text messages including appointment reminders, campaign messages related to specific patients health needs and direct messages to patients  **Legal Basis –** GDPR Article 6 1 (b) Contract, Article 6 1 (e) Public task, Article 9 2 (h)  **Providers -** AccuRx/Patchs/Surgery Connect |
| NHS App for Messaging | We use the NHS Account Messaging Service provided by NHS England to send you messages relating to your health and care. You need to be an NHS App user to receive these messages. Further information about the service can be found at the [***privacy notice for the NHS App***](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Faccurx.lt.emlnk3.com%2FProd%2Flink-tracker%3FredirectUrl%3DaHR0cHMlM0ElMkYlMkZ3d3cubmhzLnVrJTJGdXNpbmctdGhlLW5ocyUyRm5ocy1zZXJ2aWNlcyUyRnRoZS1uaHMtYXBwJTJGcHJpdmFjeSUyRiUzRnV0bV9zb3VyY2UlM0RBY3RpdmVDYW1wYWlnbiUyNnV0bV9tZWRpdW0lM0RlbWFpbCUyNnV0bV9jb250ZW50JTNEV2UlMkJyZSUyQmludGVncmF0aW5nJTJCbW9yZSUyQndpdGglMkJ0aGUlMkJOSFMlMkJBcHAlMkIlMjVGMCUyNTlGJTI1OTMlMjVCMSUyNnV0bV9jYW1wYWlnbiUzRE5IUyUyQkFwcCUyQkJhdGNoJTJCUHJlLUxhdW5jaCUyQi0lMkIxNSUyQkF1Z3VzdCUyQjIwMjM%3D%26sig%3DUuXodgwU3nZ8rrjsFcgNAMQJ5kfektAamPVc3YmEqV1%26iat%3D1692092145%26a%3D%257C%257C799334611%257C%257C%26account%3Daccurx.activehosted.com%26email%3DbtdwpsPxzMrZ06h8M6bCpdJyI0fBtqGjrGTGhIiaWEhl817AykME6Mw%253D%253AAgjtDCscb4uUn1W5mUcpxnpv8iH5BDKR%26s%3Da8cf615af27f326c6df58d1a12c78f42%26i%3D4120A28409A34A58022&data=05%7C01%7Ckathryn.thompson9%40nhs.net%7C65c2c1ed7eec4ce40b6d08db9d76ac78%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638276905250566769%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=heJRZtPpjt5Zs2bULeJsa3SWw5TukA3XwPZFFdLD9UY%3D&reserved=0) managed by NHS England. |
| Remote consultation  Including – Video Consultation  Clinical photography - Patient Triage System | **Purpose** – Personal information including images may be processed, stored and with the patients consent shared, in order to provide the patient with medical advice.  **Legal Basis –** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) necessary for the purposes of preventative or occupational medicine  Patients may be videoed or asked to provide photographs when using the patient triage online forms with consent. There are restrictions on what the practice can accept photographs of. No photographs of the full face, no intimate areas, no pictures of patients who cannot consent to the process. No identifiable pictures of children.  **Processor –** Patchs, AccuRx, Surgery Connect |
| MDT meetings | **Purpose** – For some long term conditions, such as diabetes, the practice participates in meetings with staff from other agencies involved in providing care, to help plan the best way to provide care to patients with these conditions.  The practice may use a secure video meeting platform to discuss patient needs.  **Legal Basis –** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Processor –** Microsoft Teams |
| COVID-19  Research and Planning | **Purpose** – To understand the risks to public health, trends and prevent the spread of infections such as Covid-19 the government has enabled a number of initiatives which include research and planning during the Covid-19 pandemic which may include the collection of personal confidential data has been necessary. This is to assist with the diagnosis, testing, self-isolating, fitness to work, treatment medical, social interventions and recovery from Covid-19.  **Legal Basis** - Notice under Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI), which were made under sections 60 (now section 251 of the NHS Act 2006) and 64 of the Health and Social Care Act 2001.  <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information/coronavirus-covid-19-notice-under-regulation-34-of-the-health-service-control-of-patient-information-regulations-2002-biobank>  <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>  **Provider** – BioBank, NHS Digital, NHS England, other organisations included in the roll out of vaccinations, treatment and care of patients suffering with Covid-19 |
| General Practice Extraction Service (GPES)   1. At risk patients data collection Version 3 2. CVDPREVENT Audit 3. Physical Health Checks for people with Severe Mental Illness | **Purpose –** GP practices are required to provide data extraction of their patients’ personal confidential information for various purposes to NHS Digital. The objective of this data collection is on an ongoing basis to identify patients registered at General Practices who fit within a certain criteria, in order to monitor and either provide direct care, or prevent serious harm to those patients. Below is a list of the purposes for the data extraction, by using the link you can find out the detail behind each data extraction and how your information will be used to inform this essential work:   1. <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/covid-19-at-risk-patients-data-provision-notice> 2. <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/cardiovascular-disease-prevention-audit> 3. <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/physical-health-checks-severe-mental-illness?>   **Legal Basis -** All GP Practices in England are legally required to share data with NHS Digital for this purpose under section 259(1)(a) and (5) of the 2012 Act  Further detailed legal basis can be found in each link.  Any objections to this data collection should be made directly to NHS Digital. [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)  **Processor –** NHS Digital or NHS X |
| Medication/Prescribing | **Purpose:** Prescriptions containing personal identifiable and health data will be shared with chemists/pharmacies, in order to provide patients with essential medication or treatment as their health needs dictate. This process is achieved either by face to face contact with the patient or electronically.Where patients have specified a nominated pharmacy they may wish their repeat or acute prescriptions to be ordered and sent directly to the pharmacy making a more efficient process. Arrangements can also be made with the pharmacy to deliver medication  **Legal Basis :** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  Patients will be required to nominate a preferred pharmacy.  **Processor** – Pharmacy of choice |
| Dictation Aid for Generating Letters and referrals | **Purpose :** Lexacom is used for dictating patient records and generating letters and referrals for medical purposes only.  **Legal Basis :** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Processor** – Lexacom |
| Professional Training | **Purpose –** We are a GP training surgery. On occasion you may be asked if you are happy to be seen by one of our GP registrars. You may also be asked if you would be happy to have a consultation recorded for training purposes. These recordings will be shared and discussed with training GPs at the surgery, and also with moderators at the RCGP and HEE.  **Legal Basis –** 6 1 (a) consent, patients will be asked if they wish to take part in training sessions.  **9 2 (a) -** explicit consent will be required when making recordings of consultations  Recordings remain the control of the GP practice and they will delete all recordings from the secure site once they are no longer required.  **Processor** – RCGP, HEE |
| Telephony | **Purpose –** The practice use an internet based telephony system that has the ability to record telephone calls, patients will have the right to decline recordings of calls as is their individual right. The calls will be held on the external server for a duration of 3 years unless requested for them to be removed sooner. The telephone system has been commissioned to assist with the high volume and management of calls into the surgery, which in turn will enable a better service to patients.  **Legal Basis –** While there is a robust contract in place with the processor, the surgery has undertaken this service to assist with the direct care of patients in a more efficient way.  Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Provider –** Surgery Connect |
| Learning Disability Mortality Programme  LeDer | **Purpose :** The Learning Disability Mortality Review (LeDeR) programme was commissioned by NHS England to investigate the death of patients with learning difficulties to assist with processes to improve the standard and quality of care for people living with a learning disability.  **Legal Basis:**  It has approval from the Secretary of State under section 251 of the NHS Act 2006 to process patient identifiable information who fit within a certain criteria.  **Processor :** – BNSSG ICB, NHS England |
| Technical Solution  Pseudonymisation | **Purpose:** Personal confidential and special category data in the form of medical record, is extracted under contract for the purpose of pseudonymisation. This will allow no patient to be identified within the data set that is created. SCWCSU has been commissioned to provide a data processing service for the GPs, no other processing will be undertaken under this contract.  **Legal Basis:** Under GDPR the legitimate purpose for this activity is under contract to provide assistance.  Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Processor**: SCW CSU |
| Shared Care Record | **Purpose:** In order for the practice to have access to a shared record, the Integrated Care Service has commissioned a number of systems including GP connect, which is managed by NHS Digital, to enable a shared care record, which will assist in patient information to be used for a number of care related services. These may include Population Health Management, Direct Care, and analytics to assist with planning services for the use of the local health population.  Where data is used for secondary uses no personal identifiable data will be used.  Where personal confidential data is used for Research explicit consent will be required.  **Legal Basis:** Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  **Processor:** NHS Digital, Connecting Care |
| Medical Examiner Officers – North Bristol NHS Trust | **Purpose**: Purpose: Medical records associated with deceased patients are outside scope of the UK GDPR. However, next of kin details are within the scope of the UK GDPR. We will share specified deceased patient records and next of kin details with the Medical Examiners within North Bristol NHS Trust.  **Legal Basis**:  Article 6(1)c  “It is necessary under a legal obligation to which the controller is subject”  Article 9(2)h  “processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services”; and  **Processor**: Medical Examiners service – North Bristol NHS Trust |
| One Care & Healy.io | **Purpose:** Minuteful Kidney At-Home ACR test project for patients with diabetes (and/or other conditions). The data is being processed for the purpose of delivery of a programme, sponsored by NHS Digital, to monitor urine for indications of chronic kidney disease (CKD) which is recommended to be undertaken annually for patients at risk of chronic kidney disease e.g., patients living with diabetes. The programme enables patients to test their kidney function from home. We will share your contact details with Healthy.io to enable them to contact you and send you a test kit. This will help identify patients at risk of kidney disease and help us agree any early interventions that can be put in place for the benefit of your care. Healthy.io will only use your data for the purposes of delivering their service to you. If you do not wish to receive a home test kit from Healthy.io we will continue to manage your care within the Practice. Healthy.io are required to hold data we send them in line with retention periods outlined in the Records Management code of Practice for Health and Social Care. Further information about this is available at: https://lp.healthy.io/minuteful\_info/.  **Legal Basis:** General Data Protection Regulation (“GDPR”); the UK Data Protection Act 2018; and all other applicable local laws relating  to the Processing of information of a Data  Subject.  **Processor:** Health.io |
| CCTV | Purpose :  The purpose of the processing is the prevention and detection of crime, and also to protect the health and safety or both clients and employees  Legal Basis :  The sharing is a legal requirement to prevent and detect crime, and also to protect the health and safety of both clients and employees. The following Article 6 and 9 conditions apply:  For consented processing;  • 6(1)(c) “processing is necessary for compliance with a legal obligation to which the controller is subject.”  and:  • 9(2)(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3..’  The data will be shared with agencies involved in the prevention and detection of crime, including Police, and also, will be shared for the purposes of safeguarding vulnerable adults and children.  You have the right to object to some or all of the information being shared with other agencies. Contact the Data Controller or Data Protection Officer.  You or your legal representatives have the right to access the data that is being shared and have any inaccuracies corrected.  The data will be retained for active use during any investigation and thereafter retained in an inactive stored form according to the law and national guidance. Where no investigations are necessary, the data will be destroyed no later than 30 days after recording.  You have the right to complain to the Information Commissioner’s Office, you can use this link  https://ico.org.uk/global/contact-us/  or call their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)  There are National Offices for Scotland, Northern Ireland and Wales, (see ICO website)  Processor  Fireclay Health |
| Call Screen System | Purpose:  The practice use a call screen system to call patients to the consult room, this is connect to the patient diary. System read pt name and contact details from EMIS.  **Legal Basis –** While there is a robust contract in place with the processor, the surgery has undertaken this service to assist with the direct care of patients in a more efficient way.  Article 6(1)(e); “necessary… in the exercise of official authority vested in the controller’ And Article 9(2)(h) Health data as stated below  Processor: Numed Healthcare System: Envisage CODA |
| Targeted Lung Health Checks (TLHC) | **Purpose**: To identify patients and invite them to take part in an Enhanced Lung Care Screening. The purpose of this screening is to identify and treat lung conditions to improve outcomes.    **Legal Basis**:  Article 6(1)e  “processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller”;  Article 9(2)h  “processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services”;    **Processor**: InHealth |
| Heidi - Ambient Voice Technology | **Purpose:** The practice intends to use ‘Heidi’ to process and transcribe clinical conversations, either between a clinician and patients or of a clinician dictating their clinical findings/management plan during, before or following patient consultations. The technology looks to capture relevant details such as different speakers, medical terminology and symptomatology.  **Legal Basis:**  **Article 6(1)e** “processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller”  **Article 9(2)h** “processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services  **Processor:** Heidi Health |

**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...”