

Summary: Routine Care and Referrals

This practice keeps data on you relating to who you are, where you live, what you do, your family, possibly your friends, your employers, your habits, your problems and diagnoses, the reasons you seek help, your appointments, where you are seen and when you are seen, who by, referrals to specialists and other healthcare providers, tests carried out here and in other places, investigations and scans, treatments and outcomes of treatments, your treatment history, the observations and opinions of other healthcare workers, within and without the NHS as well as comments and aide memoires reasonably made by healthcare professionals in this practice who are appropriately involved in your health care.

When registering for NHS care, all patients who receive NHS care are registered on a national database, the database is held by NHS Digital, a national organisation which has legal responsibilities to collect NHS data.

GPs have always delegated tasks and responsibilities to others that work with them in their surgeries, on average an NHS GP has between 1,500 to 2,500 patients for whom he or she is accountable. It is not possible for the GP to provide hands on personal care for each and every one of those patients in those circumstances, for this reason GPs share your care with others, predominantly within the surgery but occasionally with outside organisations. If your health needs require care from others elsewhere outside this practice, we will exchange with them whatever information about you that is necessary for them to provide that care. When you make contact with healthcare providers outside the practice but within the NHS it is usual for them to send us information relating to that encounter. We will retain part or all of those reports. Normally we will receive equivalent reports of contacts you have with non-NHS services, but this is not always the case.

Your consent to this sharing of data, within the practice and with those others outside the practice is assumed and is allowed by the Law.

People who have access to your information will only normally have access to that which they need to fulfil their roles, for instance admin staff will normally only see your name, address, contact details, appointment history and registration details in order to book appointments, the practice nurses will normally have access to your immunisation, treatment, significant active and important past histories, your allergies and relevant recent contacts whilst the GP you see or speak to will normally have access to everything in your record.

You have the right to object to our sharing your data in these circumstances, but we have an overriding responsibility to do what is in your best interests. Please see below.

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

1. Data Controller:	Canterbury Medical Practice
	Patrixbourne Rd, Bridge, Canterbury
	CT4 5BL
2. Data Protection Officer:	Dr Mark Jones
	Contact via: ccccg.cmp@nhs.net
3. How does this comply with the Common Law Duty of Confidentiality?	Consent (implied)
 Consent Implied (e.g. direct care) Explicit (e.g. 2° uses) COPI Regulations 2002 (e.g. Reg 5 - "s251") "overriding public interest" (to safeguard you or another person) legal obligation (e.g. court order) 	 This means that it would be reasonable to infer that you agree to the use of the information as long as: We are accessing the information to provide or support your direct care, or are satisfied that the person we are sharing the information with is accessing or receiving it for this purpose Information is readily available to you, explaining how your information will be used and that you have the right to object We have no reason to believe that you have objected We are satisfied that anyone we disclose personal information to understands that we are giving it to them in confidence, which they must respect
4. Purpose of the processing and the lawful basis for the processing	To enable healthcare professionals working for CMP to provide all relevant and necessary information to another healthcare professional or organisation, when further medical care is required by the data subject. This is a Direct Care purpose
	Special category of data (health) Lawful bases: Article 6(1)(e) – Official Authority
	"necessary for the performance of a task carried out in the public interest or in the exercise of official authority".
	Article 9(2)(h) – Provision of health
	'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

 5. Is this: Access to your GP record Extraction of information from your GP record Access to data held about you by another data controller 	the management of health or social care systems and services" We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality" Extraction of information from the GP record
6. The recipient(s), or categories of recipients, of your personal data	Healthcare professionals outside of CMP providing, or being asked to provide, direct medical care to the data subject, and who have a legitimate relationship to the data subject
7. Retention period of the data (or criteria used to determine the retention period)	As determined by the receiving organisation's data retention policy on medical records. The data will be retained in line with the law and national guidance. <u>https://digital.nhs.uk/article/1202/Records-Management-</u> <u>Code-of-Practice-for-Health-and-Social-Care-2016</u> or speak to the practice.
8. The existence of each of your rights - The right to object - The right to access and correct	Article 6(1)(e) gives the data subject the right to object i.e you have the right to object to some or all the information being processed under Article 21. Please contact the Data Controller or the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance
	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. The source of the information shared in this way is your electronic GP record, and you have rights directly related to that (see EMIS Health – EMIS Web).

9. The right to lodge a complaint with a supervisory authority	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)
The existence of automated decision making, including profiling and information about how decisions are made, the significance and the consequences	No
Further information	This privacy notice applies to all transfers of information (letter, fax, email, telephone, online, E- Referrals etc.) deemed necessary to ensure continuation of medical care for the data subject.
	It encompasses what is commonly regarded as "referrals to specialists", requests for radiology, requests for phlebotomy (blood tests).
	In addition, it includes the provision of personal data to the local Clinical Commissioning Group for the sole purpose of assessing individual funding requests.
	This also occurs when specialists ring the surgery to discuss the ongoing care of patients, or when healthcare professionals within CMP have need to contact other healthcare professionals to discuss the data subject's medical care.
	Appropriate information sharing is an essential part of the provision of safe and effective care. Patients may be put at risk if those who provide their care do not have access to relevant, accurate and up-to-date information about them.
	Examples of receiving organisations include hospitals, A&E departments, community services, physiotherapists, local authorities (e.g. children/adult services), private doctors etc.
	Some specific referral pathways (e.g. Diabetes: DEREK, KATIE, retinopathy screening) have dedicated

privacy notices as these should have consent recorded before sharing of the information.
Further information about GP records and confidentiality can be found on our website under Data Protection:
http://www.canterburymedicalpractice.nhs.uk/

* "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.