**The following table builds upon the information in our Fair Processing notice and is published to ensure transparency. This list is not exhaustive. Where the offering of a service to a patient will inform them about the sharing of their data, e.g. support from smoking cessation services, it is not necessarily included here. This list does not set out uses of anonymous data where identity has been completely removed (such as anonymised data to the Department for Work and Pensions on provision of ‘fit notes’).**

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| **Organisation/Activity** | **Rationale** |
| Care Quality Commission | **Purpose** – The CQC is the regulator for the English Health and Social Care services to ensure that safe care is provided. They will inspect and produce reports back to the GP practice on a regular basis. The Law allows the CQC to access identifiable data but only where it is needed to conduct their services.  More detail on how they ensure compliance with data protection law (including GDPR) and their privacy statement is [available on CQC website](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbXNpZD0mYXVpZD0mbWFpbGluZ2lkPTIwMTgxMjIxLjk5Mzg4MDcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE4MTIyMS45OTM4ODA3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MzQ2MzQxJmVtYWlsaWQ9aWFpbi5yZWRtaWxsQG5ocy5uZXQmdXNlcmlkPWlhaW4ucmVkbWlsbEBuaHMubmV0JnRhcmdldGlkPSZmbD0mbXZpZD0mZXh0cmE9JiYm&&&107&&&https://www.cqc.org.uk/about-us/our-policies/privacy-statement)**:** <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>  **Legal basis for processing**  The legal basis will be:  Article 6(1)(c) "processing is necessary for compliance with a legal obligation to which the controller is subject."  and:  Article 9(2)(h) "processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;"  **Controller data is disclosed to** – Care Quality Commission  **Purpose of the processing**  To provide the Secretary of State and others with information and reports on the status, activity and performance of the NHS. To provide specific reporting functions on identified quality standards.  Recipient or categories of recipients of the processed data  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.  **Rights to object**  You have the right to object to some or all of the information being shared with NHS Digital. If you wish to do so please contact the practice.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.  **Retention period**  The data will be retained for active use during the processing and thereafter according to NHS Policies and the law.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| Child Health Information Service | **Purpose** - We wish to make sure that your child has the opportunity to have immunisations and health checks when they are due. We share information about childhood immunisations, the 6-8 week new baby check and breast-feeding status with health visitors and school nurses.  **Legal Basis** – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’  **Controller to which data is disclosed:** Health Intelligence Ltd |
| Clinical Audit | **Purpose –** Information will be used by the CCG for clinical audit to monitor the quality of the service provided to patients with long term conditions. When required, information will be held centrally and used for statistical purposes (e.g. the National Diabetes Audit). When this happens, strict measures are taken to ensure that individual patients cannot be identified from the data.  **Legal Basis**  Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘management of health and care services’.  **Controller –** Somerset Clinical Commissioning Group |
| **Direct Care Emergencies** | **Purpose** - Doctors have a professional responsibility to share data in emergencies to protect their patients or other persons. Often in emergency situations the patient is unable to provide consent.  There are occasions when intervention is necessary in order to save or protect a patient’s life or to prevent them from serious immediate harm, for instance during a collapse or diabetic coma or serious injury or accident. In many of these circumstances the patient may be unconscious or too ill to communicate. In these circumstances we have an overriding duty to try to protect and treat the patient. If necessary we will share your information and possibly sensitive confidential information with other emergency healthcare services, the police or fire and rescue service, so that you can receive the best treatment.  The law acknowledges this and provides supporting legal justifications.  Individuals have the right to make pre-determined decisions about the type and extend of care they will receive should they fall ill in the future, these are known as “Advance Directives”.  If lodged in your records these will normally be honoured despite the observations in the first paragraph.  **Legal basis for processing**  The legal basis will be:  Article 6(1)(d) "processing is necessary to protect the vital interests of the data subject or of another natural person"  and:  Article 9(2)(c) "processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent"  Or alternatively:  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The data will be shared with Healthcare professionals and other workers in emergency and out of hours services and at local hospitals, diagnostic and treatment centres. This includes the Air Ambulance, South West Ambulance Service, Somerset Fire & Rescue Service, Somerset Police, Out of Hours Service (Devon Doctors), Accident & Emergency and Minor Injuries Units.  **Rights to object**  You have the right to object to some or all of the information being shared with the recipients. If you wish to do so please contact the practice.  You also have the right to have an "Advance Directive" placed in your records and brought to the attention of relevant healthcare workers or staff.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law. If we share or process your data in an emergency when you have not been able to consent, we will notify you at the earliest opportunity.  **Retention period**  The data will be retained in line with the law and national guidance.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Direct Care** | **What data do we collect and receive about you?**  Records are stored electronically and on paper and include personal details about you such as your address, carers, legal representatives, emergency contact details, as well as:  Any appointments, visits, emergency appointments  Notes and reports about your health  Details about your diagnosis, treatment and care  Details about any medication you are taking  Results of investigations such as laboratory tests, x-rays  Relevant information from health and care professionals, relatives or carers  We also receive information from other organisations that are caring for you that we hold in your record. This will include letters and test results.  When registering for NHS care, all patients who receive NHS care are registered on a national database, the database is held by NHS Digital, a national organisation which has legal responsibilities to collect NHS data.  GPs have always delegated tasks and responsibilities to others that work with them in their surgeries, on average an NHS GP has between 1,500 to 2,500 patients for whom he or she is accountable. It is not possible for the GP to provide hands on personal care for each and every one of those patients in those circumstances, for this reason GPs share your care with others, mainly within the surgery but occasionally with outside organisations.  If your health needs require care from others elsewhere outside this practice we will exchange with them whatever information about you that is necessary for them to provide that care. When you make contact with healthcare providers outside the practice but within the NHS it is usual for them to send us information relating to that encounter. We will retain part or all of those reports. Normally we will receive equivalent reports of contacts you have with non NHS services but this is not always the case.  Your consent to this sharing of data, within the practice and with those others outside the practice is assumed and is allowed by the Law.  People who have access to your information will only normally have access to that which they need to fulfil their roles.  You have the right to object to our sharing your data in these circumstances but we have an overriding responsibility to do what is in your best interests.  We may offer you a consultation via telephone or video conferencing. By accepting the invitation and entering the consultation you are consenting to this. Your personal/ confidential patient information will be safeguarded in the same way it would with any other consultation and any risks explained to you before the consultation begins.  **Purpose of the processing**  Direct Care is care delivered to the individual alone, most of which is provided in the practice. After a patient agrees to a referral for direct care elsewhere, such as a referral to a specialist in a hospital, necessary and relevant information about the patient, their circumstances and their problem will need to be shared with the 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.  **Lawful basis for processing**  The legal basis will be:  Article 6(1)(e) "…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…"  and:  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The data will be shared with Health and care professionals and support staff in this practice and at hospitals, diagnostic and treatment centres who contribute to your personal care. This includes NHS 111, District Nurses, Health Visitors, Dieticians, Midwives, Paramedics, Pharmacies, Somerset ICB, Diabetic Retinopathy Screening Service, DESMOND, Home Oxygen service, Integrated care team, Somerset Integrated Digital Electronic Record (SIDeR), Your Health & Wellbeing Mendip, Open Exeter, Somerset Digital Diabetes Prevention, Health Connections Mendip, NHS Trusts, Frome Community Hospital, Royal United Hospital, Shepton Mallet Treatment Centre, Circle Bath, Bath Clinic, Royal National Hospital for Rheumatic Diseases, EMIS Health, CQRS, Somerset County Council, AccuRx, Child Health Information Services (CHIS), Social Services, Citizens Advice Bureau, Apollo Medical (Eclipse), University of Bath, Dorothy House Hospice, Rowan House Care Home, BOC Healthcare, Interface Clinical Services, Pinnacle, NHS South Central & West CSU, Surgery Connect, Thrive Tribe, Cinapsis, Medical Examiners Office and Amazon Web Services and other third sector organisations supporting your direct care.  **Rights to object**  You have the right to object to some or all the information being processed under Article 21. If you wish to do so please contact the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.  **Retention period**  The data will be retained in line with the law and national guidance. See [Records management code of practice for health and social care](https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care)  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Driver & Vehicle Licensing Agency (DVLA)** | **Purpose of the processing**  Applicants & license holders have a legal duty to notify the DVLA of any injury or illness that would have a likely impact on driving ability.  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.  **Legal basis for processing**  The legal basis will be:  Article 6(1)(d) "processing is necessary to protect the vital interests of the data subject or of another natural person"  and:  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The Driver & Vehicle Licensing Agency (DVLA).  **Rights to object**  Not applicable.  **Right to access and correct**  Not applicable.  **Retention period**  Data retained in line with DVLA policies on storing identifiable data  **Right to complain**  You have the right to [**complain to the Information Commissioner's Office**](https://ico.org.uk/global/contact-us/) |
| **Email Messages** | At any time you can ask us to remove your email address from your GP record. We will honour any such objection.  All email messages are for direct medical care purposes only, which may include repeat prescription requests, sending appointment reminders or cancellations or to send information about our services.  **Purpose of the processing**  To enable staff at Mendip Country Practice to communicate with patients via email. This is for direct care purposes.  **Legal basis for processing**  The following Article 6 and 9 conditions apply:  Article 6(1)(e) "…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…"  and:  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The data subject (you).  **Rights to object**  Article 6(1)(e) gives the data subject the right to object. If you wish to do so please contact the practice.  **Right to access and correct**  You have the right to access any identifiable data that is being shared and have any inaccuracies corrected.  **Retention period**  Not applicable.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Employees** | As employers we need to keep certain information so that we can remain your employer and manage payments. This is a combination of personal and financial information. We are required by law to hold certain types of data on those we employ under the Health and Social Care Act and this data is examined during CQC inspection visits. For more information about the CQC see: <http://www.cqc.org.uk/>  The type of information we keep incorporates, but is not limited to:  Personal details, including Name, address, contact details  Recruitment and employment checks  Financial (bank and salary)  Trade union membership  Personal Demographics  Relevant medical information  Professional registration  Employee relations (disciplinary, grievances, complaints, etc)  Criminal Record Checks (dependent on employee position)  We are also required by HMRC and various taxation laws, such as "The Income Tax (Pay As You Earn) Regulations 2003" to keep financial records. Employee health data may also be shared with Occupational Health.  **Purpose of the processing**  To comply with the Health and Social Care Act and taxation law.  **Legal basis for processing**  The legal basis will be  Article 6(1)(c) "…necessary for compliance with a legal obligation to which the controller is subject."  and;  Article 6(1)(b) "necessary for a contract with the individual, or because they have asked to take specific steps before entering into a contract."  and;  Article 9(2)(b) "...processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject;"  and;  Article 9(2)(h) "…necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;"  **Recipient or categories of recipients of the processed data**  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. Financial data will also be shared with HMRC and Fairway Training, for payroll purposes. Employee health data will be shared with Occupational Health, when required.  **Rights to object**  You have the right to object to some or all of the information being shared with CQC. If you wish to do so please contact the practice.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have records deleted except when ordered by a court of Law. There is no right to have UK taxation related data deleted except after certain statutory periods.  **Retention period**  The data will be retained for active use during the processing and thereafter according to NHS Policies, taxation and employment law.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Friends and Family Test** | The Friends and Family Test helps us to understand what you think of our services by asking you to answer some questions about how likely you would be to recommend our service to your friends and family. Providing feedback is completely voluntary and will not affect the level of care we provide to you. The information we collect from you is used and shared in a way which does not tell us who you are. In addition to the questions you will be asked as part of the Friends and Family Test, you will also be able to provide us with additional comments in free text fields.  Collecting this feedback gives us the opportunity to see what our patients are saying about our services and helps us to understand what we are doing well and where we need to improve our services.  You can give us feedback by using one of our Friends and Family feedback forms or via our website.  We will not be able to tell who you are from the feedback you give to us, unless you want us to contact you to discuss it, in which case you would need to provide us with your name and contact details.  We are required by Articles in the General Data Protection Regulations to provide you with the information in the following 9 subsections.  **Purpose of the processing**  Collecting this feedback gives us the opportunity to see what our patients are saying about our services and helps us to understand what we are doing well and where we need to improve our services.  **Legal basis for processing**  The processing of personal data in the delivery of direct care and for providers’ administrative purposes in this surgery and in support of direct care elsewhere  is supported under the following Article 6 and 9 conditions of the GDPR:  Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’.  and  Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services...”  We will also recognise your rights established under UK case law collectively known as the “Common Law Duty of Confidentiality”  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The data will be shared with NHS Digital via the Calculating Quality Reporting Service (CQRS)  **Rights to object**  You have the right to object to some or all the information being processed under Article 21. Please contact the Data Controller or the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of law.  **Retention period**  The data will be retained in line with the law and national guidance. See [Records management code of practice for health and social care](https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care)  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **General Medical Council (GMC)** | **Purpose of the processing**  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 practice.  **Legal basis for processing**  The legal basis will be:  Article 6(1)(c) "processing is necessary for compliance with a legal obligation to which the controller is subject."  and:  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The General Medical Council (GMC).  **Rights to object**  Not applicable.  **Right to access and correct**  Not applicable.  **Retention period**  Data retained in line with [GMC policies on storing identifiable data](https://www.gmc-uk.org/privacy-and-cookies)  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Health Service Ombudsman (HSO)** | **Purpose of the processing**  The HSO has the power to request access to a patient’s medical records for the purposes of an investigation based on the [Health Service Commissioners Act 1993, s12](https://www.legislation.gov.uk/ukpga/1993/46/section/12)  **Legal basis for processing**  To enable the HSO to receive information concerning a patient for the purposes of an investigation, the following Article 6 and 9 conditions apply:  Article 6(1)(c) "processing is necessary for compliance with a legal obligation to which the controller is subject"  and;  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The Health Service Ombudsman (HSO).  **Rights to object**  Not applicable.  **Right to access and correct**  Not applicable.  **Retention period**  Data retained in line with HSO policies on storing identifiable data.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| Individual Funding Requests | **Purpose –** We may need to process your personal information where we are required to apply for funding for a specific treatment for you for a particular condition that is not routinely available.  **Legal Basis -** The clinical professional who first identifies that you may need the treatment will explain to you the information that is needed to be collected and processed in order to assess your needs and commission your care; they will gain your explicit consent to share this. You have the right to withdraw your consent at any time. If you are happy for the request to be made, the basis for processing your data is: Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’  Your data will be disclosed to the Clinical Commissioning Group who manages the individual funding request process. |
| **Job Applicants** | As part of any recruitment process, the organisation collects and processes personal data relating to job applicants. The practice is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations.  The practice collects a range of information about you. This includes:  your name, address and contact details, including email address and telephone number;  details of your qualifications, skills, experience and employment history;  information about your current level of remuneration, including benefit entitlements;  whether or not you have a disability for which the organisation needs to make reasonable adjustments during the recruitment process;  information about your entitlement to work in the UK;  The practice collects this information in a variety of ways. For example, data might be contained in application forms, CVs or resumes, obtained from your passport or other identity documents, or collected through interviews or other forms of assessment. The practice will also collect personal data about you from third parties, such as references supplied by former employers and where applicable information from criminal records checks. The organisation will seek information from third parties only once a job offer to you has been made and will inform you that it is doing so.  Data will be stored in a range of different places, including on your application record, in HR management systems and on other IT systems  The practice takes the security of your data seriously. It has internal policies and controls in place to ensure that your data is not lost, accidentally destroyed, misused or disclosed, and is not accessed except by our employees in the proper performance of their duties.  You are under no statutory or contractual obligation to provide data to the organisation during the recruitment process. However, if you do not provide the information, the organisation may not be able to process your application properly or at all. You are also under no obligation to provide information for equal opportunities monitoring purposes and there are no consequences for your application if you choose not to provide such information.  Some of the organisation's recruitment processes are based solely on automated decision-making, for example whether or not you are eligible to work in the UK.  **Purpose of the processing**  The practice needs to process data to take steps at your request prior to entering into a contract with you. It also needs to process your data to enter into a contract with you.  In some cases, the practice needs to process data to ensure that it is complying with its legal obligations. For example, it is required to check a successful applicant's eligibility to work in the UK before employment starts.  The practice has a legitimate interest in processing personal data during the recruitment process and for keeping records of the process. Processing data from job applicants allows the practice to manage the recruitment process, assess and confirm a candidate's suitability for employment and decide to whom to offer a job. The practice may also need to process data from job applicants to respond to and defend against legal claims.  The organisation processes health information if it needs to make reasonable adjustments to the recruitment process for candidates who have a disability. This is to carry out its obligations and exercise specific rights in relation to employment.  Where the organisation processes other special categories of data, such as information about ethnic origin, sexual orientation, health or religion or belief, this is for equal opportunities monitoring purposes.  For some roles, the organisation is obliged to seek information about criminal convictions and offences. Where the organisation seeks this information, it does so because it is necessary for it to carry out its obligations and exercise specific rights in relation to employment.  The organisation will not use your data for any purpose other than the recruitment exercise for which you have applied.  **Legal basis for processing**  The legal basis will be  Article 6(1)(c) “processing is necessary for compliance with a legal obligation to which the controller is subject.”  Article 6(b) Contract  and…  Article 9(2)(h) “processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;”  **Recipient or categories of recipients of the processed data**  Your information will be shared internally for the purposes of the recruitment exercise. This includes members of the HR team, the Digital, Data and Technology team if access to the data is necessary for the performance of their roles, and interviewers involved in the recruitment process.  The practice will not share your data with third parties, unless your application for employment is successful and it makes you an offer of employment. The organisation will then share your data with former employers to obtain references for you, and where applicable the Disclosure and Barring Service to obtain necessary criminal records checks.  The organisation will not transfer your data outside the European Economic Area.  **Rights to object**  You have the right to delete or stop processing your data. If you wish to do so please contact the practice.  **Right to access and correct**  You have the right to access a copy of your data and have any inaccuracies corrected. There is no right to have records deleted except when ordered by a court of Law. There is no right to have UK taxation related data deleted except after certain statutory periods.  **Retention period**  If your application for employment is unsuccessful, the organisation will hold your data on file for 6 months after the end of the relevant recruitment process. At the end of that period or once you withdraw your consent, your data is deleted or destroyed.  If your application for employment is successful, personal data gathered during the recruitment process will be transferred to your personnel file and retained during your employment. The periods for which your data will be held will be provided to you in a new privacy notice.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| Medicines optimisation | **Purpose** – We use software packages linked to our patient record system to aid when prescribing drugs. These ensure that prescribing is effective. We do not share your identifiable data with the companies that provide these packages  **Legal Basis**  Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’. |
| Multi-Disciplinary Teams | **Purpose** - We work closely with a range of other care providers to deliver the best care possible for you. Multi-disciplinary teams are our way of bringing together care providers for conversations in a confidential environment about care arrangements for you where this is appropriate. For example, if you have a number of long term conditions and would benefit from additional support. Where possible, we will inform you that your care will be discussed in this type of forum. However, if this may not always be possible and in these circumstances, we will consider your best interests and will share information on this basis.  **Legal Basis**  Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’. |
| **National Data Opt Out** | **How the NHS and care services use your information**  Mendip Country Practice is one of many organisations working in the health and care system to improve care for patients and the public.  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 [Your NHS Data Matters](http://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:  [Health Research Authority](https://www.hra.nhs.uk/information-about-patients/%20) (which covers health and care research); and  [Understanding Patient Data](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.  **Purpose of the processing**  The national data opt-out was introduced on 25 May 2018, enabling patients to opt out from the use of their data for research or planning purposes, in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs.  **Legal basis for processing**  The legal basis will be  Article 6(1)(c) "…necessary for compliance with a legal obligation to which the controller is subject."  and;  Article 9(2)(h) "…necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;"  **Recipient or categories of recipients of the processed data**  The data will be shared with NHS Digital according to [directions](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices)  **Rights to object**  You have the right to object to some or all of the information being shared with NHS Digital. If you wish to opt out please visit [Your NHS Data Matters](http://www.nhs.uk/your-nhs-data-matters)  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of law.  **Retention period**  The data will be retained for active use during the processing and thereafter according to NHS Policies and the law.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| National Registries | **Purpose –** National Registries (such as the Learning Disabilities Register) have statutory permission under Section 251 of the NHS Act 2006, to collect and hold service user identifiable information without the need to seek informed consent from each individual service user.  **Legal Basis –** Section 251 of the NHS Act 2006 |
| **National Screening Programmes** | The NHS provides national screening programmes so that certain diseases can be detected at an early stage. These currently apply to bowel cancer, breast cancer, aortic aneurysms and diabetic retinal screening service. The law allows us to share your contact information with Public Health England so that you can be invited to the relevant screening programme.  [More information can be found at Population screening programmes](https://www.gov.uk/topic/population-screening-programmes)  **Purpose of the processing**  The NHS provides several national health screening programs to detect diseases or conditions earlier such as; cervical and breast cancer, aortic aneurysm and diabetes. [More information can be found at Population screening programmes](https://www.gov.uk/topic/population-screening-programmes). The information is shared so as to ensure only those who should be called for screening are called and or those at highest risk are prioritised.  **Legal basis for processing**  The legal basis will be  Article 6(1)(e); "necessary… in the exercise of official authority vested in the controller"  and;  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The data will be shared with Avon and Somerset Breast Screening, Somerset Diabetic Eye Screening, Somerset Bowel Cancer Screening, Somerset and North Devon Abdominal Aortic Aneurysm (AAA) Screening, Public Health Services (England).  **Rights to object**  You have the right to object to this processing of your data and to some or all of the information being shared with the recipients. For national screening programmes: you can opt to no longer receive an invitation to a screening programme.  [Visit Opting out of the NHS population screening programmes](https://www.gov.uk/government/publications/opting-out-of-the-nhs-population-screening-programmes)  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.  **Retention period**  GP medical records will be kept in line with the law and national guidance.  Information on how long records can be kept can be found at: [Records management code of practice](https://transform.england.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice/)  9) Right to complain  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| NHS Trusts | **Purpose** – Personal information is shared with Hospitals, Community Services, Mental Health Services and others in order to provide you with care services. This could be for a range of services, including treatment, operations, physio, and community nursing, ambulance service.  **Legal Basis**  Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’.  **Controller to which data is disclosed:** Mendip Country Practice |
| **NHS Counter Fraud** | The use of data by the Cabinet Office for data matching is carried out with statutory authority. It does not require the consent of the individuals concerned under Data Protection legislation. Data matching by the Cabinet Office is subject to a Code of Practice. For further information [see Code of Data Matching Practice for the National Fraud Initiative](https://www.gov.uk/government/publications/code-of-data-matching-practice-for-national-fraud-initiative)  NFI activities vary each year, so data would only be disclosed if required by the focus of their activities  **Purpose of the processing**  Under the NHS Act 2006, investigations into fraud in the NHS may require access to confidential patient information.  **Legal basis for processing**  To enable the cabinet office and NHS counter fraud authority to receive information concerning a patient for the purposes of an investigation, the following Article 6 and 9 conditions apply:  Article 6(1)(c) "processing is necessary for compliance with a legal obligation to which the controller is subject."  and;  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  NHS Counter Fraud Authorities, Cabinet Office.  **Rights to object**  Not applicable.  **Right to access and correct**  Not applicable.  **Retention period**  Data retained in line with NHS Counter Fraud policies on storing identifiable data.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **NHS Digital** | NHS Digital is the secure haven for NHS patient data, a single secure repository where data collected from all branches of the NHS is processed. [NHS Digital provides reports on the performance of the NHS, statistical information, audits and patient outcomes](https://digital.nhs.uk/data-and-information). Examples include; A/E and outpatient waiting times, the numbers of staff in the NHS, percentage target achievements, payments to GPs etc. and more specific targeted data collections and reports such as the Female Genital Mutilation, general practice appointments data, CVD PREVENT audit and English National Diabetes Audits. GPs are required by the Health and Social Care Act to provide NHS Digital with information when instructed. This is a legal obligation which overrides any patient wishes. These instructions are called "Directions". More information on the directions placed on GPs can be found at [NHS Digital - NHS England Directions](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices) and [NHS Data Sharing](http://www.nhsdatasharing.info/). [See the NHS Digital transparency notice](https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/gdpr/gdpr-register).  This practice is supporting vital health and care planning and research by sharing your data with NHS Digital. [For more information about this see the GP Practice Privacy notice link](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/gp-privacy-notice)  **Purpose of the processing**  To provide the Secretary of State and others with information and reports on the status, activity and performance of the NHS. To provide specific reporting functions on identified quality standards.  **Legal basis for processing**  To enable the HCO to receive information concerning a patient for the purposes of an investigation, the following Article 6 and 9 conditions apply:  Article 6(1)(c) "processing is necessary for compliance with a legal obligation to which the controller is subject."  and;  Article 9(2)(h) "processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;"  **Recipient or categories of recipients of the processed data**  The data will be shared with NHS Digital according to [directions](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices)  **Rights to object**  You have the right to object to some or all of the information being shared with NHS Digital. If you wish to do so please contact the practice.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.  **Retention period**  The data will be retained for active use during the processing and thereafter according to NHS Policies and the law.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| Public Health  Screening programmes (identifiable)  Notifiable disease information (identifiable)  Smoking cessation (anonymous)  Sexual health (anonymous) | **Purpose –** The NHS provides national screening programmes so that certain diseases can be detected at an early stage. These currently apply to bowel cancer, breast cancer, aortic aneurysms and diabetic retinal screening service. The law allows us to share your contact information with Public Health England so that you can be invited to the relevant screening programme. Personal identifiable and anonymous data is shared. More information can be found at: <https://www.gov.uk/guidance/nhs-population-screening-explained> or speak to the practice  **Legal Basis**  Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’.  **Controller to which data is disclosed:** Public Health Services (England), & Somerset CCG/PCSE/Fraility Service/Shared Care Summary Records NHS England/Out of Hours. |
| Patient Record data base support | **Purpose –** The practice uses electronic patient records. Our supplier of the electronic patient record system is EMIS Ltd  Our supplier does not access identifiable records without permission of the practice and this is only given where it is necessary to investigate issues on a particular record  **Legal Basis**  Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘management of health and care services’. |
| **Police** | **Purpose** – The police may request information in relation to on-going enquiries, all requests are reviewed and only appropriate information will be shared under legislation.  As with any disclosures to the police, there must be:  A legal duty to disclose, or  A sufficiently important reason to disclose AND a legal basis for doing so.  This includes:  The Prevention of Terrorism Act (1989) and Terrorism Act (2000)  The Road Traffic Act (1988)  The Female Genital Mutilation Act (2003)  **Legal Basis** –  To enable the police to receive information concerning a patient for the purposes of an investigation, the following Article 6 and 9 conditions apply:  Article 6(1)(c) "processing is necessary for compliance with a legal obligation to which the controller is subject"  and:  Article 9(2)(g) "Processing is necessary for reasons of substantial public interest on the basis of Union or Member State law which is proportionate to the aim pursued and which contains appropriate safeguards"  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Controller disclosed to** - The Police (or other judicial authorities)  **Rights to object**  Not applicable  **Right to access and correct**  Not applicable  **Retention period**  Data retained in line with Police policies.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| Research | **Purpose –** We may share personal confidential or anonymous information with research companies. Where you have opted out of having your identifiable information shared for this purpose then it will not be used. Details on how to opt out are [here](https://www.nhs.uk/your-nhs-data-matters/).  **Legal Basis –** consent is required to share confidential patient information for research, unless there is have support under the Health Service (Control of Patient Information Regulations) 2002 (‘section 251 support’) applying via the Confidentiality Advisory Group in England and Wales  **The organisation leading the research will be the controller of data disclosed to them.** |
| Risk Stratification – Preventative Care | **Purpose -** ‘Risk stratification for case finding’ is a process for identifying and managing patients who have or may be at-risk of health conditions (such as diabetes) or who are most likely to need healthcare services (such as people with frailty). Risk stratification tools used in the NHS help determine a person’s risk of suffering a particular condition and enable us to focus on preventing ill health before it develops.  Information about you is collected from a number of sources including NHS Trusts and your GP Practice. A risk score is then arrived at to help us identify and offer you additional services to improve your health.  In addition data with your identity removed is used to inform the development and delivery of services across the local area.    If you do not wish information about you to be included in any risk stratification programmes, please let us know. We can add a code to your records that will stop your information from being used for this purpose. Please be aware that this may limit the ability of healthcare professionals to identify if you have or are at risk of developing certain serious health conditions.  **Legal Basis**  Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’.  Risk stratification has been approved by the Secretary of State, through the Confidentiality Advisory Group of the Health Research Authority (approval reference (CAG 7-04)(a)/2013)) and this approval has been extended to the end of September 2020 [NHS England Risk Stratification](https://www.england.nhs.uk/ig/risk-stratification/) which gives us a statutory legal basis under Section 251 of the NHS Act 2006 to process data for risk stratification purposes which sets aside the duty of confidentiality. We are committed to conducting risk stratification effectively, in ways that are consistent with the laws that protect your confidentiality.  **Controller to which data is disclosed:** Mendip Country Practice  (NB identifiable data is not disclosed to other controllers)  **Recipient or categories of recipients of the processed data**  The data will be shared for processing and for subsequent healthcare with Somerset ICB, NHS Foundation Trusts, NHS England, Interface Clinical Services, NHS South Central & West CSU.  **Rights to object**  You have the right to object to this processing where it might result in a decision being made about you. That right may be based either on implied consent under the Common Law of Confidentiality, Article 22 of GDPR or as a condition of a Section 251 approval under the HSCA. It can apply to some or all of the information being shared with the recipients. Your right to object is in relation to your personal circumstances. If you wish to object please contact the practice.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of law.  **Retention period**  The data will be retained in line with the law and national guidance.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| Shared Care Records – Somerset Integrated Digital electronic Record (SIDeR) | **Purpose**  To ensure you receive effective, safe care, we will, through digital means enable your record to be available to those providing your care in whichever care setting you are seen, such as an A&E attendance, a physiotherapy appointment, a social care needs assessment.  In order to achieve this, the aim of Shared Care Records is to enable health and care staff to view your information, to save valuable time in getting you the right treatment. Your information will only be available to the staff involved in your direct care, and not at any other time, or for any other reason.  Further information can be found here <https://www.somersetccg.nhs.uk/about-us/digital-projects/sider/>  **Legal Basis** – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’  **Processor** – Black Pear |
| Summary Care Record | **Purpose -** The NHS in England uses a national electronic record called the Summary Care Record (SCR) to support patient care. It contains key information from your GP record. Your SCR provides authorised healthcare staff with faster, secure access to essential information about you in an emergency or when you need unplanned care, where such information would otherwise be unavailable.  **Legal Basis** – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’  Further information can be found [here](https://digital.nhs.uk/services/summary-care-records-scr)  **Controller of summary care record data –** NHS Digital |
| Test requests and results | **Purpose** – Some basic identifying details, the type of test requested and if required any relevant health information is shared with Pathology Laboratories when tests such as blood or urine tests need to be undertaken. The laboratory will also hold the details of the request and the result. The result/report will be sent electronically to the practice who will hold it in the patient’s record.  **Legal Basis** – Article 6(1)e ‘exercise of official authority’ and article 9(2)h ‘Provision of health and care’  **Controller of test data –** The laboratory that process the request and result are a controller of the data generated by the test process. |
| **Other Third Parties** | **Purpose of the processing**  This covers information provided to third party organisations such as solicitors (e.g. personal injury claims), insurance companies (e.g. life assurance), employers etc.  The explicit consent of patients must be obtained and demonstrable before the release of any such information.  **Legal basis for processing**  To enable the Mendip Country Practice employees to provide information to other third parties, the following Article 6 and 9 conditions apply:  6(1) (a)  - Consent of the data subject  and;  9(2)(a) – Explicit consent of the data subject, unless reliance on consent is prohibited by EU or Member State law  We will consider your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality"  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The requesting third party organisation.  **Rights to object**  You do not have to consent to your data being shared with a third party. If you have consented to your data being shared with a third party you can change your mind and withdraw your consent at any time. If you wish to do so please contact the practice.  **Right to access and correct**  You have the right to access any identifiable data that is being shared and have any inaccuracies corrected.  **Retention period**  Data retained in line with the third party organisation’s policies on storing identifiable data.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Pandemics** | The health and social care system will take action to manage and mitigate the spread and impact of any pandemic outbreak. Action to be taken will require the processing and sharing of confidential patient information amongst health organisations and other bodies engaged in disease surveillance for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the pandemic outbreak and incidents of exposure.  Any notices of pandemic will be posted on the GOV.UK website  Supplementary privacy notices may be issued on our website for specific pandemics as they occur.  **Purpose of the processing**  The purpose of this Notice is to require organisations to process confidential patient information for the purposes set out in Regulation 3(1) of COPI to support the Secretary of State’s response to the pandemic. "Processing" for these purposes is defined in Regulation 3(2) and includes dissemination of confidential patient information to persons and organisations permitted to process confidential patient information under Regulation 3(3) of COPI.  **Legal basis for processing**  The legal basis will be  Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’.  and;  Article 9(2)(h) "processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;"  We will consider your rights established under UK case law collectively known as the “Common Law Duty of Confidentiality”  “Common Law Duty of Confidentiality”, common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) requires organisations to process confidential patient information in the manner set out in Regulation 3(1) of COPI.  **Recipient or categories of recipients of the processed data**  Health organisations and other bodies engaged in disease surveillance for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the pandemic outbreak and incidents of exposure.  The data subject (you)  **Rights to object**  You have the right to object to some or all the information being processed under Article 21. If you wish to do so please contact the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected.  **Retention period**  This will be in line with the guidance from the GOV.UK website  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Patient Online Access** | Activation of patient online access for any given patient is only performed with the consent of the patient (or their parent/guardian or representative).  **Purpose of the processing**  To enable patients to securely access their GP record online via the NHS App, to access health care features such as, booking appointments, requesting repeat medication and viewing their medical information.  **Legal basis for processing**  The following Article 6 and 9 conditions apply:  Article 6(1) (a)  - Consent of the data subject  and;  Article 9(2)(a) – Explicit consent of the data subject, unless reliance on consent is prohibited by EU or Member State law  We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".  "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.  The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.  In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.  Three circumstances making disclosure of confidential information lawful are:  where the individual to whom the information relates has consented;  where disclosure is in the public interest; and  where there is a legal duty to do so, for example a court order.  **Recipient or categories of recipients of the processed data**  The data subject (you);  **Rights to object**  Article 6(1)(e) gives the data subject the right to object. If you wish to do so please contact the practice.  **Right to access and correct**  You have the right to access any identifiable data that is being shared and have any inaccuracies corrected.  **Retention period**  Not applicable.  **Right to complain**  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |
| **Payments** | Contract holding GPs in the UK receive payments from their respective governments on a tiered basis. Most of the income is derived from baseline capitation payments made according to the number of patients registered with the practice on quarterly payment days. These amount paid per patient per quarter varies according to the age, sex and other demographic details for each patient. There are also graduated payments made according to the practice’s achievement of certain agreed national quality targets known as the Quality and Outcomes Framework (QOF), for instance the proportion of diabetic patients who have had an annual review. Practices can also receive payments for participating in agreed national or local enhanced services, for instance opening early in the morning or late at night or at the weekends. Practices can also receive payments for certain national initiatives such as immunisation programs and practices may also receive incomes relating to a variety of non-patient related elements such as premises. Finally there are short term initiatives and projects that practices can take part in. Practices or GPs may also receive income for participating in the education of medical students, junior doctors and GPs themselves as well as research.  In order to make patient based payments basic and relevant necessary data about you needs to be sent to the various payment services. The release of this data is required by English laws  NHS England’s powers to commission health services under the Health and Care Act 2022 or to delegate such powers to ICBs  For more information about payments please see; [GP Payments](https://digital.nhs.uk/NHAIS/gp-payments) and [NHS Payments to GP Practice](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice)  We are required by Articles in the General Data Protection Regulations to provide you with the information in the following 9 subsections.  **Purpose of the processing**  To enable the practice to receive payments.  **Lawful basis for processing**  The legal basis will be:  Article 6(1)(c) "processing is necessary for compliance with a legal obligation to which the controller is subject."  and:  Article 9(2)(h) "necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."  **Recipient or categories of recipients of the processed data**  The data will be shared with Health and care professionals and support staff in this practice, NHS England, Somerset ICB (Integrated Care Board), UK Health Security Agency (formerly Public Health England),  and at hospitals, diagnostic and treatment centres, who contribute to your personal care.  **Rights to object**  You have the right to object to some or all the information being processed under Article 21. If you wish to do so please contact the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance.  **Right to access and correct**  You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.  **Retention period**  The data will be retained in line with the law and national guidance. See [Records management code of practice for health and social care](https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care)  9) Right to complain  You have the right to [complain to the Information Commissioner's Office](https://ico.org.uk/global/contact-us/) |

**Data Controller contact details**

Mendip Country Practice

Church Street

Coleford

Radstock

BA3 5NQ

Telephone: 01373 812244

**Data Protection Officer contact details**

Kevin Caldwell  
GP Data Protection Officer  
Somerset CCG  
Wynford House  
Lufton Way  
Yeovil  
Somerset  
BA22 8HR  
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## Reviews of and Changes to our Privacy Notice

We will keep our Privacy Notice under regular review. This notice was last reviewed 28.06.2024.