

## BOURNEMOUTH EAST COLLABORATIVE PCN

### PATIENT PRIVACY NOTICE

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

This Privacy Notice explains and describes how this Primary Care Network (PCN) 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

|                                     |   |
|-------------------------------------|---|
| Organisation Name                   | Bournemouth East Collaborative PCN                                      |
| Address                             | Shelley Manor Medical Centre, Beechwood Avenue,<br>Bournemouth, BH5 1LX |
| Phone number                        | 01202 443892  |
| Email                               | Emma.prince@dorsetgp.nhs.uk   |
| Data Protection Officers            | Helen Williams/Lynda Bennett  |
| Data Protection Registration Number | ZB482675  |

##### 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 PCN 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 PCN. Electronic communication is a more efficient and cost-effective method of communicating with you. The PCN 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:** we record a selection of incoming and outgoing telephone calls to and from the PCN 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 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 PCN 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 or 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 a number of Health and Social care organisations and independent treatment centres in order 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 in order 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 in order 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.

Health and care professionals may look at confidential patient information about the care they gave you to understand and learn from their work. This is called ‘reflective practice’ and is done to help staff provide better and safer care. Only regulated health or social care professionals who cared for you are allowed to access your information for this reason.

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

### Who we share with

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

- hospitals and other NHS organisations 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 purpose 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;
- 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, medical examiners, 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 PCN/practice telephony systems, and software such as that used for e-consultations, transcription services, video communications, redaction, text and SMS messaging.

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 as 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 in order 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 PCN 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 in order 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.

### CCTV

Closed-circuit television (CCTV) operates in certain communal and external areas of the building from which we provide services. This CCTV system is operated by Shelley Manor Medical Centre 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 detect, prevent or reduce the incidence of crime
- To enable us to investigate allegations appropriately and respond to complaints

Shelley Manor Medical Centre is the data controller for this CCTV processing. For further information about how CCTV images are used, retained and disclosed, please refer to their privacy notice.

### 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 your registered Practice. For further information about SCR, visit the [NHS England](https://www.nhs.uk) 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 for any of these items to be included.

### 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, NHS 111 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](#) facility, visit the [NHS England](#) website.

### OpenSAFELY

NHS England has been directed by the government to establish and operate the OpenSAFELY COVID-19 Service and the OpenSAFELY Data Analytics Service. These services provide a secure environment that supports research, clinical audit, service evaluation and health surveillance for COVID-19 and other purposes. Each GP practice remains the controller of its own GP patient data but is required to let approved users run queries on pseudonymised patient data. This means identifiers are removed and replaced with a pseudonym. Only approved users are allowed to run these queries, and they will not be able to access information that directly or indirectly identifies individuals. Patients who do not wish for their data to be used as part of this process can register a [type 1 opt out](#) with their GP. You can find additional information about OpenSAFELY [here](#).

### GP clinical system - electronic patient records

Our PCN 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 PCN 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](#).

We also use SystmConnect within our PCN which is an online consultation platform which is fully integrated with the SystmOne Electronic Patient Record. Further details can also be found on the TPP website [here](#).

### 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 are able to 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 Primary Care Network comprises Beaufort Road Surgery, Littledown Surgery, Shelley Manor & Holdenhurst Medical Centre and Southbourne Surgery.

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.

### **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 PCN will do this by either employing someone to act as a 'link' between the PCN/Practice, the patient and the non-clinical services within the community, or by using a local provider to deliver this service, such as [Livewell Dorset](#) or [Help and Care](#). Where we refer you to one of these providers, we 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 PCN and 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](#) 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](#)). There is a [Privacy Notice](#) 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 PCN/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 [InHealth Intelligence](#) in order to provide diabetic retinopathy screening for our diabetic patients.

### **Diabetes prevention programme**

The Healthier You: NHS Diabetes Prevention Programme is provided in Dorset by '[Live Well Taking Control](#) (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'.

### **Infected Blood Compensation Authority**

If you have made a claim for compensation through the Infected Blood Compensation Authority (IBCA), we may provide IBCA with relevant information from your medical records to support your claim. You can read more about how IBCA uses your information in their [privacy notice](#). Further information for patients about sharing your information with IBCA can also be found [here](#).

### **Our PCN 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 a Practice or PCN site, your information may be included in the incident report and used as part of the investigation process.

### Complaints and queries

If you raise a complaint or query with the PCN, the team will hold information about you within their secure database in order 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 PCN 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](#).
- **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 a number of sources including NHS Trusts and from our PCN and GP Practices. A risk score is then arrived at through an analysis of your de-identified information using software managed by the Dorset Intelligence & Insight Service (DiiS) and is only provided back to your GP as data controller in an identifiable form.

Through the NHS-owned and locally developed 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 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. You have a choice about whether you want your confidential patient information to be used for risk stratification. If you are happy with this use of information you do not need to do anything. If you do not wish your data to be included in the risk stratification service, you can choose to opt-out by contacting our reception team who can apply a code which will stop your identifiable information being used for Risk Stratification purposes.

- **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 PCN 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 PCN 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](http://www.nhs.uk/your-nhs-data-matters), or by calling 0300 3035678. Further information is available at <https://understandingpatientdata.org.uk/what-you-need-know>. 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 PCN and Practices are 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 PCN/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 at your registered Practice.

### **Retention**

The PCN works to the [NHS Records Management Code of Practice](#) Retention Schedule for 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. Your registered Practice 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 the Practice have received a number of 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 the PCN or Practice holds about you, please contact your registered GP Practice.

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

The Practice 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](#).

#### **2. 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. You 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](#).

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.

### 3. 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 PCN or registered Practice, which will result in one of the following outcomes:

- the PCN/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 PCN/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 or 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 PCN will agree the content of the note with you.

### 4. 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.

### 5. 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 PCN has not identified any automated processing which is solely automated and without human involvement in the outcome of the processing.

### 6. 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 PCN or Practice is legally bound to retain. Your registered Practice has an obligation, not only to retain information for a specified time period, but also not to retain information for longer than is necessary and to dispose of information securely.

Please see above section on retention.

### 7. 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:

**Bournemouth East Collaborative PCN to the following email address:** [Becpcn.treatmentcentre@dorsetgp.nhs.uk](mailto:Becpcn.treatmentcentre@dorsetgp.nhs.uk)

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  
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Or using their online service: <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

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

The PCN 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 PCN 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 PCN 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 PCN 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 PCN/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 PCN/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 PCN/Practice will use anonymous data for audit and population health management.

Occasionally, the PCN 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 PCN/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 PCN 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 PCN 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.