**Whitecliff Surgery**

Whitecliff Mill Street, Blandford Forum

Dorset, DT11 7BH

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**Eagle House Surgery**

Whitecliff Mill Street, Blandford Forum

Dorset, DT11 7DQ

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**Child Okeford Surgery**

Upper Street, Child Okeford

Dorset, DT11 8EF



**Privacy Notice**

# Tier One – Contact information and overview of information held and shared

This Privacy Notice explains and describes how this GP Practice uses and manages the information it holds about its patients and service users. This includes how the information may be shared with other NHS organisations and with non-NHS organisations, and how the confidentiality of information is maintained.

Contact information

**Our contact details**

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| --- | --- |
| Practice Name | The Blandford Group Practice |
| Address | Whitecliff Mill Street, Blandford DT11 7BH |
| Phone number | 01258 452501  |
| Email | Whitecliff.secretary@dorsetgp.nhs.uk |
| Data Protection Officers | Emily Hutchings- emily.hutchings@dorsetccg.nhs.uk Helen Williams – helen.williams@dorsetccgnhs.uk Lynda Bennett – Lynda Bennett@nhsdorset.nhs.uk  |
| Data Protection Registration Number  | Z5368999 |

**How we contact you**

**SMS communications:** if you have provided us with your mobile telephone number, we may use this to send you SMS messages relating to your healthcare. These may include automatic appointment reminders or cancellations, reminders of clinics, invitations to screening, medication reviews, vaccination appointments, requests to complete surveys or to make you aware of services provided by the surgery that we feel will be to your benefit, or to update you about local and national health promotions. If you do not wish to receive these messages, please let the reception team know.

**Email communications:** where you have provided your email addresses for communication purposes, we may contact you when necessary to do so for direct health care purposes or to provide you with service updates that relate to the essential task and function of the Practice. Electronic communication is a more efficient and cost-effective method of communicating with you. The Practice aims to keep communication to a minimum, but if you do not wish to receive these messages, please let the reception team know.

**Recorded telephone calls:** where we contact you or you contact us by telephone, we record all incoming and outgoing telephone calls to and from the Practice for the following purposes:

* To help with staff training (in this instance a transcript of the call is created which contains no patient identifiable or sensitive information);
* To enable us to obtain the necessary facts in the event of a complaint;
* For patient telephone consultations (in this instance a transcript of the call is created and entered into the individual patient health record);
* For medico-legal purposes; and
* For quality assurance to allow us to audit and improve our service to you.

Recordings of telephone calls will only be accessed where necessary by the Practice management team. Recordings are stored in accordance with the NHS Records Management Code of Practice Retention Schedule, after which they are deleted.

Overview of information held and shared

What type of personal information do we hold about our patients?

We currently collect and process the following information about our patients:

* identity details – name, gender, sexual orientation, date of birth, NHS Number.
* contact details – address, telephone, email address.
* ‘Next of Kin’ details – the contact details of a close relative or friend.
* details of any carer you may have, or anyone you care for.
* details of any appointments with the GPs and nursing staff.
* reports from secondary care of any A&E visits, inpatient stays, or clinic appointments.
* results of any scans, X-rays and pathology tests requested.
* details of any diagnosis and treatments given.
* details of any longstanding health concerns and conditions.
* details about your health, treatment and care and other relevant information from health professionals, care providers or relatives who care for you;
* details about any funding for continuing health care of personal health budget support you have sought;
* information about any allergies.
* information about any DNAR decisions and any living wills that we know of;
* details from where you have signed up to our newsletter/patient participation group;
* correspondence from other Health and Social Care providers that provide you with services.

We work with several Health and Social care organisations and independent treatment centres to provide you with the best possible care and options for treatment. Your information may therefore be shared securely to provide continuity of care.

Sharing patient information

We know that good communication with other healthcare professionals involved in your care is beneficial to you, and so we work closely with many organisations to provide you with the best possible care. This means that if another healthcare professional or service is involved in your care, it might be appropriate to share information with them for you to receive the required care.

Your information will be shared between those involved in providing health care services and treatments to you. This includes doctors, nurses, and allied health professionals, but may also include administrative staff who deal with booking appointments or typing clinic letters.

Access to information is strictly controlled and restricted to those who need it to do their jobs. All our staff receive annual mandatory training on confidentiality and data security and have strict contractual clauses within their employment contracts which oblige them to respect data protection and confidentiality.

Who we share with

The Practice shares and receives patient information from a range of organisations or individuals for a variety of lawful purposes, including:

* hospitals and other NHS staff for the purposes of providing direct care and treatment to the patient, including assessment and clinical decision making in nursing and residential care homes, screening programmes, and administration;
* social workers or to other non-NHS staff involved in providing health and social care;
* specialist employees or organisations for the purposes of clinical auditing;
* those with parental responsibility for patients, including guardians to support your care;
* family members and carers without parental responsibility, to support your care;
* medical researchers for research purposes (subject to explicit consent, unless the data is anonymous);
* NHS managers, Commissioning Support Units, Integrated Care Boards, NHS England and the Department of Health for the purposes of planning, commissioning, managing and auditing healthcare services;
* bodies with statutory investigative powers e.g. the Care Quality Commission, the GMC, the Audit Commission and Health Services Ombudsman;
* national registries e.g. the UK Association of Cancer Registries;
* NHS 111 to support the provision of medical help and advice;
* Department for Work and Pensions to improve the monitoring of public health and commissioning and quality of health services through the provision of anonymised data on patients who have been issued with a fit note under the Fit for Work scheme;
* contracted third party processors for the purposes of responding to requests for medical reports and subject access requests such as IGPR;
* approved health app providers to allow you to enter your own health data into the apps for clinical observation and monitoring;
* ambulance trusts for the provision of direct care and emergency treatment to the patient;
* Independent contractors such as dentists, opticians, pharmacists;
* Solicitors, insurance companies, the Courts (including a Coroners Court), tribunals and inquiries where required by law or with your consent;
* Non-NHS organisations which are also providing health, care and emergency/front line services. These organisations may include, but are not restricted to, social services, education services, local authorities, the police, fire and rescue services, voluntary sector providers, and private sector providers;
* authorised sub-contractors, including those supporting the collection of QOF data;
* third party processors such as IT software and systems suppliers or internet and telephony suppliers for the provision of systems and technical support services. This includes systems, for example, the electronic patient record and practice telephony systems, and software such as that used for e-consultations, video communications, redaction, text and SMS messaging.
* MJog for the purposes of providing appointment reminders, service updates and communications by text messaging.
* AccuRx for the purposes of e-consultation, video calling (using a data processor, Whereby) or text messaging you to provide or request health information related to your direct care and treatment.
* Attend Anywhere for providing a secure video call service for video consultations for the purposes of providing direct care and treatment.
* Immedicare for the purposes of enabling video calling for assessment and clinical decision making in nursing and residential care homes;
* Anima triage system for the purpose of managing both clinical and admin patient requests;
* COVID Clinical Assessment Service (CCAS).

Confidential patient identifiable information is only shared with other organisations where there is a legal basis to do so, such as:

* when there is a Court Order or a statutory duty to share patient data;
* where there is a statutory power to share patient data;
* when the patient has given his/her explicit consent to the sharing;
* when the patient has implicitly consented for the purpose of direct care;
* when the sharing of patient data without consent has been authorised by the Health Research Authority’s Confidentiality Advisory Group (HRA CAG) under s.251 of the NHS Act 2006.

Patient identifiable information is only shared on a need to know basis, where there is a direct purpose to do so, limited to what is necessary for that purpose. Patient information may be shared, for the purposes of providing direct patient care, with other NHS provider organisations such as NHS Acute Trusts (hospitals), NHS Community Health, other NHS General Practitioners (GPs), NHS Ambulance services in order to maintain patient safety; this data will always be identifiable. For the purposes of commissioning and managing healthcare, patient information may also be shared with other types of NHS organisations such NHS Dorset and NHS England. In such cases, the shared data is made anonymous or pseudonymised, wherever possible, by removing all patient identifiable details, unless the law requires the patient’s identity to be included.

Patients are not legally or contractually obliged to share information with their healthcare provider however, your care will be affected if your clinicians do not have the relevant information necessary to diagnose and treat you. If you have set sharing and opt-out preferences these will be respected where there is no lawful obligation to share the information.

# Tier Two – Purposes of processing, opting out of processing, retention, and your rights

Purposes of processing

Our Practice processes patient data for the following primary purposes:

* providing direct healthcare;
* providing other healthcare providers with information regarding your healthcare;
* supporting social care with safeguarding vulnerable patients.

We keep records to:

* have accurate and up to date information available to the right care and treatment options;
* have information available to clinicians that you may see or be referred to at another NHS organisation or organisation providing NHS services.

Summary Care Record (SCR)

There is a national NHS healthcare records database provided and facilitated by NHS England, which holds your Summary Care Record (SCR). Your SCR is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Storing information in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP Practice is closed. This information could make a difference to how a doctor decides to care for you, for example which medicines they choose to prescribe for you.

Only healthcare staff involved in your care will access your Summary Care Record. When you are registered with a GP Practice in England your Summary Care Record is created automatically. It is not compulsory to have a Summary Care Record. If you choose to opt-out, you need to inform the Practice. For further information about SCR, visit the [NHS England](https://digital.nhs.uk/services/summary-care-records-scr/summary-care-record-supplementary-transparency-notice) website.

Following the covid pandemic, a change has been made to the way Summary Care Records are made available, to enable health and care professionals to have better medical information about the patient they are treating at the point of care. If you have not previously expressed a preference with regard to your SCR, both the core information set out above, and additional information below will be included in your SCR by default. The additional information includes:

* significant medical history (past and present);
* reason for medication;
* anticipatory care information (such as information about the management of long term conditions);
* end of life care information;
* information about your immunisations.

Specific sensitive information such as any fertility treatments, sexually transmitted infections, pregnancy terminations or gender reassignment will not be included, unless you specifically ask fir any of these items to be included.

Enhanced Summary Care Record (eSCR)

With your consent, additional information can be added to your Summary Care Record to provide more tailored care to you. Other information that you can choose to include could be:

* information about your long-term health conditions - such as asthma, diabetes, heart problems or rare medical conditions.
* information about your relevant medical history – clinical procedures that you have had, why you need a particular medicine, the care you are currently receiving and clinical advice to support your future care.
* information about your health care preferences – you may have your own care preferences which will make caring for you more in line with your needs, such as special dietary requirements.
* information about your personal preferences – you may have personal preferences, such as religious beliefs or legal decisions that you would like to be known.
* information about your immunisations – details of previous vaccinations, such as tetanus and routine childhood jabs.
* specific sensitive information – such as any fertility treatments, sexually transmitted infections, pregnancy terminations or gender reassignment will not be included, unless you specifically ask for any of these items to be included.

Additional information is only included in your SCR when you request it, for further information about including additional information on your SCR, visit the [NHS Digital](https://digital.nhs.uk/services/summary-care-records-scr/additional-information-in-scr) website.

**Somerset Integrated Digital eRecord (SIDeR)**

The SIDeR is a secure shared care record which makes your information available to clinicians in Somerset, should you need to be treated there. As with the DCR, the SIDeR provides access to authorised professionals to obtain as full a picture as possible of your medical history, needs, support and service contacts. Due to our proximity to Yeovil District Hospital, and the number of patients who receive care there, your information is available within the SIDeR. If you have opted out of the DCR, you will also be opted out of the SIDeR.

**GP Connect**

We use a facility called GP Connect to support your direct care. GP Connect makes patient information available to all appropriate clinicians when and where they need it, to support direct patient care, leading to improvements in both care and outcomes. GP Connect is not used for any purpose other than direct care.

Authorised Clinicians such as GPs, NHS111 Clinicians, Care Home Nurses (if you are in a Care Home), Secondary Care Trusts, Social Care Clinicians are able to access the GP records of the patients they are treating via a secure NHS England service called GP connect.

The NHS 111 service (and other services determined locally e.g. other GP Practices in a Primary Care Network) will be able to book appointments for patients at GP Practices and other local services. For additional information about the [GP Connect](https://digital.nhs.uk/services/gp-connect/gp-connect-in-your-organisation/gp-connect-privacy-notice) facility, visit the [NHS England](https://digital.nhs.uk/services/gp-connect/gp-connect-in-your-organisation/gp-connect-privacy-notice) website.

**OpenSAFELY**

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. [More information about OpenSAFELY is available here](https://digital.nhs.uk/coronavirus/coronavirus-covid-19-response-information-governance-hub/the-nhs-england-opensafely-covid-19-service-privacy-notice).

GP clinical system - electronic patient records

Our Practice uses an electronic patient record to securely process and share information between NHS staff. This means that the healthcare professional who is caring for you can see your medical history, including any allergies and current medications, to provide you with safe care.

Our Practice uses SystmOne as our Electronic Patient Record. You can find out more about SystmOne on the TPP Website here: <https://www.tpp-uk.com/products/systmone>, or further details on sharing in SystmOne can be found here.

**Anima**

Anima is a triage system which allows the practice to manage patient requests.   Whenever you contact our practices, either by completing an online request on our website, via our patient services staff in our practice receptions, or via the telephone, our staff will use Anima to record your needs. Anima will access your medical record to provide a clinician with a short summary of your request and relevant medical history.  Artificial Intelligence may be used to provide suggested responses to your request, although a clinician will ultimately decide how to respond to a clinical request.  Anima will record your request and the response on your medical record.

Patients are encouraged to register with Anima as this will allow online requests to be made, however it is not mandatory, and a proxy record will be used for those patients who do not wish to do so.  Patients who have not registered with Anima will not have access to online requests but can still use our services via the telephone or in person at our practice receptions. They may however receive SMS/email communication sent via the Anima system which can be viewed without the need for an account.

Anima is hosted in the UK by Amazon Web Services and is ISO 27001 compliant.

**Serious Mental Illness Health Checks**

This programme supports patients with serious mental illnesses to book physical health checks where they have not attended previous appointments or have declined their health check.  Community Action Network (CAN) will be providing this service on behalf of the Practice and may contact you by telephone to assist you in making an appointment.  Your details may be entered into Beacon, a customer relationship management system, but only with your agreement.

Enhanced data sharing model (EDSM) in SystmOne

We are able to share clinical information about your health and care requirements held on your SystmOne electronic patient record with other health organisations including other GP practices, child health services, community health services, hospitals, out of hours, continuing healthcare team at NHS Dorset and other similar organisations. This means that the healthcare professional looking after you has the most relevant information to enable them to provide you with the most appropriate care. We automatically set up the sharing facility in our electronic patient record system to allow your information to be shared out to other health organisations for the purpose of direct patient care.

Local trusted organisations that we work with on a regular basis can access your record immediately once they have asked your permission. If you say “no” they will not be able to see any information. An audit log is maintained, showing who accessed your record and when it was accessed. You are entitled to request a copy of this log.

If you see a healthcare professional outside your local geographic area (who also uses SystmOne), and you agree that they can have access to your medical records, you will be asked to provide additional security details in the form of a verification code which is sent to you either as a text, email or via your SystmOnline account. It is therefore important that we always have your up-to-date contact details.

If you do not wish us to share your information in this way, please let us know at Reception and we will ensure that your information is not shared.

Primary care networks

Primary Care Networks (PCNs) are groups of GP Practices working closely together with their local partners (e.g. other primary and community care staff, mental health, social care, pharmacy, hospital, and voluntary services) for the benefit of patients and the local community. Our Practice is part of The Blandford PCN.

Working as part of a network rather than a stand-alone business means that the GP Practices in our PCN can share expertise and resources which means that we can offer a wide range of services to suit the needs of our local community to give you the best possible care. You may be seen by clinicians from anywhere in our PCN, at any of our Practices. In order that they can give you the best possible care, they will have access to your health data. Only healthcare staff involved in your care will have access to your record.

Health Innovation Wessex (HIW)

Health Innovation Wessex (HIW) has been commissioned by NHS Dorset Integrated Care Board to evaluate the Mental Health Practitioner (MHP) role across Dorset. This includes MHP staff type, available/booked MHP slots, DNAs, and cancellations. Health Innovation Wessex will work alongside the MHP service leads in Dorset to extract the data for the evaluation, up until planned end date 31/03/2025.

The data sharing agreement describes one element of the evaluation, the MHP utilisation analysis. The quantitative data extraction requests of MHP utilisation data from the six Primary Care Networks (PCNs) in Dorset collecting MHP utilisation data. The data requested is limited to only a few variables, which are not patient/person identifiable but do identify the PCN and practice from which the data came.

Health Innovation Wessex’s policy is to retain anonymised and pseudo-anonymised data for 6 years after the publication of the final report. We retain identifiable data in accordance with the Data Protection Act (DPA) and General Data Protection Regulation (GDPR) and for a period of 12 months after the publication of the data / final report.

Social Prescribing

Social prescribing enables GPs, nurses, and other primary care professionals to refer patients to a range of local, non-clinical community services to help patients to improve their health, wellbeing, and social welfare. This can include advice and information on local services and connecting individuals to social activities, clubs, groups, and like-minded individuals in the community. For example, signposting people who have been diagnosed with dementia to local dementia support groups. The Practice will do this by employing someone to act as a ‘link’ between the Practice, the patient, and the non-clinical services within the community. Current providers in our area include:

* [Livewell Dorset](https://www.livewelldorset.co.uk/)
* [Home Start West Dorset](https://www.homestartwestdorset.co.uk/)
* [Help and Care](https://www.helpandcare.org.uk/)

We will refer you to one of these providers and will send basic information such as name, NHS number, address, date of birth and background to your health and wellbeing needs. The providers are bound by confidentiality in the same way that Practice staff are, and there is a Data Sharing Agreement in place to ensure that personal data is used in a lawful and appropriate way. More information about social prescribing can be found on the [NHS England](https://www.england.nhs.uk/personalisedcare/social-prescribing/) website.

Dorset care record (DCR)

Health and social care organisations in Dorset may hold different sets of records about you, and not every organisation uses SystmOne. The Dorset Care Record is a confidential computer record that joins up all these different records to create one complete and up to-date record. This provides direct access for authorised health and social care professionals to obtain as full a picture as possible of your history, needs, support and service contacts.

If you do not wish your information to be shared in this way, you will need to opt-out of the Dorset Care Record. You can do this by contacting the Data Protection Officer (details provided on the [DCR website](https://news.dorsetcouncil.gov.uk/dorset-care-record/)). There is a [Privacy Notice](https://news.dorsetcouncil.gov.uk/dorset-care-record/privacy-notice-and-data-protection/) for the Dorset Care Record which sets out how they use your information.

Dorset Integrated Care Board (ICB)

Dorset’s integrated care board, named ‘NHS Dorset’, undertakes the statutory responsibilities of the previous Clinical Commissioning Group (CCG) and is responsible for healthcare planning to meet the needs of people and communities in Dorset. NHS Dorset will work more closely with other NHS organisations and local authorities in Dorset’s integrated care system, known locally as ‘Our Dorset’ to improve services to meet the needs of local people and deliver better outcomes. The partnership includes:

* Foundation Trusts: Dorset County Hospital NHS Foundation Trust, University Hospitals Dorset NHS Foundation Trust, Dorset Healthcare University NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust.
* Bournemouth, Christchurch and Poole Council, and Dorset Council.
* Public Health Dorset.
* People and communities within Dorset.

NHS Dorset have a ‘Dorset Intelligence and Insight’ (DiiS) Business Intelligence platform which uses pseudonymised data to reveal important insights into local and community health care, in order to inform the future of health care for communities. Information is pseudonymised so that when a new service is introduced to help with a particular long term condition in a particular community, the Practice can ask for any of their own patients to be re-identified from the data in order to invite you to use the new service.

Diabetic eye screening

The Dorset Diabetic Eye Screening Programme is provided by NEC Care, commissioned by NHS England South (Wessex) as part of the National Diabetic Eye Screening Programme. The programme supports your invitation for eye screening and ongoing care by the screening programme. Your information may be shared with any Hospital Eye Services you are under the care of to support further treatment, and with other healthcare professionals involved in your care. We also share information with Health Intelligence to provide diabetic retinopathy screening for our diabetic patients.

You can find out more about the Diabetic Eye Screening on their [website](http://www.despdorset.co.uk/diabetic-eye-screening/privacy-notice/).

**Diabetes prevention programme**

The Healthier You: NHS Diabetes Prevention Programme is provided in Dorset by ‘[Live Well Taking Control](https://www.lwtcsupport.co.uk/) (LWTC)’, commissioned by NHS England, as part of the National Diabetes Prevention Programme. This programme identifies those at high risk of Type 2 diabetes and refers them onto a behaviour change programme run by ‘Live Well Taking Control’.

You can find out more about the Diabetes Prevention Programme on their [website](https://www.lwtcsupport.co.uk/).

**Lifestyle Audit Tool**

This tool supports the surgery regarding prescribing Lifestyle Medicine. This will be discussed with the patient if they meet the criteria and if the clinician and patient agree a Lifestyle Prescription can be started. The clinician will fill out the appropriate agreed steps in consultation with the patient. Once the template has been completed it will auto-populate a patient information leaflet, which can be given to the patient.

The ANP running this project has undertaken the relevant “Prescribing lifestyle medicine course” and will have access to the information extracted from the clinical system. The audit tool automatically extracts our PLM data, which enables them to track and view our progress with PLM appointments.

Immedicare Telemedicine Service – Clinical support

Immedicare is a service provided by Airedale NHS Foundation Trust and delivered by NHS clinicians for elderly residents in selected care homes across the country. It provides care homes with 24/7 access to specialist NHS clinicians to deal with urgent care issues. Care is delivered remotely via video call (secure video links), providing rapid assessment, advice and treatment if required. This is aimed at improving patient outcomes while reducing pressure on emergency services and GPs. The initial project will go live in December 2022 and run for 12 months.

Immedicare Team will work closely with the Care home managers and staff ensuring that all residents and relative are fully informed about the service and their right to opt in or out at any time. They can only access information for residents in care homes who are signed up for this service. If support is required, appropriate consent is obtained at the time.

Our practice website

Our website does not use cookies to track your activity online but the "remember these details" feature on our on-line prescription form uses first party cookies on your computer to store your information. This information is only used to remember your details and is never passed to any third party. Cookies must be enabled in your browser for this feature to work.  Using this feature means you agree to the use of cookies.

Individual funding request

An ‘Individual Funding Request’ is a request made on behalf of a patient, by a clinician, for funding of specialised healthcare which falls outside the range of services and treatments that NHS Dorset has agreed to commission for the local population.

An Individual Funding Request is taken under consideration when a case can be set out by a patient’s clinician that there are exceptional clinical circumstances which make the patient’s case different from other patients with the same condition who are at the same stage of their disease, or when the request is for a treatment that is regarded as new or experimental, and where there are no other similar patients who would benefit from this treatment. A detailed response, including the criteria considered in arriving at the decision, will be provided to the patient’s clinician.

Invoice validation

Invoice validation is an important process. It involves using your NHS number to check which ICB is responsible for paying for your treatment. 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.

Incident management

If you are involved in an incident, for example you slip and fall whilst in the Practice, your information may be included in the incident report and used as part of the investigation process.

**Video Recording**

As a practice we use CCTV imaging to increase the security of our buildings. These images are collected at the entrances, surrounding grounds and in the reception areas at all three of our premises. These CCTV images are used solely for the purpose of security, to assist with either in-house or Police investigation of an incident. Access to the CCTV images is restricted to necessary senior members of staff and footage is stored for 30 days. However, in the event of an incident requiring investigation, the necessary footage will be saved securely until the investigation has concluded.

Closed-circuit television (CCTV) operates [INSIDE & OUTSIDE] of the Practice for the following purposes:

* To monitor the premises and car park for security purposes
* To discourage anti-social behaviour and gatherings outside of the premises
* To enable us to investigate allegations appropriately and respond to complaints

Complaints and queries

If you raise a complaint or query with the Practice, the team will hold information about you within their secure database to ensure that your complaint or query is answered appropriately by the relevant person or department. Details of complaints or queries will not be stored within your medical records.

Secondary uses

We may also process data for the following secondary uses:

* **Clinical Research:** sometimes your information may be requested to be used for research purposes – the practice will always gain your consent before using information for this purpose. All NHS organisations are expected to participate and support health and care research, and further information about this can be found [here](https://www.hra.nhs.uk/information-about-patients/).
* **Clinical Audit:** information may be used for audit to monitor the quality of the service provided.  Some of this information may be held centrally and used for statistical purposes.  Where this is done, we make sure that individual patient records cannot be identified, e.g. the National Diabetes Audit. Audits will have approval from the Clinical Advisory Group, under s.251 of the NHS Act 2006 and data submissions will be signed off by our Caldicott Guardian.
* **Improving Services:** NHS Dorset will sometimes extract pseudonymised medical information about you to help identify areas for improvement in the services provided to you.
* **Risk Stratification:** data tools are increasingly being used in the NHS to help determine a person’s risk of suffering a particular condition, preventing an unplanned or (re)admission and identifying a need for preventive intervention. Information about you is collected from several sources including NHS Trusts and from this GP Practice. A risk score is then arrived at through an analysis of your de-identified information using software managed by NHS approved third parties and is only provided back to your GP as data controller in an identifiable form. Through the Dorset Intelligence & Insight Service (DiiS) we are working to improve short term and medium-term health outcomes for local populations through the application of Population Health Management and Analysis. The DiiS, set up and run by NHS staff across Dorset and hosted within Dorset HealthCare, pseudonymise at source and extract the data to analyse the use of services and identify areas for prevention and improvement in overall patient health and well-being outcomes. A small number of specialist analytics staff from NHS Trusts manage this data within the DiiS platform. In addition, the DiiS work with Sollis to provide risk stratification of this data which enables your GP to focus on preventing ill health and not just the treatment of sickness. If necessary, your GP may be able to offer you additional services including social prescribing.
* **National Archiving:** records made by an NHS organisation are Public Records in accordance with Schedule 1 of the Public Records Act 1958. The Public Records Act 1958 requires organisations to select core records for permanent preservation at the relevant Place of Deposit (PoD) appointed by the Secretary of State for Culture, Media, and Sport. PoDs are usually public archive services provided by the relevant local authority. The selection and transfer must take place at or before records are 20 years old and is a separate process from appraisal for retention to support current service provision. Potential transfers of digital records should be discussed with the PoD in advance to ensure that technical issues can be resolved. Records no longer required for current service provision may be temporarily retained pending transfer to a PoD and records containing sensitive personal data should not normally be transferred early.

These secondary uses help the NHS to:

* prepare and analyse statistics on NHS performance.
* audit NHS services, locally and nationally.
* monitor how we spend public money.
* plan and manage health services for the population of Dorset.
* conduct health research and development of treatments.

Our Practice values the concept of data minimisation and will use anonymised or pseudonymised information as much as possible. We rely on UK GDPR Articles 6(1)(e) and Articles 9(2)(h) for lawfully processing identifiable data. Where you have opted-out of the use of identifiable data for secondary purposes, your data will not be used unless it is anonymised or unless there is a legal obligation for us to process it.

**Cross Border Transfers between the UK, the EU, other third countries or international organisations**

Following the UK’s exit from the European Union the UK has now become a third country under the EU GDPR. An adequacy decision for the UK has been approved by the EU Commission under Article 45(3) of the EU GDPR, allowing the free flow of personal data between the EU and the UK to continue. The Practice does not routinely transfer data outside of the European Economic Area and will assess any adhoc transfers against adequacy (UK GDPR Article 45) and appropriateness of safeguards and data protection (UK GDPR Article 46) of the country of transfer.

Opting out of processing

National data opt-out

Whenever you use a health or care service, important information about you is collected in your patient record for that service 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

• research into the development of new treatments

• preventing illness and diseases

* monitoring safety

• planning services

This may only take place when there is a clear legal basis to use this information. Confidential patient information about your health and care is **only used** like this where allowed by law. Most of the time, anonymised data is used for research and planning so that you cannot be identified in which case your confidential patient information isn’t needed. You have a choice about whether you want your confidential patient information to be used in this way. If you are happy with this use of information you do not need to do anything. If you do choose to opt out your confidential patient information will still be used to support your individual care.

Patients can view or change their national data opt-out choice at any time by using the online service at [www.nhs.uk/your-nhs-data-matters](https://www.nhs.uk/your-nhs-data-matters/), or by calling 0300 3035678. Further information is available at: [https://www.hra.nhs.uk/information-about-patients/](https://www.hra.nhs.uk/information-about-patients/%20) (which covers health and care research), and <https://understandingpatientdata.org.uk/what-you-need-know> (which covers how and why patient information is used, the safeguards and how decisions are made). Data being used or shared for purposes beyond individual care does not include your data being shared with insurance companies or used for marketing purposes and data would only be used in this way with your specific agreement.

Our Practice is compliant with the national data opt-out policy which means that we have systems and processes in place to comply with the national data opt-out so that your choice can be applied to any confidential patient information we use or share for purposes beyond your individual care.

**Type 1 opt-out**

Patients can opt out of their confidential patient information being used for purposes beyond their individual care without their explicit consent. This opt-out applies to flows of data under the Health and Social Care Act 2012, section 259. If you do not want your personally identifiable patient data to be shared outside of the Practice for purposes other than your own care, you can register a Type 1 opt-out by completing a Type 1 opt-out form available at reception.

Retention

The Practice works to the [NHS Records Management Code of Practice](https://transform.england.nhs.uk/information-governance/guidance/records-management-code/) Retention Schedule fir the retention of our patient information.

Data subject rights

The law gives you certain rights to your personal healthcare information that we hold:

1. **Right of access to your information**

You have the right to request a copy of the personal information that we hold about you; this is known as a Subject Access Request. We have one month to reply to you and give you the information that you require. This can be extended by two further months if the request is complex or we have received several requests from you. Subject Access Requests can be made by you the patient, by a legal representative; a solicitor acting on your behalf, a carer, parent, guardian, or appointment representative, with appropriate consent. A personal representative also has the right of access to deceased records.

If you would like a copy of the information, we hold about you, please contact:

The Blandford Group Practice Secretaries - via Anima which can be found on our [website](https://patients.animahealth.com/signIn?name=VGhlIEJsYW5kZm9yZCBHcm91cCBQcmFjdGljZQ%3D%3D).

We will provide this information free of charge however, we may in some limited and exceptional circumstances make an administrative charge for any extra copies if the information requested is excessive, complex, or repetitive.

We can restrict disclosure of your information if your doctor feels that granting access would disclose information likely to cause serious harm to your physical or mental health or that of another individual, and where you do not already know the information. Or where granting access would disclose information relating to or provided by a third party who could be identified from the information, and who has not provided consent for it to be released.

**NB: Patient online access**

All GP surgeries are required to give all patients in England online access to new information as it is added to their GP health record. Patients with online accounts, such as through the NHS App, should be able to read new entries, including free text, in their health record. This applies to future (prospective) record entries and not historic data. More information about accessing online patient GP health records can be found [here](https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/guidance-on-nhs-app-features/online-access-to-gp-health-records).

1. Right to restrict or object to the use of your information

We cannot share your information with anyone else for a purpose that is not directly related to your health without your consent. Patients have the right to restrict the processing of your personal information for secondary purposes through NHS England’s National Data Opt-Out. More information is available [here](https://www.nhs.uk/your-nhs-data-matters/).

The right to restrict processing of healthcare data can only be exercised in the following circumstances:

* the accuracy of the data is contested.
* the processing is unlawful.
1. Right to have incorrect information corrected

If you feel that information held about you is incorrect, you have the right to ask for it to be corrected. This applies to matters of fact, not opinion. Incorrect contact information such as your address will be corrected immediately. If the information is of a clinical nature, this will need to be reviewed and investigated by the Practice, which will result in one of the following outcomes:

* the Practice considers the information to be correct at the time of recording and will not amend the data. A statement from you may be placed within the record to demonstrate that you disagree with the information held. You have the right to appeal to the Information Commissioner.
* the Practice agrees that the information is incorrect, however it is not legal to modify or remove information within the record as it represents 'historical information' which may have influenced subsequent events of decisions made. In these circumstances, a note will be made in the record which advises the reader of the inaccuracy and of the correct facts. The Practice will agree the content of the note with you.
1. Right to data portability

This right only applies where the original processing is based on the data subject’s consent or fulfilment of a contract that they are party to, and if the processing is automated. However, in the spirit of the Regulations, you have the right to request that your personal and/or healthcare information is transferred in an electronic or other form to another organisation.

1. Right to appropriate decision making

The right to appropriate decision making applies to automated processing, including profiling, which produces legal outcomes, or that significantly affects you. The Practice has not identified any automated processing which is solely automated and without human involvement in the outcome of the processing.

1. Right to erasure

This is sometimes known as ‘the right to be forgotten’, but it is not an absolute right. You cannot ask for this right of erasure in relation to records which the Practice is legally bound to retain. The Practice has an obligation, not only to retain information for a specified time, but also not to retain information for longer than is necessary and to dispose of information securely.

Please see above section on retention.

1. Right to lodge a complaint

If you are dissatisfied with the handling of your personal information, you have the right to make a complaint. In the first instance, formal complaints should be addressed to:

Whitecliff Surgery, Whitecliff Mill Street, Blandford DT11 7BH or Whitecliff.complaints@dorsetgp.nhs.uk

For the attention of The Practice Complaints Manager/Patient Access and Experience Administrator

You also have the right to make a complaint to the Information Commissioner's Office – the independent regulator of data protection:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Or using their online submission: <https://ico.org.uk/global/contact-us/>

# Tier Three – The law explained

Data Protection Principles

There are six core principles to data protection legislation:

1. Personal data must be processed lawfully, fairly, and transparently (lawfulness, fairness, and transparency).
2. Personal data must be collected for specific, explicit, and legitimate purposes and not processed in a manner that is incompatible with those purposes (purpose limitation).
3. Personal data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed (data minimisation).
4. Personal data must be accurate and up to date (accuracy).
5. Personal data must be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed (storage limitation).
6. Personal data is processed in a manner that ensures appropriate Security, including protection against unauthorised or unlawful processing and against accidental loss, destruction, or damage, using appropriate technical or organisational measures (integrity and confidentiality).

**Data controller and processors**

The Practice is the Data Controller of the data which we gather, hold and create about you.

The Practice engages with data processors who may process your data. All Data Processors are held to strict contractual obligations, which specify the limitations, any access arrangements, storage and retention of data on our behalf as well as strict confidentiality and information handling clauses. All data processors are also held to high information security standards and are asked to provide evidence of how they meet Data Protection legislation. These processors may be software suppliers or specialist and support services.

Lawful basis

From 1 January 2021, the ‘UK GDPR’ has replaced the GDPR as the UK’s data protection law. The Practice processes personal data for **primary purposes** under the following legal basis:

* UK General Data Protection Regulation 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"

**For the processing of personal data for secondary purposes the Practice may rely on one of the following legal bases depending on the circumstances:**

* UK General Data Protection Regulation Article 6(1)(c):

"processing is necessary for compliance with a legal obligation to which the controller is subject"

There are some National Audits and patient registers which require the Practice to process your information under Article 6(1)(c) in accordance with UK legislations such as the National Health Service Act 2006 and Health and Social Care (Safety and Quality) Act 2015.

There are also obligations within the Crime and Disorder Act 1998, Terrorism Act, Children's Act(s) 1989 and 2004, Mental Health Act 1983 and 2007 to share information with the Police or Social Services.

**The Practice processes special categories of data (health data) for primary purposes under the following legal bases:**

* UK General Data Protection Regulation 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 or the management of health and social care systems and services on the basis of Union or Member State law or pursuant to contact with a health professional and subject to the conditions and safeguards referred to in paragraph 3"

**Paragraph 3:** "Personal data referred to in paragraph 1 [special categories of data] may be processed for the purposes referred to in point (h) of paragraph 2 when those data are processed by or under the responsibility of a professional subject to the obligation of a professional secrecy under Union or Member State law or rules established by national competent bodies or by another person also subject to an obligation of secrecy under Union or Member State law or rules established by national competent bodies."

* UK General Data Protection Regulation Article 9(2)(b):

"Processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and interests of the data subject"

**The Practice processes special categories of data for secondary purposes under the following legal bases:**

* UK General Data Protection Regulation Article 9(2)(j):

"Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subjects"

* UK General Data Protection Regulation Article 9(2)(i):

"Processing is necessary for reasons of public interest in the areas of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy."

Where data has been anonymised, it is not considered to be personal data and the UK General Data Protection Regulation and Data Protection Act 2018 will not apply. The Practice will use anonymous data for audit and population health management.

**Occasionally, the Practice may rely on consent as a legal basis:**

* UK General Data Protection Regulation Article 6(1)(a):

"the data subject has given consent to the processing of his or her personal data for one or more specific circumstances"

Where you are asked for your consent to take part in Research, Clinical Trials or Audits, your care will not be affected if you decline to take part. Research and Audit are vital for the NHS to evaluate and improve Healthcare for everyone.

* UK General Data Protection Regulation Article 9(2)(a):

"the data subject has given explicit consent to the processing of those personal data for one of more specified purposes"

However, these circumstances will be few, and the Practice will not rely on consent where there is another lawful basis that we should use.

* **UK General Data Protection Regulation Recital 43** specifies that for consent to be freely given it

"should not provide a valid legal ground for the processing of personal data in a specific case where there is a clear imbalance between the data subject and the controller, in particular where the controller is a public authority and it is therefore unlikely that consent was freely given in all the circumstances of that specific situation."

Our Practice upholds transparency and fairness through the use of this privacy notice. We uphold data minimisation techniques like pseudonymisation and anonymisation where possible to protect data and ensure that the purpose of processing is relevant and adequate.

The Practice holds data security in the highest importance; our systems have role-based access and clinical systems are auditable to ensure transparency in the use of systems by staff. Devices are encrypted and all our staff undertake annual mandatory data security training.