

## Privacy Notice

# Commissioning, Planning, Risk stratification, Patient Identification

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

The organisation keeps data on you that we apply searches and algorithms to in order to identify preventive interventions.

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

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

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

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

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

1) **Data Controller**  
contact details

Elizabeth Perryman at General Practice Alliance.  
northamptongpa.ig@nhs.net  
01604970916

2) **Data Protection  
Officer** contact details

Elizabeth Perryman at General Practice Alliance.  
northamptongpa.ig@nhs.net  
01604970916

<p>3) <b>Purpose</b> of the processing</p>	<p>The practice performs computerised searches of some or all of our records to identify individuals who may be at increased risk of certain conditions or diagnoses i.e. Diabetes, heart disease, risk of falling. Your records may be amongst those searched. This is often called “risk stratification” or “case finding”.</p> <p>These searches are sometimes carried out by Data Processors who link our records to other records that they access, such as hospital attendance records.</p> <p>The results of these searches and assessment may then be shared with other healthcare workers, such as specialist, therapists, technicians etc. The information that is shared is to enable the other healthcare workers to provide the most appropriate advice, investigations, treatments, therapies and or care.</p>
<p>4) <b>Lawful basis</b> for processing</p>	<p>The legal basis will be:</p> <p><i>Article 6(1)(c) “processing is necessary for compliance with a legal obligation to which the controller is subject.”</i></p> <p><i>Article 6(1)(e) ‘...necessary for the performance of a task carried out in the public interest or in the exercise of official authority.’</i></p> <p><i>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 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.”</i></p> <p>We will also recognise your rights established under UK case law collectively known as the “Common Law Duty of Confidentiality”*</p>
<p>5) <b>Recipient or categories of recipients</b> of the shared data</p>	<p>The data will be shared for processing with TPP (SystemOne medical software, Arden and Gem CSU, NHS Digital, and CQRS, and for subsequent healthcare with Northamptonshire ICB, frailty service, and similar organisations.</p>
<p>6) <b>Rights to object</b></p>	<p>You have the right to object to this processing where it might result in a decision being made about you. This doesn't give the absolute right for decision to be upheld. That right may be based either on implied consent under the Common Law of Confidentiality or Article 22 of GDPR (Health data isn't auto decision or profiling).</p>

	It can apply to some or all of the information being shared with the recipients. Your right to object is in relation to your personal circumstances. Contact the Data Controller or your practice.
<b>7) Right to access and correct</b>	You have the right to request 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.
<b>8) Retention period</b>	The data will be retained in line with the law and national guidance. <a href="https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/records-and-document-management-policy">https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/records-and-document-management-policy</a> or speak to us.
<b>9) Right to Complain.</b>	You have the right to complain to the Information Commissioner's Office at this link: <a href="https://ico.org.uk/global/contact-us/">https://ico.org.uk/global/contact-us/</a>

\* "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.