PENNINE DRIVE SURGERY
Privacy Notice

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1. Introduction

The Data Protection Regulations in the UK include two key pieces of law:

- The Data Protection Act 2018
- The UK GDPR

There are other regulations in specific areas which need to be taken into account. This Privacy Notice has been written within the legislative framework as at April 2026. It will be revised as the framework and case law change. This notice was last updated April 2026.

2. What is this Privacy Notice about?

This Privacy Notice is part of the information to data subjects about how personal data is used. Being transparent and providing accessible information to individuals about how organisations will use their personal information is a key element of Data Protection Regulations.

This Privacy Notice is part of our programme to make the data processing activities we are carrying out in order to meet our healthcare obligations transparent.

The Privacy Notice tells you about information we collect and hold about you, the legal basis for collecting and holding the information, what we do with it, how we keep it secure (confidential), who we might share it with and what your rights are in relation to your information.

3. Who we are

are a GP partnership surgery providing services to the NHS and our registered patients under a General Medical Services contract.

We are Pennine Drive Surgery. We provide medical services to you as a patient as part of the NHS.

4. Types of information we use

We use the following types of information/data:

- Personal data and special category personal data such as:
  - demographics – name, address, date of birth, postcode, NHS number
  - racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, genetic data, biometric data for the purpose of uniquely identifying a natural person, medical/health data, sexual life or sexual orientation data.

  (special category personal data is sometimes called sensitive personal data)
- Pseudonymised - about individuals but with identifying details (such as name or NHS number) replaced with a unique code.
- Anonymised - about individuals but with identifying details removed.
- Aggregated - anonymised information grouped together so that it doesn't identify individuals.

5. What we use your personal data and special category personal for

We use and share information about you in a number of ways. These include, if you are a patient:

Primary uses - information from your GP medical record which can be made available to other NHS and public sector organisations, including doctors, nurses and care professionals in order to help them make the best informed decision, and provide you with the best possible direct care delivery.

Secondary uses - information from your GP medical record involves extracting identifiable data and (usually) sharing that data with other NHS organisations, for the purpose of indirect care. Examples include using your information for research, auditing, and healthcare planning (population health management).

If you're a member of staff or a contractor, we process your data for the purposes of your employment contract, professional monitoring requirements, your health and safety and other employment-related matters.

You have rights to object to the use of your personal data in some circumstances, particularly for secondary use. These are often called "opt-outs". Details of the available objections are given in section 16 below.

6. Identity and Contact details of the Data Controller and Data Protection Officer

Practice Contact Details

Address:	Pennine Drive Surgery 8 Pennine Drive Hendon London NW2 1PA
Email:	penninedrive@nhs.net
Telephone:	020 8455 9977
Website:	www.penninedrivesurgery.co.uk

Our ICO Registration number is Z6216659

Data Protection Officer

You can contact the data protection officer by post at the practice address, addressed for the attention of the Data Protection Officer, or by email to

Name: Steve Durbin

Email: dpo.ncl@nhs.net

Please quote the practice name in any communication. The Data Protection Officer service is provided across North Central London practices (Barnet, Camden, Enfield, Haringey and Islington).

7. Organisations we share your personal information with

We share information about you with other GPs, NHS acute or mental health Trusts, local authorities, community health providers, pharmacists, commissioning organisations, medical research organisations and some specific non-NHS organisations for the purposes of direct care and secondary uses.

We are required under the law to provide you with the following information how we process your personal data, the purpose of processing, recipient/categories of your personal data, the identity of our Data Protection Officer (DPO), how long we retain personal information about you, the legal basis and justification for the processing, and your right to view, request access copies of your personal information, or object to the processing.

Included below is a table of the organisations we share information about you, and data processors we use to process your information, split into the following categories.

a. Direct Medical Care and Administration

b. Other primary care services delivered for the purposes of direct care

c. Statutory Disclosures of Information

d. Processing for the Purposes of Commissioning, Planning, Research and Risk Stratification

e. Data Sharing Databases

f. Data Processors

In most cases, the Data Controller and Data Protection Officer (DPO) are as listed in section 6 above. Where they are not, they are specified in the table.

a. Direct Medical Care and Administration

System / Recipients / Categories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
NHS Trusts – Hospitals, Community or Mental Health Trusts. **Other care providers with NHS contracts (e.g. services providing ultrasound scans, medical imaging; specialist providers such as those providing day surgery, other direct care tests / services)**	Personal data concerning your GP medical record may be shared with NHS Trusts in order to enable their healthcare professionals make the best informed decision about your health needs, and provide you with the best possible care if you visit these providers for routine care and referrals. Your information will also be shared with other care providers to provide best care, for example for medical imaging tests the practice cannot perform itself. Note that NHS contracts are commonly delivered by private organisations; some of these providers will be partnerships, companies and other bodies, along with statutory NHS bodies such as NHS Trusts. Your personal information may also be processed for local administrative purposes such as: • Waiting list management; • local clinical audit; • Performance against local targets; • activity monitoring; • production of datasets to submit for commissioning purposes and national collections. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9(2) (b) – processing necessary in the field of employment, social security and social protection law. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	**Yo** **Ri** Ar ob da rig de fo da ca to If pl or co **Ri** th ha ra Pr se In co
Emergency Services (Ambulance trusts, police, A&E departments, out of hours services, 111)	There are circumstances when intervention is necessary in order to save or protect a patient's life or to prevent them from serious immediate harm, for example, during a collapse or diabetic coma or serious injury or accident. In many of these	All records held by the Practice will be kept for the duration specified in the Records Management	Article 6(1) (c) - processing for legal obligation; Article 6(1) (d) – the processing is necessary in order to	**Yo**

	circumstances the patient may be unconscious or too ill to communicate. Medical professionals have a duty of care to share data in emergencies to protect their patients or other persons. In these circumstances, your GP medical record will be shared with emergency healthcare services, the police or fire service in order to enable you receive the best treatment or service. The source of the information shared in this way is your electronic GP record.	Codes of Practice for Health and Social Care.	protect the vital interests of the data subject; Article 9 (2) (C) – the processing is necessary to protect the vital interests of the data subject **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	**Ri** to be ha pl at st If pl or co **Ri** th ha ra Pr se In co
GP Federations and Primary Care Networks **(groups of Practices working together, and with other providers, to provide joined-up and effective care)** **North Central London Integrated Care Service** **NHS West and North London Integrated Care Service**	GP Federations are groups of GPs (patient centred organisation), working collaboratively and developing closer integration with other partners across health, social and third sector partners to facilitate an enhanced delivery of health and care services. Primary Care Networks (PCNs) are similar, but are led at the GP level and may involve a variety of other organisations also noted in this privacy notice. North Central London Integrated Care Service are a wider grouping performing shared functions across health and care. From April 2026, this will be merged with North West London Integrated Care Service and will be called NHS West and North London Integrated Care Service.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care	**Yo** **Ri** Ar

	In each case the Practice remains the data controller for the information about you. Through various hubs in the community the GP Federations and PCNs provide direct health and care services such as continued extended access, home visits, universal offers, musculoskeletal service, GP at front door and other neighbourhood services across North Central London (which covers the boroughs of Barnet, Camden, Enfield, Haringey and Islington) If you visit receive treatment/consultation on any of these services, personal data concerning your GP medical record may be shared with the GP Federation and Multidisciplinary Teams (MDT) in order to enable them make the best informed decision about your health/care needs, and provide you with the best possible care. The source of the information shared in this way is your electronic GP record.		systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	ob da rig de fo da ca to If pl or co **Ri** th ha ra Pr se In co
Pharmacists **Medicines Optimisation**	Delivery of direct care e.g. vaccination, prescription fulfilment. Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring patients get the right choice of medicines, at the right time, and are engaged in the process by their clinical team. Medicines optimisation enables community pharmacies to request medication electronically from the Practice and view relevant information from your GP record in order to provide you with the best medicines. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012	**Yo** **Ri** Ar ob da rig de fo da ca to If pl or co

				Ri th ha ra Pr se In co
Local Authority – Social Services	The practice works closely with Local Authorities to support and care for people of all ages to deliver the best possible social care. Personal data concerning your GP medical record may be shared with Local Authorities and Multidisciplinary Teams (MDTs) delivering social care in order to enable them make the best informed decision about your social care needs if required. The source of the information shared in this way is your electronic GP record and your Local Authority social care records. Your GP is the data controller for your electronic GP record, your local authority is the data controller for your social care record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (c) - processing for legal obligation; Article 6(1) (d) (processing for vital interests of data subject) and/or; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9(2) (b) – processing necessary in the field of employment, social security and social protection law. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012	**Yo** **Ri** Ar ob da rig de fo da ca to If pl or co **Ri** th ha ra Pr se In co
Multidisciplinary Care Teams and clinics (MDTs)	Personal data concerning your GP medical record may be shared with clinics delivering care or Multidisciplinary Teams (MDTs) in the area in order to provide you with the best possible care. For example, if you suffer from a long-term condition,	All records held by the Practice will be kept for the duration specified in the Records	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in	**Yo**

	specialist MDTs may deliver services alongside your GP. These MDTs commonly run clinics for conditions, so that you can receive the best possible care from practitioners specialising in the treatment area. The source of the information shared in this way is your electronic GP record.	Management Codes of Practice for Health and Social Care	the exercise of official authority. Article 9(2) (b) – processing necessary in the field of employment, social security and social protection law. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012	**Ri** Ar ob da rig de fo da ca to If pl or co **Ri** th ha ra Pr se In co
Care Homes	Personal data concerning your GP medical record may be shared with Care Homes delivering your care in order to enable their care professionals make the best informed decision about your care needs, and provide you with the best possible care if you are resident in a Care Home. Note that many care homes are private sector organisations. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9(2) (b) – processing necessary in the field of employment, social security and social protection law. Article 9 (2) (h) - processing is necessary for medical or social	**Yo** **Ri** Ar ob da

			care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012	ri de fo da ca to If pl or co **Ri** th ha ra Pr se In co
The NHS Account and the NHS App	The NHS Account and the NHS App is available to all patients over 13 years of age registered with a GP in England. Details are available online from https://www.nhs.uk/nhs-app/ The purpose of the processing is to allow you to access NHS services more easily, to be able to see information about your health and care. The app includes a wide range of services which vary with each provider. You need to have verified your NHS account to access all the services on the NHS account and app; some services are available without full verification. If you are an NHS App user, we use the NHS Account Messaging Service provided by NHS England to send you messages relating to your health and care. The data controller for data on the NHS app depends on the use and provider. Full details can be found at https://www.nhs.uk/nhs-app/nhs-app-legal-and-cookies/nhs-app-privacy-policy/privacy-policy/ Note that proxy access on the NHS app can be granted so you can access and act for other patients (e.g. family members) with their consent. Please note that we are required to obtain consent from children if they are considered Gillick Competent – generally any age over 13. This means that if you have proxy access for your child it will be normally be removed when they reach 13 and your child will have to tell us themselves if they wish it restored.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9(2) (b) – processing necessary in the field of employment, social security and social protection law. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012	**Yo** **Ri** Ar ob da ri de fo da ca to If pl or co co no ac

				Ri th ha ra Pr se In co

b. **Other primary care services delivered for the purposes of direct care**

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
ated Urgent Care e (IUC) - covering Hours and NHS rvice	**Integrated Urgent Care Service (IUC)** is an urgent care service delivered across North Central London (NCL) (Barnet, Camden, Enfield, Haringey and Islington) for the provision of a functionally integrated 24/7 urgent care access, clinical advice and treatment service for patients. IUC incorporates NHS 111 and Out of Hours (OOH) services, which is often referred to as an IUC Clinical Assessment Service. The purpose of IUC is to ensure that patients receive the best possible healthcare service in their community. If you visit the urgent care centre or call NHS 111 for health related needs, personal data in your GP record will be shared with healthcare professionals in order to enable them make the best the best informed decision about your health needs. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protectior section 6, Informati contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
uing Health Care	NHS Continuing Health Care (CHC) is free care outside of hospital that is arranged and funded by the NHS to support living with complex medical conditions and on-going healthcare needs which can be delivered in the patient's home, at their care home or in non-acute hospitals. CHC is free, unlike support from social services for which a fee may be charged, depending on your income and savings. CHC is different from NHS Funded Nursing Care, which some people with less complex needs living in care homes receive. If you require CHC needs personal data concerning your GP medical record will be shared with the care home or in non-acute hospitals looking after you. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9(2) (b) – processing necessary in the field of employment, social security and social protection law. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
consultation, and booking. **ES** tomate Tech-1 Bookable	These services can register you with a GP, book appointments, have online consultations and communicate with your GP. Your consent is sometimes required to use the system, but information provided will, with your consent, be provided to your GP and become part of the medical record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6 1(a) – consent of the data subject Article 9 2(a) – informed consent [Once data is passed to the GP, it is treated as part of the patient record	**You have** • To w proc right • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
OVE ANY NOT ADD LINKS TO ANY RE USING NOT !>	The also allow you to provide symptoms so it can signpost you to the most appropriate service using artifical intelligence (AI Triage)	PATCHES have a separate privacy notice for their activity as a data controller https://patchs.ai/privacypatients/privacy-policy	– please see the patient record system.] Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services.	**Right to o** Article 21, objection data – as t immediat removed t been shar If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
ated records filing, , flagging of test . IES	These services provide automated records filing, including of test results, sometimes with clinical coding. Some of these also perform other functions.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6 1(a) – consent of the data subject Article 9 2(a) – informed consent [Once data is passed to the GP, it is treated as part of the patient record – please see the patient record system.] Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social	**You have** • To w proc right • To ac pers • requ your • restr infor **Right to o** Article 21, objection data – as t

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
			care treatment or, the management of health or social care systems and services.	immediat removed been shar If you wis please co or the DP considere **Right to c** the way th have the raise the i Protectio section 6, Informati contact de
t automated call call nk	These services allows the practice to automate routine recalls, commonly using GOV.UK Notify as the main way to pass on appointment details. The automation provided simplifies long term condition management and regular testing.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. <Note that Hummingbird are the data controller for your account information. Their privacy notice can be found by clicking on the Terms and Conditions in their new account page https://www.bookyourgp.com/new-account (you do not need to create an account to see these). >	**You have** • To a pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
			Related Legislation: Data Protection Act 2018 Section 10 Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	have the r raise the i Protection section 6, Informati contact de
Consultation er – AccuRx	eConsult provides a service where patients can complete a set of online forms which will then refer them to their GP or other services to ensure the correct treatment can be accessed as quickly as practicable. eConsult forward information to the practice where you give consent to do so; they are a data controller for your data until it is forwarded to the practice, at which point the practice is data controller for the information provided. eConsult is a nationally available contract to GPs.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care eConsult have a separate privacy notice for their activity as a data controller https://econsult.net/nhs-patients/privacy-policy	Article 6 1(a) – consent of the data subject Article 9 2(a) – informed consent [Once data is passed to the GP, it is treated as part of the patient record – please see the patient record system.]	**You have** • To w proc right • To ac pers • requ your • restr infor **Right to o** Article 21, objection data – as t immediat removed been shar If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6,

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				Informatio contact de
tary sector, nce networks and Prescribing	GP services can only be a part of care, and commonly voluntary/3rd sector organisations can help with conditions by providing support and other services. Where these may be helpful, we will, with your informed consent, share with these organisations to help you	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6 1(a) – consent of the data subject Article 9 2(a) – explicit consent	**You have** • To w proc right • To ac pers • requ your • restr infor **Right to o** Article 21, objection data – as t immediat removed been shar If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
t Management ing Provider ife n	Where a change in behaviour is needed to improve health, app and coaching services can help. GPs can refer to providers who have these services, with your informed consent to share. Patients can also self-refer if they meet the requirements for the Intervention.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6 1(a) – consent of the data subject Article 9 2(a) – explicit consent	**You have** • To w proc right • To ac pers • requ your • restr infor **Right to o** Article 21, objection data – as t immediat removed t been shar If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
raining ream Academy ning for Health	Mandatory staff training ensures that all NHS staff are equiped to perform their roles. Records of training are also required to evidence to inspectors such as the CQC that staff are properly trained and professional development maintained. Generally staff details used are restricted to: • Name, job title, place of work • Contact details e.g. email • Professional registration details • Courses undertaken and completed	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social	**You have** • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	Scores where courses are assessed		care systems and services.	**Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
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c. Statutory Disclosures of Information

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
uarding Concerns – vent an individual, revent a serious	Some members of public are recognised as needing safeguarding protection, for example children and vulnerable adults. If an individual is identified as being at risk from harm, we have a duty to do what we can to protect that individual, and we are bound 'Safeguarding' laws to do so. Where there is a suspected or actual safeguarding issue we will share information that we hold about you with other relevant agencies such as local Ambulance trusts, the police, A&E departments, out of hours services, 111 or Social Services) The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (c) - processing for legal obligation; Article 6(1) (d) – the processing is necessary in order to protect the vital interests of the data subject Article 9 (2) (C) – the processing is necessary to protect the vital interests of the data subject; Article 9(2) (b) – processing necessary in the field of employment, social security and social protection law. **Related Legislation:** Data Protection Act 2018 Section 10 (in particular the provisions under Schedule 2 Part 1 Section 18 relating to safeguarding) Section 47 of The Children Act 1989. Section 45 of the Care Act 2014	This shari requireme object. The Childr authorities subject of in police p reasonabl suffering The Act re safeguard children w geographi specified Practices, Systems / CCGs) and **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
re Quality ission (CQC)	The Care Quality Commission (CQC) is a regulatory body established under the Health and Social Care Act. The CQC regulates health and social care services in England to ensure that safe health and care are provided. The law allows CQC to access identifiable patient data/medical records in our	All records held by the Practice will be kept for the duration specified in the Records Management Codes	Article 6(1) (c) - processing for legal obligation; Article 9 (2) (h) - processing is necessary for	**You have** • To ac perso • requ your

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	clinical system for the purposes of their assessment and investigation of significant safety incident. The data will be shared with the Care Quality Commission, its officers and staff and members of the inspection teams that visit us from time to time. The source of the information shared in this way is your electronic GP record.	of Practice for Health and Social Care.	medical or social care treatment or, the management of health or social care systems and services **Related Legislation:** Data Protection Act 2018 Section 10 The Health and Social Care Act 2008, s64	• restr infor **Right to o** raise an o personal c circumsta we canno grounds f personal c provision obligation If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
nforcement and tory Bodies	In some circumstances the Practice may be legally required to share personal information with law enforcements and regulatory bodies (without the consent of the data subject) such as: the Police; Courts of Justice; HMRC and DVLA for the purposes of prevention or detection of crime; apprehension or prosecution of offenders; the assessment or collection of any tax or duty or, of any imposition of a similar nature. GPs are obliged to notify the DVLA when fitness to drive requires *notification but an individual cannot or will not notify the DVLA themselves, and* if there is concern for road safety, which would be for both the individual and the wider public. The Practice will review each request based on its merits before deciding whether to release information to the 'relevant authorities'.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (g) – the processing is necessary for reasons of substantial public interest **Related Legislation:**	This shari requireme object. Pe purposes principle (transpare **Right to c** the way th have the r raise the i Protection section 6, Informati contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	The source of the information shared in this way is your electronic GP record.		There are a variety of acts which place responsibilities on health providers to provide information for law enforcement and regulatory bodies.	
al Examiner e	When a person dies, their death is reviewed by the medical examiner service. We are required to share information about the deceased's medical record with the examiner. This record may contain information regarding the living – for example, family members, persons who treated the deceased. Data is reviewed only by persons under a professional duty of confidence as part of the medical examiner service.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (c) - processing for legal obligation; specifically the Access to Medical Records Act 1990 section 3 1(g). Additionally, as the sharing is mandated for improvement of health and care Article 6(1)(e) '…for the performance of a task carried out in the public interest or in the exercise of official authority…' 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. Additionally, as the sharing is intended to improve health and care Article 9 (2) (h) - processing is necessary for medical or social care treatment or,	This shari requireme object. **Right to c** the way th have the r raise the i Protection section 6, Informati contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
			the management of health or social care systems and services. **Related Legislation** The National Health Service Trust (Scrutiny of Deaths) (England) Order 2021 The Access to Medical Records Act 1990 The Coroners and Justice Act 2009	
o-Legal	**Medico-Legal -** Where a medical professional is holding personal data for the purpose of providing medical reports in connection with legal action. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (c) - processing for legal obligation; 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 Art.18 (2): Processing for the establishment, exercise or defence of legal claims.	This sharin requireme object. **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
al Medical Council	**General Medical Council** (**GMC**) is a public body that maintains the official register of medical practitioners within the United Kingdom. Its primary responsibility is 'to protect, promote and maintain the health and safety of the public' by controlling entry to the register, and suspending or removing members when necessary. Under the Medical Act 1983, the GMC has the power to request access to a patient's medical records for the purposes of an investigation into a doctor's fitness to practise.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (c) - processing for legal obligation; Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	The source of the information shared in this way is your electronic GP record.		**Related Legislation:** The Medical Act 1983 Data Protection Act 2018 Section 10	**Right to o** raise an ob personal d circumsta we cannot grounds fo personal d provision obligation **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
ealth Service dsman (HSO)	**The Health Service Ombudsman (HSO)** was set up by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK government departments. The HSO has the power to request access to a patient's medical records for the purpose of an investigation. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation:** The Health Services Commissioners Act 1993,s12 Data Protection Act 2018 Section 10	**You have** • To ac perso • requ your • restr infor **Right to o** raise an ob personal d circumsta we cannot grounds fo personal d provision obligation **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
ounter Fraud	Under the NHS Act 2006, investigations into fraud in the NHS may require access to confidential patient information. This means that we are compelled by the law to share your data. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation:** s10 NHS Act 2006	This shari the rights processing **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
ngland ormation orate (formerly **igital**)	**Transformation Directorate of NHS England, previously known as NHS Digital, and previously the Health and Social Care Information Centre)** is a national information and technology partner to the health and social care system. They use digital technology to transform the NHS and social care. NHS England Transformation Directorate carries out National Data collections / extractions from the GP record. These include: **OpenSAFELY** The NHS OpenSAFELY Data Analytics Service is operated by NHS England, who are the controller of the Service. The Service provides a secure analytics service for Approved Users (academics, analysts and data scientists) to access pseudonymised GP and NHS England patient data for Approved Projects for certain purposes: clinical audit; service evaluation; health surveillance; research; evaluation of the Service; and health and social care policy, planning and commissioning purposes and public health purposes, where agreed on a project specific basis by or on behalf of: the Department of Health and Social Care, NHS England, and a nominated representative of each of the Royal College of General Practitioners and the British Medical Association on behalf of the Joint GP IT Committee.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation:** The Health and Social Care Act 2012	**You have** • To ac perso • requ your • restr infor **Right to o** object as t professior Whilst the 6(1)(c), NH (9Nu0) pr will be ext **Right to c** the way th have the r raise the i Protection section 6,

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	It is controlled by NHSE and is a statutory requirement upon your GP under sections 259(1)(a) and 259(5) of the Health and Social Care Act 2012. Further details are available at https://www.opensafely.org/ **General Practice Extraction Service (GPES)** This is an extraction of much of your GP data for use by the NHS centrally for planning and research. It is controlled by NHSE and is a statutory requirement upon your GP under sections 259(1)(a) and 259(5) of the Health and Social Care Act 2012. Further details for patients are provided at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research. **National Diabetes Audit (NDA)** - A national monitoring system, auditing the care of patients with diabetes. The data extracted for the purpose of NDA includes NHS Number, date of birth and postcode, as well as clinical parameters related to diabetes. NDA is a mandatory data extraction under section 254 of the Health and Social Care Act 2012, this means that we are compelled by law to share your data **National Obesity Audit (NOA)** – A national monitoring system auditing patient journey for weight management. The data extracted includes NHS number, date of birth, postcode, sex, ethnicity, Body Mass Index (BMI), obesity related co-morbidities, healthcare interventions such as weight loss advice and bariatric surgery. The NOA is a mandatory data extraction under 254 of the Health and Social Care Act 2012, this means that we are compelled by law to share your data. You can see their full privacy notice at https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-obesity-audit/transparency-notice **Individual GP Level Data (IGPLD) -** A national monitoring system to enable NHSE to provide GPs with clinical information on the care provision for their patients. The data extracted includes the NHS number. **I**GPLD is a mandatory data extraction under 254 of the Health and Social Care Act 2012, this means that we are compelled by law to share your data			Informatio contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	FGM - NHSE collects data on FGM within the NHS in England on behalf of the Department of Health (DH). Data collected is used to produce information that helps improve NHS and local authorities to improve on how they support women and girls who have had or, who are at risk of FGM. FGM Enhanced Dataset is a mandatory data extraction under section 254 of the Health and Social Care Act 2012, this means that we are compelled by law to share your data when required. The source of the information shared in this way is your electronic GP record.			
ngland	NHS England is responsible for securing, planning, designing and paying for Primary Care & Specialised NHS services not otherwise funded by North Central London Integrated Care Board. This includes planned and emergency hospital care, mental health, rehabilitation, community and primary medical care (GP) services. We may often share personal information with NHS England potentially for safeguarding concerns that need escalating beyond our borough. Where required the Practice may also have to share staff personal information with NHS England for the purpose of allegations framework or performers list. The source of the information that may be shared in this instance are in the staff record and patient's electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services.	**You have** • To ac pers • requ your • restr infor **Right to o** object as t professior If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
Authority Public	[Public Health England was replaced with two bodies during 2023]	All records held by the Practice will be kept for the duration specified in the	Article 6(1) (c) - processing for legal obligation;	**You have** • To ac pers

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
alth Security y **for Health vement and ities** **erly Public Health d)**	All local authorities have public health departments with whom we are required to share certain information via various laws and regulations. Your information will be shared for this purpose with the local authority for your area of residence where required by the law. The UK Health Security Agency (UKHSA) is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. The Office for Health Improvement and Disparities is focused focus on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life. We are required by law to share information with these two bodies, although most information is shared with them via the link to the local authority. The source of the information shared in this way is your electronic GP record.	Records Management Codes of Practice for Health and Social Care	Article 9(2) (b) – processing is necessary for reasons of public interest in the area 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. **Related Legislation:** The Health Protection (Notification) Regulations 2010 (SI 2010/659); The Health Protection (Local Authority Powers); Regulations 2010 (SI 2010/657) Data Protection Act 2018 Section 10	• requ your • restr infor **Right to o** raise an o shared wi If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protectio section 6, Informati contact de

d. Commissioning, Planning, Research and Risk Stratification

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
ated Care Systems ds (ICSes / ICBs) *rly known as l Commissioning s CCG (s)*	Integrated Care Boards (ICBs) are responsible for securing, planning, designing and paying for your NHS services, including planned and emergency hospital care, mental health, rehabilitation, community and primary medical care (GP) services. This is known as 'Commissioning'.	All records held by the Practice will be kept for the duration specified in the Records Management Codes	Article 6(1) (e) - public interest or in the exercise of official authority.	**You have** • To ac pers • requ your

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	We are part of the North Central London (NCL) Integrated Care System (ICS) responsible for delivery of services. From April 2026, we will be part of NHS West and North London ICB. In order to enable the ICB carry out its statutory responsibilities effectively, efficiently and safely, we may share personal data about you with the ICB for the following purposes: Individual Funding Requests; Continuing Health Care; appeals, queries or compliments; safeguarding concerns; commissioning purposes such as payment for target achievement known as Quality and Outcomes Framework (QOF); and where the Practice is participating in agreed national or local enhanced services. The source of the information shared in this way is your electronic GP record. *Note that from April 2026, the North Central London and North West London ICBs will be merging into the West and North London Integrated Care Board.*	of Practice for Health and Social Care	Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	• restr infor **Right to o** raise an o shared wi If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
tratification" **ation Health** **gement, condition** **gement, Case** **g and management** **ments (e.g. QoF)** **Care** **ent: Oracle Health** **erly Cerner) -** **eIntent /** **eRegistries** s – EMIS Templates **dary Use** ent: NCL ICS	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 (e.g. diabetes, heart disease, risk of falling). Your records may be amongst those searched. This is often called "risk stratification" or "case finding". These searches are sometimes carried out by Data Processors who link our records to other records that they access, such as hospital attendance records and national data sets. 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. Risk stratification can be grouped into two purposes namely: **Direct Care** – 'Case Finding' where carried out by a health professional (e.g. GPs and Provider) involved in an individual's care or by a data processor acting	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation**: Section 251B Health and Social Care Act 2012	**You have** • To ac perso • requ your • restr infor **Right to o** to raise ar being sha stratificati of Healthe form with Although may affec

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	under contract with such a provider, it is treated as direct care. This includes reviewing and checking on service outcomes by the health professionals involved in care. This is performed in HealtheIntent and has an objection (opt-out) you can exercise along with the London Care Record. **Secondary Use** - understand the local population needs and plan for future requirement. Your identifiable personal data is used to create the data sets for this purpose, but no identifiable data is available to the persons performing indirect care tasks. This use is authorised by the Secretary of State via the Confidentiality Advisory Group (CAG). You can object (opt-out) from this use at the ICS Website or with a form from your GP The source of the information shared in this way is your electronic GP record.		Section 251 NHS Act 2006	**HealtheIn London Ca** If you wis please co or the DP considere You can a Record an available https://nc areas/usi health-an the-joine You can a Use via th https://nc -informati care-data You have your pers for the in is exercise the NHS Y exercise t supplied f Local Sec If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
bing Improvement erting **ent**:	The Practice when prescribing passed pseudonymised data to prescribing improvement and alerting services to ensure that healthcare workers provide the most appropriate treatments	All records held by the Practice will be kept for the duration specified in the Records Management Codes	Article 6(1) (e) - public interest or in the exercise of official authority.	**You have** • To a pers • requ your

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
atabank UK n	and therapies. This allows the NHS to reduce cost and improve patient safety. The source of the information shared in this way is your electronic GP record.	of Practice for Health and Social Care	Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation**: Section 251 NHS Act 2006	• restr infor **Right to o** raise an o shared wi If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
on improvement **ent**: UK Ltd (Paediatric milk allergy) UK Ltd (Adult Oral opn Support) UK Ltd (Diabetes sion Services, only referred to as Diabetes to sion [T2DR] or Low e Diet [LCD])	If your child has a cow's milk allergy, or you are an adult patient with certain nutrition difficulties, Oviva UK will be used as a subprocessor to provide assistance for the condition. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation**: Section 251 NHS Act 2006	**You have** • To ac pers • requ your • restr infor **Right to o** raise an o shared wi If you wis please co or the DP considere

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
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rch partners using onymised patient	The practice supplies pseudonymised data to organisations such as Clinical Practice Research Datalink (CPRD), for the purposes of performing research without using directly identifiable data. Data is matched before being provided with data from other sources (e.g. acute settings) and stored for research analysis. Researchers then approach the organisation for data extracts for research; for example, research using CPRD data and services has resulted in over 3,000 peer-reviewed publications investigating drug safety, health care delivery and disease risk factors. Researchers have to obtain a Research Ethics Committee (REC) approval, and, where necessary, a Confidentiality Advisory Group Approval (CAG) approval before being given access tom data. This data cannot be used to directly identify you without special measures; these are only authorised where they would be a risk to patient safety. As you cannot be directly identified, it is not possible to make rights requests on this data; it is excluded from the requirements of Articles 15-22. This vital research informs clinical guidance and every day best practice such as demonstrating the safety of the MMR vaccine and the protective effects of the pertussis vaccine in pregnancy on infant health. You have the right to object to the sharing of your personal health data concerning your GP medical for research purposes. This is exercised via the National Data Opt-out; see the NHS Your Data Matters page. If you exercise this right, your data will no longer be supplied for the purpose.	The pseudonymised data is retained indefinitely for longitudinal studies.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (j) - for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on domestic law	**You have** **Right to o** raise an o shared wi This is ma out, see th **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
rch Partners using t identifiable data	The practice participates projects and will only agree to do so if there is an agreed clearly defined reason for the research that is likely to benefit healthcare and patients. Such proposals will normally have a consent process, ethics committee approval, and will be in line with the principles of Article 89(1) of UK GDPR. Research organisations do not usually approach patients directly but will ask us to make contact with suitable patients to seek their consent. Occasionally research can be authorised under law without the need to obtain consent. This is known as the Section 251 arrangement, however this generally falls into the pseudonymised data permissions noted above. We may also use your medical records to carry out research within the practice. The individual organisations involved will notify you via the consent process of their processing. The source of the information shared in this way is your electronic GP record. Many of these research processes are guided and assisted by Noclor NHS Research Office	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (j) - for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on domestic law	**You have** • To ac pers • requ your • restr infor **Right to o** raise an o shared wi If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatic contact de
yment Processing	The Practice ensures the protection of the rights and freedoms in respect of the processing of its employees' personal data, in particular for the purposes of the recruitment, obligations performance contract of employment, rights and benefits management planning, health and safety, equality and diversity in the workplace, health and safety at work. The Practice ensures that personal data it collects from employees are used only for employment related purposes or where there is a statutory obligation to share the personal information with to regulatory bodies (e.g. courts, police or NHS England).	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. 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	**Employee** • To ac pers Pract • requ their • restr infor **Right to o** right to ra personal d

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				If an empl rights they controller be careful **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de

e. Data Sharing Databases

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
n Care Record **ed via** **Health (formerly) - Health nation Exchange**	The London Care Record (LCR) is an Electronic Health Record (EHR) linking system that brings together patient data across the health and care system in a secure manner, embedding a single aggregated longitudinal view of the patient natively in each EHR system irrespective of traditional organisational or technological boundaries. The LCR includes information about patients/clients recorded by acute hospitals, mental health, community health, social care and GP Practices. Healthcare professionals across London and the region are able to access can access subsets of their patients/service users' medical or social records from a single system in order to provide the best possible care. The source of the information shared in this way is your electronic GP record for the purposes of direct patient care and indirect care. The full local privacy notice for this system can be found on the page below https://nclhealthandcare.org.uk/digital/digital-information-for-patients/the-london-care-record/	All records held by the Practice and in the LCR system are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	**You have** • To ac pers • requ your • restr infor **Right to o** to raise ar being shar right opt o out with y need to ex you receiv opting out You can o via the for https://nc of-the-joi

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
n Secure Data nment	The London Secure Data Environment is a platform that allows the practice and other healthcare providers across London to improve healthcare outcomes, patient experience, reduce adverse events and shift towards more preventative care. It covers both sharing and risk stratification. The platform allows joining up of information from all providers of health and care in London which can be then used for improving individual patient care, population health improvement, analytics and research.	All records held by the Practice and in the systems are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services. **Related Legislation:** Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	**You have** • To ac perso • requ your • restr infor **Right to o** to raise ar being shar have the r completin Practice. A how this r **Opting ou** **includes c** **Record, al** existing G see Rights document If you wis please co or the DP considere **Right to c** the way th have the r

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				raise the i Protection section 6, Informatio contact de
ystems Local l Sharing – ated Care	EMIS Local Record Sharing enables your GP medical record held on our secure EMIS Web clinical system to be shared with other healthcare Providers (e.g. acute hospitals, mental and community health and other GPs) who are commissioned to provide to provide health care services within your borough. This local sharing is used to provide direct patient care for services such as continued extended access, home visits, universal offers, musculoskeletal service, GP at front door and other neighbourhood services across North Central London. The information is accessed in real time and on-demand, meaning that data from your GP record is neither extracted, nor uploaded, nor sent anywhere in real time and on-demand, meaning that data from your GP record is neither extracted, nor uploaded, nor sent anywhere. The source of the information shared in this way is your electronic GP record. **National Diabetic Retinal Screening Service** – Diabetic eye screening is carried out in north central London by the North Central London Diabetic Eye Screening Programme (NCL-DESP). NCL-DESP is provided by North Middlesex University Hospital NHS Trust which conducts screening across five London boroughs: Barnet, Camden, Enfield, Haringey and Islington. The source of the information shared in this way is your electronic GP record.	All records held by the Practice and the EMIS Local Record Sharing system are be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (c) - processing for legal obligation; Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation:** Section 251B Health and Social Care Act 2012 Common Law of Duty of Confidentiality	**You have** • To ac perso • requ your • restr infor **Right to o** raise an ob shared wi If you wish please con or the DPO considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
al NHS Services ” including: tient Demographics rvice Referral Service ctronic escription Service 2GP	**Spine** supports the IT infrastructure for health and social care in England, joining together over 23,000 healthcare IT systems in 20,500 organisations. It hosts 5 key services to support the delivery of your care. They enable healthcare professionals, authorised with an NHS smartcard, to view relevant information about you as follows:	All records held by the Practice and the EMIS Local Record Sharing system are be kept for the duration specified in the Records Management Codes of Practice for	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or,	**You have** • To ac perso • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
mmary Care cord	**Patient Demographics Service** – The Personal Demographics Service (PDS) is the national electronic database of NHS patient details such as name, address, date of birth and NHS Number (known as demographic information). It helps healthcare professionals to identify patients and match them to their health records. It also allows them to contact and communicate with patients. **Summary Care Record (SCR**) – is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care. When your personal health records on your GP Record is uploaded to the spine, NHSE becomes the data controller for the uploaded information. The source of the information shared in this way is your electronic GP record. At a minimum, the SCR holds important information about; • current medication • allergies and details of any previous bad reactions to medicines • the name, address, date of birth and NHS number of the patient Additional information, such as details of long-term conditions, significant medical history, or specific communications needs are in the SCR unless you have specifically stated that you do not want these included.. **e-Referral Service** - The NHS e-Referral Service (e-RS) combines electronic booking with a choice of place, date and time for first hospital or clinic appointments. Patients can choose their initial hospital or clinic appointment, book it in the GP surgery at the point of referral, or later at home on the phone or online. **Electronic Prescription Service** - The Electronic Prescription Service (EPS) sends electronic prescriptions from GP surgeries to pharmacies. Eventually EPS will remove the need for most paper prescriptions.	Health and Social Care	the management of health or social care systems and services	**Right to o** to raise ar having a S returning their GP p to explain receive. Note that (LCR) has You canno these serv managem If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	GP2GP - GP2GP allows patients' electronic health records to be transferred directly, securely, and quickly between their old and new practices, when they change GPs. This improves patient care by making full and detailed medical records available to practices, for a new patient's first and later consultations. The source of the information shared in all of the instances above in this way is your electronic GP record.			
ervical Screening gement System) **Cancer Screening n (BCSS)** **Screening Select** **ninal Aortic ysm Screening**	CSMS is a web-enabled viewer which provides the facility for healthcare professionals to share/access patient data in the National Cervical Screening Programme. Similarly for bowel cancer screening (BCSS), breast screening select (BSS), abdominal aortic aneurysm screening (AAA). Collectively they are sometimes known as the National Health Applications and Infrastructure Service (NHAIS) These screening services are all part of the National Screening Services Access to Screening Services is controlled by smartcards. Prior to July 2024, the system used for access was "Open Exeter". The source of the information shared in this way is your electronic GP record.	Data is viewed on screen. If printed, it is destroyed when no longer required (usually within 24 hrs).	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** raise an o shared in If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de

f. Data Processors

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
e	Abtrace provides a proactive monitoring and call / recall system for managing long term conditions. Your personal data is passed to them solely for these purposes and not used further.	Processing is carried out by Abtrace under instruction held as a processing agreement with your GP. All records held in the Abtrace system are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care, or until the end of the contract. Key information is replicated in the GP EMIS system on your patient record.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
x	AccuRx supply a number of systems to practices including text (SMS) messaging and remote consultations. Your personal data is passed to them solely for these purposes and not used further.	Processing is carried out by AccuRx under instruction held as a processing agreement with your GP.	Article 6(1) (e) - public interest or in the exercise of official authority.	**You have** • To ac pers • requ your

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
		Data is not retained in this system once processed, but transferred to the clinical record system.	Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	• restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
n Web Services	Amazon web services are used as a sub-processor by some NHS organisations and suppliers, including EMIS and NHS England (in particular the Transformation Directorate, formerly known as NHS Digital).	Processing is carried out by AWS as a sub-processor to controllers such as and EMIS Health (part of Optum). These organisation are responsible under their contract for the management of the sub-processor. Your GP does not have a direct relationship with AWS.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	Please see

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
l Coding, Medical arisation, sing of new patient recall gement and other istrative services Tech-1 (Sanny)	The practice uses the listed processor(s) as a service for purposes including processing online registrations, coding letters received from others, filing, medical summarisation and letter creation. The source of this data varies – for example, you may input data into a registration system online, or we may receive information from another health and care provider.	All records held in the Practice EMIS system be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future."	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
l Coding, Medical arisation, Referral and Patient Letter n based on AI is of conversation en patient and ioner, or verbal ents by ioner. AI	The practice uses the listed processor(s) as a service for analysing consultations between yourself and practitioners, verbal notes and statements made by the practitioner. The source of this data is recordings of the conversations / statements made. Your practitioner will review the notes created and amend them as needed before adding to your record, providing the needed human intervention.	The recordings are not held once processed. The entries in the patient record are held in the Practice EMIS system be kept for the duration specified in the Records Management Codes	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management	**You have** • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
		of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future."	of health or social care systems and services	**Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wish please cor or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
rotection Officer es **hedra Solutions d**	The practice uses an external data protection officer service, provided by the listed processor. Data is shared with the processor only for the purposes of assisting in managing data protection requests, breaches and complaints.	The DPO does not generally maintain records as they are returned to the practice; however any held are dealt with in line with the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac perso • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
t contacts for call / or routine tests, ularly where area is low. These ers provide onal language and nce services to ts to enable them nd or participate unity Links	The practice uses the listed processor(s) as a service for contacting patients to contacting patients to arrange call / recall for routine tests. Some providers also provide assistance in translation to patients, and helping to attend or participate. The source of this data as a patient is your electronic patient record.	All records held in the Practice EMIS system be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future."	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac perso • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				Right to c the way th have the r raise the i Protection section 6, Informatio contact de
oft Azure and 365 ng Teams, oint, Onedrive	The practice uses Microsoft Office 365 supplied by NHS England for internal information management. As such, it contains a mix of staff and patient personal data. The practice uses Microsoft Office 365 in line with guidance from NHSE. The source of this data as a patient is your electronic patient record. Microsoft are also used as a processor by some NHS organisations and suppliers, including Optum, GP federations, most acute providers and others.	All records held in the Practice EMIS system be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future." Where Microsoft (particularly Azure) is a sub-processor, for example to Optum, your GP does not have a direct relationship and the contracting organisation is responsible under their contract for the management of the sub-processor	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which w If you wish please con or the DPO considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
Health	**EMIS Health**, part of the Optum UK Group are responsible for the provision of a clinical system, software and IT services used by the Practice to securely store and process your medical record. All information about your personal health records are stored in your GP electronic record. This information is then available to practice staff & external bodies as outlined in this document. This data can includes video, audio and photographic evidence from remote consultations.	All records held in the Practice EMIS system be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future."	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protectior section 6, Informati contact de
Therapeutics d (Huma)	Huma provide an app and devices for blood pressure monitoring for use in hypertension care. This is used to improve control of hypertension and hence outcomes. Patients can sign up voluntarily. Huma additionally use anonymous, aggregated data from the app to improve their products and for research. Your identifiable patient data is not used for this purpose.	All records held in the are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management	**You have** • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
			of health or social care systems and services	**Right to o** raise an o shared. If you wis please co or the DP considere **Right to c** the way t have the r raise the i Protectio section 6, Informati are given
ail	The practice uses NHSMail to process and manage email and calendar appointments for staff. As such, it contains a mix of staff and patient personal data. The practice uses NHSMail in line with guidance from NHSE. Rights and policies in respect of staff personal data are held by NHSE (Transformation Directorate, formerly NHS Digital) as the controller and available at the link below NHSMail Transparency Information The source of this data as a patient is your electronic patient record. Note that NHSMail is now provided by Microsoft.	The NHSMail data retention and Information Management policy is available at the link below: NHSMail Data Retention and Information Management Policy	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which If you wis please co

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
03/2026 **Central London ated Care Board** erly North Central n CCG) ***01/04/2026*** **West and North l Integrated Care**	The ICB is responsible for securing, planning, designing and paying for your NHS services, including planned and emergency hospital care, mental health, rehabilitation, community and primary medical care (GP) services, Information Communication Technology (ICT), providing risk stratification and secondary use services. The ICB act as the Data Processor for EMIS Systems Local Record Sharing and, process personal data from your GP record in accordance with instructions from the Practice. Some services provided by the ICB are shared across London and provided to the ICB by other areas. These are detailed in this document. The source of the information shared in this way is your electronic GP record.	All records held in the Practice EMIS system be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future."	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** raise an o shared. If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
West London ated Care Board - **ctice Data tion Services**	The GP Practice Data Extraction Services is shared across London, with South West London performing the service. This enables SWL to, on behalf of the NCL area, extract personal data from GP Practice covering all currently registered patients and those ever registered since April 2009 except where patients have explicitly dissented from their	All records held in the Practice EMIS system be kept for the duration specified in the Records Management Codes	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is	**You have** • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	information being extracted, for the provision of services back to the practice which may include: Risk stratification; linking data to other data sets; financial reporting; business intelligence; statistical analysis and; information to support delivery of patient care. The source of the information shared in this way is your electronic GP record.	of Practice for Health and Social Care	necessary for medical or social care treatment or, the management of health or social care systems and services	**Right to o** raise an o shared, w from bein GP. If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio contact de
n	**OneAdvanced Limited** act as a data processor and provides cloud-based storage software for electronic patient document. This includes letters that we receive, scan and upload to the patient record, as well as letters that we receive in an electronic format. Generally, Docman enables primary health care organisations capture, file, workflow, view and manage primary care documents efficiently. Docman also includes workflow modules which use AI to enhance the coding and management of documents. This, where used, summarises your patient documents, identifies their urgency and describes potential high-level actions. A human review of all outputs is required before data is finalised in your medical record.	All records held in the Practice EMIS system and the Docman vault are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
		destroyed or deleted for the foreseeable future."		care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati contact de
il	**Docmail** from **CFH Docmail Ltd.** enables primary health care organisations send letters, invoices and documents directly from computers and other portable devices. The source of the information shared in this way is your electronic GP record for the purposes of direct administrative patient care.	All records held in the Practice EMIS system and the Docman vault are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future."	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which v If you wis please co or the DP considere **Right to c** the way th have the r

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				raise the i Protection section 6, Informatio contact de
	iPlato is cloud-based text messaging service used by GPs to communicate with their patients. The source of the information shared in this way is your electronic GP record for the purposes of direct administrative patient care.	All personal health records held in the Practice EMIS system and the iPlato system are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK. Electronic patient records must not be destroyed or deleted for the foreseeable future."	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** Article 21, objection data in so right only demonstr for contin data for th care, and to which w If you wish please con or the DPO considere **Right to c** the way th have the r raise the i Protection section 6, Informatio are given
th Intelligence	InHealth (formerly QMS-UK) are commissioned by NHS England to provide secure data processing solutions for two services: **Child Health Information Service** – information relating to children's vaccinations is shared with	All records held in the Practice EMIS system and the QMS database are kept for the duration	Article 6(1) (e) - public interest or in the exercise of official authority.	**You have** • To ac pers • requ your

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	North East London Foundation Trust who run one of 4 Child Health Information Services across London. Additionally, they are an approved NHS provider for services such as diabetic retinopathy screening, ultrasound scans and other tests. Generally for these purposes they are a separate data controller.	specified in the Records Management Codes of Practice for Health and Social Care "GP records should be retained until 10 years after the patient's death or after the patient has permanently left the country, unless they remain in the UK.	Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	• restr infor **Right to o** raise an o shared in If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati are given
Ltd Universal Care ormerly "Urgent lan")	Better Ltd are commissioned by South West London on behalf of all parts of London to provide secure data processing solutions for: **Universal Care Plans** – The NHS aims to provide personalised care based on what matters to you. Care planning enables your wishes and individual care and support needs to be communicated digitally with your healthcare professionals across London. • A care plan can be created following a conversation between you and your healthcare professional (such as a doctor or nurse). Your healthcare professional will listen to you, understand your needs and make notes about: • What is important to you in your day-to-day life • Your preferences or wishes about your care, such as where you prefer to be cared for • What support you need and who is best placed to provide this	All records held in the are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care Since the Universal Care Plan is created voluntarily by patients, patients can withdraw it at any time, in which case it will be deleted.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac perso • requ your • restr infor **Right to o** raise an o shared. If you wis please co or the DP considere

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	• Information about others who may be involved in your care, such as relatives • Based on your conversation, your healthcare professional can document this information using a digital system. Your care plan can be continuously updated throughout your life, depending on your needs and wishes. For details, see https://ucp.onelondon.online/patients/ Your healthcare professional will document a clinical recommendation, should you need emergency care. Information on your care plan is visible to all health and care services who are involved in your care. This may include the London Ambulance Service, 111 and Out of Hours GP services who may see you in an emergency.			**Right to c** the way th have the r raise the i Protection section 6, Informatio are given
ines Management escribing isation **n Scriptswitch**	ScriptSwitch prompts prescribers with potentially better choices for medication when they are prescribing, based on NICE guidance and guidance from the NCL Medicines Management Team. No identifiable personal data is shared or processed outside of the prescriber's computer, the app processes your data locally as an add-on to the EMIS system. Your prescriber is free to accept or reject its suggestions based on their professional judgement. The app records anonymised data on the prescribing which is then provided as an aggregate (totals only) to the NCL Medicines Management Team for review.	Scriptswitch does not create any identifiable records. Please refer to the entry for EMIS for details of your medical record.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**See Entry**
nnect nown as "Direct pplication mming Interfaces s)	GP Connect allows authorised clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently. It is run and managed by NHS England It provides full record sharing to other partners in health and care and is used for a many of the linkages noted elsewhere in this notice. From 1 Oct 2025, it also allows providers to update GP records. For more details, please visit: https://digital.nhs.uk/services/gp-connect/gp-connect-in-your-organisation/transparency-notice	All records held in the Practice EMIS system are kept for the duration specified in the Records Management Codes of Practice for Health and Social Care GP records should be retained until 10 years after the patient's death or	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac perso • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
		after the patient has permanently left the country, unless they remain in the UK.		**Right to o** raise an o shared. If you wis please co or the DP considere **Right to c** the way t have the r raise the i Protectio section 6, Informati are given
HealthEIntent and s (covered above)	The Practice performs computerised searches of some or all of our records to identify individuals who may be at increased risk of certain conditions or diagnoses i.e. Diabetes, heart disease, risk of falling). Your records may be amongst those searched. This is often called "risk stratification" or "case finding". These searches are sometimes carried out by Data Processors who link our records to other records that they access, such as hospital attendance records. 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. Risk stratification can be grouped into two purposes namely: **Direct Care** – 'Case Finding' where carried out by a health professional (e.g. GPs and Provider) involved in an individual's care or by a data processor acting under contract with such a provider, it is treated as direct care. **Indirect Care** - understand the local population needs and plan for future requirement. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services **Related Legislation**: Section 251 NHS Act 2006	**You have** • To a pers • requ your • restr infor **Right to o** raise an o shared for If you wis please co or the DP considere **Right to c** the way t have the r raise the i Protectio section 6, Informati are given

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
	To enable healthcare professionals working for the Practice to provide information, derived from GP records, about individuals to accredited research organisations. This covers research situations where the data controller (the Practice) is approached by research organisations, directly, to recruit patients for studies. Any research proposal will only be agreed with a clearly defined protocol, consent mechanisms, and relevant research ethics committee approval, and in line with the principles of Article 89(1) of the UK GDPR. Research organisations do not approach patients directly, rather the Practice will invite appropriate patients directly seeking their wish to take part. Systems noted here provide us with potential patients who may fit study criteria, so we can invite them to participate. If you have chosen to exercise your right to opt out of research via the National Data Opt-Out, you will be excluded from these cohorts. This Privacy Notice does not cover situations where the Practice has been approached by an organisation seeking special category personal data to be disclosed in the absence of consent, i.e. via **Related Legislation**: Section 251 NHS Act 2006 / Health Research Authority (HRA) approval. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (j) - for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on domestic law In some cases of identifiable research, consent is also required: Article 6 1(a) – consent of the data subject Article 9 2(a) – informed consent **Related Legislation**: Section 251 NHS Act 2006	**If public t** **You have** • To ac pers • requ your • restr infor **Right to o** raise an o shared for If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protectio section 6, Informati are given **If consent** **You have** • To w proc right • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				Right to o Article 21, objection data – as t immediat removed t been shar If you wis please co or the DP considere
lountain	To provides solutions for records management, data backup and recovery, document management, secure storage, and accredited data destruction. The source of the information shared in this way is your electronic GP record.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (j) - for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on domestic law	**You have** • To ac pers • requ your • restr infor **Right to o** raise an o shared for If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati are given

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
up	TC Group offer a wide range of business assurance services, from internal audit, counter fraud and forensic investigations, risk management and governance.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6(1) (e) - public interest or in the exercise of official authority.	**You have** • To ac pers • requ your • restr infor **Right to o** raise an o shared for If you wis please co or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informati are given
oc Ltd	The Payroll supplier, Payedoc Ltd provides practices with a software solution to enable the management and payment for employment of staff, contractors and others, including management of tax payments, pension payments, expenses and deductions. All processing is carried out in accordance with UK law relating to employment and taxation. The Practice ensures that personal data it collects from employees are used only for employment related purposes or where there is a statutory obligation to share the personal information with to regulatory bodies (e.g. courts, police or NHS England).	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6 1(e) (public interest or in the exercise of official authority). 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	**Employee** • To ac pers Pract • requ their • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				Right to o right to ra personal d If an empl rights they controller be careful **Right to c** the way th have the r raise the i Protection section 6, Informatio are given
Health	X-on Health provides practices with a software solution to enable the delivery and recording of telephone calls/video calls for the purposes of care delivery. The Practice ensures that personal data it collects in this way is only used for the purposes of delivery of service, fact checking and quality assurance.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6 1(e) (public interest or in the exercise of official authority). 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 Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**Persons in have the r** • To ac pers Pract • requ their • restr infor **Right to o** raise an ob data. If a user w can conta the DPO a considere **Right to c** the way th have the r raise the i Protection section 6,

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				Informatio are given
t Link	Patient Link provides practices with a software solution to provide a website, including online patient interactions the purposes of care delivery. The Practice ensures that personal data it collects in this way is only used for the purposes of delivery of service, fact checking and quality assurance.	All records held by the Practice will be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care.	Article 6 1(e) (public interest or in the exercise of official authority). 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 Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**Persons u have the** • To ac pers Pract • requ their • restr infor **Right to o** raise an o data. If you wis contact th DPO and considere **Right to c** the way th have the raise the i Protection section 6, Informatio are given
tant Connect	Consultant Connect provides a national network of consultants for GPs to access in order to assist with your direct care. Telephone advice and guidance, photo-messaging advice and guidance are the key services provided.	All records held by the Practice and the Consultant Connect Sharing system are be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social	**You have** • To ac pers • requ your • restr infor

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
			care systems and services	**Right to o** to raise ar having an opt-out fo we will fir affect the If you wis please cor or the DP considere **Right to c** the way th have the r raise the i Protection section 6, Informatio are given
	We use the <Delete as needed | iGPR system provided by Niche Health system provided by Medidata Exchange > for the purposes of providing you with medical reports and subject access request responses that are correctly managed in respect of the rights of others. These providers work as a processor on our behalf. They do not retain or use your medical records for any purpose other than fulfilling your requests.	All records held by the Practice and the Sharing system are be kept for the duration specified in the Records Management Codes of Practice for Health and Social Care	Article 6(1) (e) - public interest or in the exercise of official authority. Article 9 (2) (h) - processing is necessary for medical or social care treatment or, the management of health or social care systems and services	**You have** • To ac pers • requ your • restr infor **Right to o** to raise ar having an opt-out fo we will fir affect the If you wis please cor or the DP considere

n/Recipients/ ories of Recipients	Purpose of the processing	Data Retention Period	Lawful basis (UK GDPR)	
				Right to c the way th have the r raise the i Protection section 6, Informatio are given Tel: 0303 Website:

8. The Information Commissioner

The office of the Information Commissioner (ICO) is the regulator for personal data use in the UK. You can contact them with complaints or concerns regarding our use of your personal data, but please note the ICO requests that you attempt to resolve issues with us first.

The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire

Tel: 0303 123 1113 or 01625 545 745
Website: https://ico.org.uk

9. What is EMIS Systems Local Record Sharing?

Your GP medical record is held on our secure clinical system called EMIS Web. This clinical system allows for local record sharing with other healthcare providers who are commissioned in your area to provide care (e.g. acute hospitals, mental and community health). Through this record sharing, clinicians are able to see clinical information entered by other organisations who are party to the EMIS local record sharing agreement.

This local sharing is used to provide direct patient care for services such as continued extended access, home visits, universal offers, musculoskeletal service, GP at front door and other neighbourhood services across North Central London in line the local care delivery strategy.

It also enables specific GPs identify their patients with highly complex, multiple morbidity and/or frailty, who might benefit from targeted multi-disciplinary team support as part of case management and care planning (the "Case Finding Purpose").

How will my information be made available?

The information is accessed in real time and on-demand, meaning that data from your GP record is neither extracted, nor uploaded, nor sent anywhere. The data remains within your GP EMIS database and users are allowed read-view access only. If you have any concerns regarding EMIS local record sharing you can opt out by speaking to your GP Surgery.

10. What do we use anonymised data for?

We use anonymised data to plan health care services. Specifically we use it to:

- check the quality and efficiency of the health services we provide;
- plan for future service delivery to take into account local needs and priorities;
- prepare performance reports on the services we provide and,
- review the healthcare we provide in order they are of the highest standard.

11. Details of data linkage with other datasets

Data may be de-identified and linked so that it can be used to improve health care and development and monitor NHS performance. Where data is used for these statistical purposes, stringent measures are taken to ensure individual patients cannot be identified.

When analysing current health services and proposals for developing future services it is sometimes necessary to link separate individual datasets to be able to produce a comprehensive evaluation. This may involve linking primary care GP data with other data such as secondary uses service (SUS) data (inpatient, outpatient and A&E). In some cases there may also be a need to link local datasets which could include a range of acute-based services such as radiology, physiotherapy, audiology etc, as well as mental health and community-based services such as Improving Access to Psychological Therapies (IAPT), community nursing, podiatry etc. When carrying out this analysis, the linkage of these datasets is always done using a unique identifier that does not reveal a person's identity.

The organisation responsible for processing de-identified and linked data under this category, on behalf of the Practice is North Central London Integrated Care Board We ensure that the data processor is legally and contractually bound to operate and prove security arrangements are in place where data that could or does identify a person are processed.

12. What safeguards are in place to ensure data that identifies me is secure?

We only use information that may identify you in accordance with the data protection legislation. This requires us to process personal data only if there is a lawful basis for doing so and that any processing must be fair and lawful.

We also ensure the information we hold is kept in secure locations, restrict access to information to authorised personnel only, protect personal and confidential information held on equipment such as laptops with encryption (which masks data so that unauthorised users cannot see or make sense of it).

Our appropriate technical and security measures include:

- The ability to ensure ongoing confidentiality, integrity, availability and resilience of our systems;
- the ability to quickly restore availability and access to personal information in the event of a physical or technical incident; and
- a process regularly testing, assessing and evaluating the effectiveness of security measures, and ensure they comply with the concept of privacy by design and default.

The NHS Digital Code of Practice on Confidential Information applies to all of our staff, and they are required to protect your information, inform you of how your information will be used, and allow you to decide if and how your information can be shared. All Practice staff are trained to ensure information is kept confidential.

We are registered with the Information Commissioner's Office (ICO) as a data controller and collects data for a variety of purposes. A copy of the registration is available through the **ICO website**. You can search by our Practice name or ICO Data Protection Register number, both of which are given at section 6 above (contact details).

13. What are your rights?

Where information from which you can be identified is held, you have the:

- Right of access to view or request copies of the records
- Right to rectification of inaccurate personal data or special categories of personal data
- Right to restriction of the processing of your data where accuracy of the data is contested, processing is unlawful or where we no longer need the data for the purposes of the processing
- Right to object to any automated individual decision-making
- Right to data portability by requesting the data which you provided to us (not data generated by us) in a structured, commonly used machine readable format. Your right to portability applies only where:
  - data is processed by automated means, and
  - you provided consent to the processing or,
  - the processing is necessary for the fulfilment of a contract

These rights will only apply where we cannot demonstrate compelling legitimate grounds for continued processing of your personal data for the purposes of direct provision of care, and compliance with a legal obligation to which we are subject.

Your right to erasure (right to be forgotten) will only apply where you had given 'consent' to process your personal health data and later withdrew the consent, **and does not apply to the extent** where the processing of your personal health data is necessary for:

- Compliance with a legal obligation which we are subject to, under the UK law or, for the performance of a task carried out in the public interest or, in the exercise of official authority vested on us;
- medical purposes and/or for reasons of public interest in the area of public health; archiving purposes in the public interest, scientific or historical research purposes or statistical purposes;
  the establishment, exercise or defence of legal claims

You can exercise your rights at any time by contacting the Practice (data controller) or the Data Protection Officer (DPO) at the contact addresses given, although we will first need to explain how this may affect the care you receive and any overriding legitimate grounds for the processing that may apply.

14. Gaining access to the data we hold about you

You have the right to see or have a copy of personal data we hold that can identify you. You do not need to give a reason to see your data. However, some information may be withheld under some exceptional circumstances.

If you want to access your personal information you must do so in by contacting the practice at the address given or by contacting our DPO at the address given. Note that as the DPO does not have

access to personal data, the DPO will forward requests to the practice, however it is a legal right for you to use this route should you choose.

15. What is the right to know?

The Freedom of Information Act 2000 (FOIA) gives people a general right of access to information held by or on behalf of public authorities, promoting a culture of openness and accountability across the public sector.

What sort of information can I request?

In theory, you can request any information that the Practice holds that does not fall under an exemption under the FOI Act. You may not ask for information that is covered by the Data Protection Regulations under FOIA i.e. personal data. However, you can request this under a Subject Access Request – see section above 'Gaining access to the data we hold about you'.

How do I make a request for information?

Your request must be in writing and can be either posted or emailed to:

Email: penninedrive@nhs.net

Post: Pennine Drive Surgery, 8 Pennine Drive, London NW2 1PA

16. How the NHS and care services use your information

Whenever you use a health or care service, such as attending Accident & Emergency or using Community Care services, important information about you is collected in a patient record for that service. Collecting this information helps 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. All these uses help to provide better health and care for you, your family and future generations. 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. To find out more or to register your choice to opt out, please visit www.nhs.uk/your-nhs-data-matters. On this web page you will:

- See what is meant by confidential patient information
- Find examples of when confidential patient information is used for individual care and examples of when it is used for purposes beyond individual care
- Find out more about the benefits of sharing data

- Understand more about who uses the data
- Find out how your data is protected
- Be able to access the system to view, set or change your opt-out setting
- Find the contact telephone number if you want to know any more or to set/change your opt-out by phone
- See the situations where the opt-out will not apply

You can also find out more about how patient information is used at: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/templates/template-wording-for-generic-information-document/ (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)

You can change your mind about your choice at any time.

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 organisation is compliant with the national data opt-out policy. There are other objections to processing – opt-outs – available to you. Please see the next pages for a summary of these.

17. Rights to object ("opt-outs")

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
National Data Opt-Out for Confidential Patient Data for Research and Planning	**Not direct care**, it is research and planning. By opting out you restrict your confidential patient data from this use It is available to **researchers/planners anywhere** who have demonstrated a research and planning need for identifiable data and been through the approval process which includes data protection and ethics reviews. This differs from the Type 1 opt-out (see below) in that it applies to all your data. Note that NHS Digital (now the NHS England Transformation Directorate) have stated that the GP Data for Research and Planning is only restricted by the Type 1 opt-out. NHS Digital have stated that the National Data Opt-Out does not apply to confidential data used within the NHS.	**For you** If critical issues are discovered via research that could have identified you as someone at risk, you will not be included and hence not informed early. **For care in my area** No impact **For the NHS** The NHS will be less able to plan. Research may be affected by not having information.	There is a detailed information page at https://www.nhs.uk/your-nhs-data-matters/ You can opt in or out via the page above. If you wish to exercise your choice by post, a form is available at the Surgery. Note that if you opt out, data that does not identify you can still be used, e.g. number of patients in an area. [EMIS Codes are not used as the data is held centrally]

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
London Care Record	**Yes, direct care only.** All uses are direct care and restricted to the London area. It is available to **health and care practitioners** involved in your direct care i**n the London area**. Because it is direct care only, we will **never sell** your personal information	**For you** People providing care to you may not have the latest information. You will probably have to answer repeated questions, and there is a risk of harm to you because local information (e.g. at a hospital) may be out of date. You may be at risk if treated in an emergency situation and are unable to provide information. **For care in my area** We will be less able to join up your services and it will make it more difficult, and expensive, to provide some care to you. Where health and care initiatives are taking place outside your GP, you may not be included as your record will not be visible. **For the NHS** The extra cost may impact the wider NHS.	There is a detailed information page at https://nclhealthandcare.org.uk/digital/digital-information-for-patients/the-london-care-record/ Your GP surgery also has copies of the information in multiple languages. The form to exercise your choice is provided as part of the detailed information. Note that if you opt out data that does not identify you can still be used, e.g. number of patients in an area. [EMIS Codes are not used as the data is held centrally]

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
London Secure Data Environment **Integrated Care System / Secondary Data Use**	**Not direct care;** this is use for planning of services, review of deliveries and other purposes involving population health. Researchers can have access to data with research ethics authorisation.	**For you** You won't be represented in statistics and planning. This is unlikely to impact you individually, but if enough people with similar needs to yours opt-out, services may not represent your needs. **For care in my area** We will be less able plan services in a way that meets all the needs in the area. **For the NHS** The extra cost may impact the wider NHS.	There is a detailed information page and opt-out form at https://nclhealthandcare.org.uk/digital/digital-information-for-patients/the-london-care-record/ https://nclhealthandcare.org.uk/opting-out-of-the-joined-up-health-and-care-record/

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
Summary Care Record **(National Shared Care Record - SCR)**	**Yes, direct care only.** All uses are direct care. You will be asked for consent before the record is accessed, if this is possible. It is available to **health and care practitioners** involved in your direct care **anywhere in England** where you are treated. Because it is direct care only, we will **never sell** your personal information	**For you** People providing care to you away from the London area will have little information about you. You will probably have to answer repeated questions. You may be at risk if treated in an emergency situation and are unable to provide information. You can choose to have no summary record, a basic summary record containing data for your safety and a more detailed record including additional clinical data. **For care in my area** This record is not generally used locally as the HIE record is used. Note that GP Connect record sharing is also affected by expressing dissent for the SCR. **For the NHS** It affects the ability of health and care practitioners to treat you safely.	Full details of the Shared Care Record (SCR) are available at https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients Your GP surgery will also have a national leaflet available explaining the Shared Care Record. The national leaflet is available to download from the page above, or available at your GP and contains details of how to exercise your options. Note that during the pandemic, NHSE updated to include additional SCR for all persons who had not expressly dissented – see the page above. [EMIS Codes: 9Ndm – Express consent for core SCR 9Ndn –Express consent for core and additional SCR 9Ndo – Express dissent for SCR (blank summary would be uploaded to the Spine)]

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
GP Connect Record Sharing	**Yes, direct care only.** All uses are direct care. You will be asked for consent before the record is accessed, if this is possible. It is available to **health and care practitioners** involved in your direct care **anywhere in England** where you are treated. Because it is direct care only, we will **never sell** your personal information	**For you** People providing care to you away from the London area will have little information about you. You will probably have to answer repeated questions. You may be at risk if treated in an emergency situation and are unable to provide information. You can choose to have no summary record, a basic summary record containing data for your safety and a more detailed record including additional clinical data. **For care in my area** Opting out may mean that practitioners cannot see your data; it will also mean they cannot update your GP record with information. Note that to opt-out of GP connect record sharing you also have to opt-out of the Summary Care Record **For the NHS** It affects the ability of health and care practitioners to treat you safely.	Full details of GP Connect are available at https://digital.nhs.uk/services/gp-connect/gp-connect-in-your-organisation/transparency-notice No specific opt-out codes have been made available at this time. However, the NHS England DPIA notes that if detailed summary care record sharing is dissented, this will also dissent GP Connect record sharing.

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
Type 1 Opt-Out (GP Record sharing for Research and Planning)	**Not direct care**, it is research and planning. By opting out you restrict your confidential GP patient data from this use. It is available to **researchers/planners anywhere** who have demonstrated a research and planning need for identifiable data and been through the approval process which includes data protection and ethics reviews. Your GP will **never sell** your personal information. This differs from the National Data Opt-Out in that it applies to your GP data only. The National Data Opt-Out also opts out other providers. Note that NHS Digital (now the NHS England Transformation Directorate) have stated that the GP Data for Research and Planning is only restricted by this opt-out.	**For you** If critical issues are discovered via research that could have identified you as someone at risk, you will not be included and hence not informed early. **For care in my area** No impact **For the NHS** The NHS will be less able to plan. Research may be affected by not having information. This opt-out is respected by OpenSAFELY and other national extracts where the purposes fall within the opt-out.	There is a detailed information page at https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/care-information-choices [EMIS Codes: 9Nu0 Type 1 Opt-out 9Nu1 Type 1 opt back in.]

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
No GP electronic care record sharing	**Yes and no.** This covers ALL electronic sharing so no data will be shared outside of your GP No record is available outside your GP Because there is no electronic record there is nothing to sell	**For you** Every interaction outside of your GP will require a letter to be sent to share data. This can put you at risk as information will be incomplete. This option includes the type 1 opt-out, so those issues also apply. **For care in my area** Cost, difficulty and patient risk of care is increased as practitioners do not have access to your information. This option includes the type 1 opt-out, so those issues also apply. **For the NHS** Increased cost and complexity of care. This option includes the type 1 option so those issues also apply.	Speak directly to your GP; because of the clinical risk it is recommended that you discuss first. [EMIS code: 9Nd1 No consent for electronic record sharing 9Nd7 Consent for electronic sharing. Note that these codes are being changed as consent is not the correct legal basis]

Objection Name ("opt-out")	Is it direct care use only? Who can see it? Is my personal data sold?	What does it mean if I opt out?	How do I get more information? How do I opt in / opt out?
Other provider opt-outs (e.g. Mental Health Trusts)	**Yes – direct care.** This covers ALL electronic sharing at the provider (e.g. if you had received treatment at the hospital it would not be shared electronically back to your GP or other providers). No record is available outside the provider where you received treatment. Sharing of data to ensure treatment will be by letter/email. Because there is no electronic record there is nothing to sell	**For you** Every interaction outside of your provider will not have the information from that provider; this may create risks for you as your treatment may be incorrect. For referrals, a letter/email will provide the data. This can put you at risk as information will be incomplete. **For care in my area** Cost, difficulty and patient risk of care is increased as practitioners do not have access to your information. **For the NHS** Increased cost and complexity of care.	Speak to the individual provider. They will provide opt-out information and how to exercise it. [Coding varies depending on the care system used]

Summary of Objection ("opt-out") Information

Objection to use ("Opt-Out")	Purposes affected			Identifiable Data Restricted		
	Direct Care London	Direct Care England	Research and Planning	GP Data?	Other NHS Data?	Other Care Data?
National Data Opt-Out for Confidential Patient Data for Research and Planning			✓	✓	✓	✓
London Care Record (Formerly HIE/HEI)	✓			✓	✓	✓
North Central London Integrated Care System Secondary Data Use (NCL ICS) / London Secure Data Environment			✓	✓	✓	✓
Summary Care Record (National Shared Care Record - SCR) [Shared opt-out with GP Connect]	(✓)	✓		✓	✓	
GP Connect (National Access and Updating to your GP record) [Shared opt-out with SCR]	(✓)	✓		✓		
Type 1 Opt-Out (GP Record sharing for Research and Planning)			✓	✓		
No GP electronic care record sharing	✓	✓	✓	✓		
Other provider opt-outs (e.g. Mental Health trusts)	✓	✓	✓		✓	✓

✓ - available
- not available
(✓) – available, but many services are more likely to use London Care Record

18. Glossary of Terms

Aggregated data - anonymised data grouped together so that it doesn't identify individuals. For example, there are 117,000 people with COPD living in the London area. Aggregated data is used for many public health planning purposes.

Anonymised data - data about individuals but with identifying details removed. For example, name, address, postcode replaced with the first half of the postcode, date of birth replaced with just year and month of birth.

Common Law of Duty of Confidentiality - is not written out in one document like the UK GDPR or an Act of Parliament. Common Law is also referred to as 'judge-made' or case law. In practice, this means that all patient/client 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/client. However, where the disclosure/sharing of the patient/client information is for the purpose of Direct Care consent to such disclosure/sharing may be implied where it is informed, given there is a legitimate relationship between the patient/client and the health professional.

Data Protection Legislation - means any laws or regulations applying to personal data in the UK.

Direct Care – recommended[1] usage is now to say "individual care", but this term has been used historically in the NHS and is not obsolete. Defined in the 2nd Caldicott Report[2] as *A clinical, social or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals. It includes supporting individuals' ability to function and improve their participation in life and society. It includes the assurance of safe and high-quality care and treatment through local audit, the management of untoward or adverse incidents, person satisfaction including measurement of outcomes undertaken by one or more registered and regulated health or social care professionals and their team with whom the individual has a legitimate relationship for their care.*

EMIS – an EPR used in all GPs in North Central London. Formerly stood for *Egton Medical Information Systems,* but like BP it no longer has any associated name! It's currently owned by Optum Healthcare. Medicus, TPP, SystmOne and Vision are other EPRs for primary care.

EPR - electronic patient record system; these are the primary systems which provide access to patient

Personal Data - means any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

[1] https://understandingpatientdata.org.uk/what-are-best-words-use-when-talking-about-data

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Pseudonymised data – data about individuals but with identifying details (such as name or NHS number) replaced with a unique code. The unique code is restricted to internal NHS use and separated from the rest of the data so cannot easily be used to re-identify individuals.

Special Categories of Personal Data – Sometimes called “sensitive personal data”. Data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation shall be prohibited.