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| **Plain English explanation**Whilst the NHS helps everyone who needs it, some patients are more vulnerable to illnesses than others. It is important to identify patients at risk of illnesses and to offer them timely access to the most effective treatments. To do this, we use patient data and computer technology to highlight who needs treatment and what treatment they will benefit from the most.**What information will be shared?**A code that is linked to you on our local system.NHS NumberGenderAge PostcodeCodes that tell us the medication you are onIssue date of medicationWhether the medication is repeatedAny directions on how you take your medication.Any coded diagnosis that you haveRecent results, like blood glucose or blood pressure**How is my information protected?**After being extracted from your health records, your personal information is “hidden” through a process called pseudonymization. Only pseudonymized information is shared ECLIPSELIVE.More information can be found at: <https://www.eclipselive.org/primary-care> |
| 1**) Data Controller** contact details | **The Scott Practice****Greenfield Lane****Balby****Doncaster****DN4 0TG** |
| **2) Data Protection Officer** contact details | **Caroline Million**caroline.million@nhs.net |
| 3) **Purpose** of the processing | 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 professionals who link our records to other records that they access, such as hospital attendance records. The results of these searches and assessments may then be shared with other NHS workers, such as pharmacists, or purchasers of healthcare (commissioners).The information that is shared is to enable the other NHS workers to provide the most appropriate advice, investigations, treatments, therapies, and care. |
| 4) **Lawful basis** for processing | The legal basis for this processing is **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 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...”  |
| 5) **Recipient or categories of recipients** of the shared data | The data will be shared with * ECLIPSELIVE (<https://www.eclipselive.org/>)
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| 6) **Rights to object**  | You have the right to object to this processing of your data and to some or all of the information being shared with the recipients. Contact the Data Controller or the practice to opt-out.  |
| 7) **Right to access and correct** | 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. |
| 8**) Retention period**  | GP medical records will be kept in line with the law and national guidance. Data will be held by ECLIPSELIVE for up to 1 week.Information on how long records can be kept can be found at: <https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016>  |
| 9) **Right to Complain**.  | 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 calling 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) |

\* “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.