

COVID-19 and your information – Updated on 17th February 2021

Supplementary privacy notice on COVID-19 for our patients

This notice describes how we may use your information to protect you and others during the COVID-19 outbreak. It supplements our main Privacy Notices which are available [on our website](#).

The health and social care system is facing significant pressures due to the COVID-19 outbreak. Health and care information is essential to deliver care to individuals, to support health and social care services and to protect public health. Information will also be vital in researching, monitoring, tracking and managing the outbreak. In the current emergency it has become even more important to share health and care information across relevant organisations.

Existing law which allows confidential patient information to be used and shared appropriately and lawfully in a public health emergency is being used during this outbreak. Using this law the Secretary of State has required NHS Digital; NHS England and Improvement; Arms Length Bodies (such as Public Health England); local authorities; health organisations and GPs to share confidential patient information to respond to the COVID-19 outbreak. Any information used or shared during the COVID-19 outbreak will be limited to the period of the outbreak unless there is another legal basis to use the data. Further information is available on gov.uk [here](#) and some FAQs on this law are available [here](#).

During this period of emergency, opt-outs will not generally apply to the data used to support the COVID-19 outbreak, due to the public interest in sharing information. This includes [National Data Opt-Outs](#). However in relation to the Summary Care Record, existing choices will be respected. Where data is used and shared under these laws your right to have personal data erased will also not apply. It may also take us longer to respond to Subject Access Requests (SARs), Freedom of Information requests (FOIs) and new opt out requests whilst we focus our efforts on responding to the outbreak.

In order to look after your health and care needs we may share your confidential patient information included health and care records with clinical and non-clinical staff in other health and care providers, for example neighbouring GP practices, hospitals and NHS 111. We may also use the details we have to send public health messages to you, either by phone, text message or email.

During this period of emergency 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. The platform we are using to provide video consultations is called AccuRx and you can read more about their data security [here](#).

We will also be required to share personal confidential patient information with health and care organisations and other bodies engaged in disease surveillance for the purposes of protecting public health, providing healthcare services to the public and monitoring and managing the outbreak. Further information about how health and care data is being used and shared by other NHS and social care organisations in a variety of ways to support the COVID-19 response is [here](#).

NHS England and Improvement and the NHSX have developed a single, secure store to gather data from across the health and care system to information the COVID-19 response. This includes data

already collected by NHS England, NHS Improvement, Public Health England and NHS Digital. New data will include 999 call data, data about hospital occupancy and A&E capacity data as well as [data provided by patient themselves](#). All the data held in the platform is subject to strict controls that meet the requirements of data protection legislation.

In such circumstances where you tell us you're experiencing COVID-19 symptoms we may need to collect specific health data about you. Where we need to do so, we will not collect more information than we require and we will ensure that any information collected is treated with the appropriate safeguards.

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| <p>Summary Care Record</p> | <p>Purpose – During the COVID-19 pandemic practices have been told to share details of patients’ personal confidential and special category data onto the summary care record. 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.</p> <p>Legal Basis – Direct Care</p> <p>The relevant COPI notice states that its purpose: “...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 Covid-19 (Covid-19 Purpose). “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.” Full details of the Summary Care Record supplementary privacy notice can be found here.</p> <p>Patients have the right to opt out of having their information shared with the SCR by completion of the form which can be downloaded here and returned to the practice. Please note that by opting out of having your information shared with the Summary Care Record could result in a delay care that may be required in an emergency.</p> <p>Processor – NHS England and NHS Digital via GP connect</p> |
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| <p>NHS 111 COVID-19 triage response</p> | <p>Purpose – in order for NHS 111 to triage patient calls with queries regarding COVID-19 during practice closures or times of pressure on the system, enabling the robust process for patients, potentially suffering with COVID-19, to be triaged and treated in the most effective and appropriate way.</p> |
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| | <p>Legal Basis - The Secretary of State for Health and Social Care has issued NHS Digital with a Notice under <u>Control of Patient Information Regulations (COPI)</u>. This allows NHS Digital to share patient information with organisations entitled to process this under COPI for COVID-19 purposes. This means that for GP Connect, NHSD are creating a single 'National Sharing Agreement' on the Spine that contains all GP practices in England.</p> <p>Patients can opt out of their information being shared with GP Connect by contacting their GP practice and requesting a Type 1 Opt out. Please note that opting out of having information shared may delay or impair the ability for urgent treatment.</p> <p>Processor – NHS Digital, NHS 111 via GP Connect</p> |
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| <p>General Practice Extraction Service (GPES) Covid-19 Planning and Research data</p> | <p>Purpose: Personal confidential and Special Category data will be extracted at source from GP systems for the use of planning and research for the Covid-19 pandemic emergency period. Requests for data will be required from NHS Digital via their secure NHSX SPOC Covid-19 request process.</p> <p>Legal Basis: NHS Digital has been directed by the Secretary of State under section 254 of the 2012 Act under the COVID-19 Direction to establish and operate a system for the collection and analysis of the information specified for this service: GPES Data for Pandemic Planning and Research (COVID-19). A copy of the COVID-19 Direction is published here: https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/covid-19-public-health-directions-2020</p> <p>Patients who have expressed an opt out preference via Type 1 objections with their GP surgery, not to have their data extracted for anything other than their direct care will not be party to this data extraction.</p> <p>Processor: NHS Digital NHS X</p> |
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| <p>Electronic Repeat Dispensing</p> | <p>Purpose: To maximize use of electronic Repeat Dispensing (eRD). This is a service for patients who use the same medicines regularly, allowing batches of repeat medications to be sent to their pharmacies without needing to re-order. More information for patients on eRD is available here: https://digital.nhs.uk/services/electronic-prescription-service/explaining-electronic-repeat-dispensing-to-patients</p> <p>Legal Basis: NHS England has agreed with the Secretary of State under the the National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020 that the need for individual patients to consent to eRD can be temporarily suspended. This agreement extends until 30th June, and will be updated after this. A copy of the legislation is available here: http://www.legislation.gov.uk/ukxi/2020/351/made</p> |
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| | <p>Processor: Woodlands & Clerklands Partnership & the Medicines Management Team at West Sussex CCG</p> |
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| <p>General Practice Extraction Service (GPES) At risk patients data collection Version 3</p> | <p>Purpose - The objective of this collection is on an ongoing basis to identify patients registered at General Practices who may be:</p> <ul style="list-style-type: none"> • clinically extremely vulnerable if they contract COVID-19 • at moderate or high risk of complications from flu or COVID-19 <p>This General Practice Extraction Service (GPES) data will be extracted weekly and be used to assist in producing a weekly update of the Shielded Patient List (SPL).</p> <p>The data, as specified by the DPN, supports the COVID-19 Public Health Directions 2020 from the Secretary of State for Health and Social Care. Organisations that are in scope of the notice are legally required to comply.</p> <p>More information regarding this data collection can be found here: COVID-19 at risk patients Data Provision Notices</p> <p>Legal Basis - Sections 259(1)(a), 259(5) and 259(8) of the Health and Social Care Act 2012.</p> <p>Where a patient’s record contains a defined long-term medical condition, which poses a COVID-19 risk and/or a condition/code which identifies a patient as being of moderate or high risk of complications from flu/COVID-19, data will be extracted for</p> <p>Processor – NHS Digital or NHS X</p> |
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| <p>COVID-19 Clinical Risk Assessment Tool (QCOVID)</p> | <p>1. Our purposes for processing your personal information</p> <p>This COVID-19 Clinical Risk Assessment Tool Privacy Notice is provided to explain how your personal information is used when we use the COVID-19 Clinical Risk Assessment Tool (the Tool). This notice is an additional notice to our full privacy notice which explains how we process your personal information more generally and is available on request and on our website.</p> <p>The Tool is an online tool, provided by the NHS, that assesses the risk to you of coronavirus. It has been designed for use during a consultation with a patient and otherwise to support direct patient care. Your doctor or healthcare professional (clinician) inputs information about you into the Tool, to generate individual risk assessment results for you (see section 4 below which describes how this works).</p> <p>Using information provided by you or obtained by your clinician, for example your weight and information from your health record, your clinician answers the questions in the Tool. The Tool will then generate risk assessment results based on this information. The results will give you or your clinician a better understanding of your risks of infection and potential consequences for you of</p> |
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infection from coronavirus. Your clinician may discuss the result with you to give you personalised health advice.

In addition to using the Tool to support the individual care of our patients, we will be providing information about your experience to NHS Digital, which provides the Tool. Anonymous data collected through the Tool will also help NHS Digital and the University of Oxford, who developed the QCovid® model used in the Tool, to develop and improve the Tool.

The Tool is registered as a medical device with the Medicines and Healthcare Products Regulatory Agency (MHRA).

2. What is the Tool and how does it work?

Your clinician will enter information into the Tool about you, your health and the medicines you take. Some of this information will be taken from your health record but your clinician may also need to ask you some questions about you and your health. They may also need to measure your height and weight to work out your body mass index (BMI).

The Tool will generate results for absolute risk and relative risk (see below), estimating how likely it is that you will:

- catch coronavirus and go to hospital
- catch coronavirus and die

All of the information used to answer the questions in the Tool is required because it has been identified as a factor which is relevant to the risk of catching and being hospitalised or dying from coronavirus.

The Tool has been developed from research by the University of Oxford about how people have been affected by coronavirus. The Tool uses a model called QCovid® which was developed based on information about people who had coronavirus in early 2020. The University of Oxford looked at data about people who went to hospital or died as a result of coronavirus during the first wave of the pandemic and combined it with data from hospital records and GP surgeries.

To develop the QCovid® model used by the Tool, the University of Oxford analysed this data to find out if certain things impact how coronavirus affects people. Researchers found that some things make it more likely that a person will need to go to hospital or die from coronavirus – these are called ‘risk factors’.

Risk factors that were identified as important included: age; body mass index (BMI); ethnicity; certain health conditions and where people live. The University developed a model which weighted each of these factors and this is used within the Tool to generate risk assessment results from the information entered about you by the clinician. The results may support a discussion between you and your clinician about what your level of risk means for you or otherwise used by your clinician for your healthcare.

The Tool will estimate your ‘absolute risk’ and ‘relative risk’.

'Absolute risk' is the risk of catching and being hospitalised or dying from coronavirus. This is based on data from the first wave, alongside a second time period (May-June 2020). For example, an absolute risk of 1% (or 1 in 100), would mean that we would expect 1 person to be hospitalised or die with the same characteristics and 99 to not be hospitalised or die.

'Relative risk' is the risk of catching and being hospitalised from coronavirus based on your information and risk factors compared with a person of the same age and sex, but no other risk factors. For example, a relative risk of 2 would mean that we would expect you to be twice as likely to catch and be hospitalised or die from coronavirus than somebody of the same age and sex with no other risk factors.

The risks factors used to develop the QCovid® model used in the Tool, are based on data collected in the first few months of the pandemic in 2020. These risks are changing over time in line with infection rates, social distancing measures and individual behaviour. It is based on data collected between February and April 2020, at a time when different measures were in place for shielding and social distancing and different national restrictions were in place. This means that, although risk assessment results are generated for you using the Tool, your clinician will consider these alongside shielding, social distancing and local or national restrictions, which may be different from when the QCovid® model was developed.

Because we don't yet have enough research about some groups of people, risk assessment results may not be accurate for:

- People aged under 19 and over 100, because the research was done on adults aged from 19 to 100 and because very few children became seriously ill with coronavirus.
- People who are trans or intersex, because the research was done using information about the sex people were registered with at birth
- People who are pregnant, because only small numbers of pregnant people were included in the research so we cannot be confident about their level of risk.
- People who were asked to shield during the first wave because, when the research was done, many of these people were shielding at home and so were less likely to catch coronavirus. This means the Tool may underestimate the risk for these people.

Your clinician will explain more about these limitations when they tell you what your risk assessment means for you. Risk assessment results will not be used in isolation to remove anyone from the Shielded Patient List (SPL). However, your clinician may use the Tool as part of their assessment of whether you should be placed on the SPL.

Researchers are continuing to learn more about coronavirus as more information becomes available. The QCovid® model used in the Tool will change and be updated over time as more information becomes available. The online service will be updated to reflect changes to the model.

3. Our legal basis to process your personal information

Your clinician is processing your personal data in order to answer the questions in the Tool and to record the risk score in your health record. This is to provide you with safe care and treatment.

Under the UK General Data Protection Regulations (UKGDPR) we are allowed to process your personal information using the Tool for the purposes of providing you with healthcare services. This is called “Public Task” under the UKGDPR and is allowed under Article 6(1)(e).

We are also processing personal information about your ethnicity and health conditions to use the Tool. This is also for a healthcare purpose and this is allowed under Article 9(2)(h) of the UKGDPR and under Schedule 1 of Paragraph 2 of the Data Protection Act 2018.

4. Categories of personal information we process when using the Tool

Your clinician will input the following about you into the Tool using information you have provided or taken from your health record:

- Age (19-100)
- Sex registered at birth
- Ethnic group
- Living arrangements (whether you live in your own home, in a care home or are homeless)
- Postcode (to identify a Townsend deprivation score, a well-known way of measuring deprivation based on data from the 2011 Census). Your postcode is deleted from the Tool once the Townsend score is created.
- Health information, including
 - Height (cm), Weight (Kg) – used to calculate BMI
 - Cardiovascular diseases
 - Respiratory diseases and treatment
 - Metabolic, renal and liver conditions
 - Neurological and psychiatric conditions
 - Autoimmune and haematological conditions
 - Cancer and Immunosuppressants– If you have a diagnosis of certain cancers and you have been prescribed if you have been prescribed 4 or more times with certain immunosuppressants in the last 6 months.

The Tool takes the answers we have provided to the questions above and generates a risk assessment result which will allow your clinician to provide personalised advice to you about your risk and otherwise for your healthcare.

5. Who we share your information with

We do not include any personal information that would identify you when we are answering the questions in the Tool.

The only information which could be used to potentially identify you is your postcode. For most people, postcode alone would not identify them because

usually a number of different people live within a postcode area. However, just in case you are the only person who lives at your postcode, the Tool immediately converts your postcode to a number which relates to a [Townsend deprivation score](#), a well-known way of measuring deprivation based on data from the 2011 Census. This number, which cannot identify you, is used by the Tool to generate risk assessment results and your postcode is then deleted from the Tool.

Anonymous data, which is the information provided to answer the questions in the Tool and which cannot identify you, will be collected by NHS Digital who provide the Tool. This anonymous data may be shared with the University of Oxford and the Department of Health and Social Care to help develop and improve the Tool and the QCovid® model developed by the University which is used in the Tool.

We may amend this Privacy Policy at any time so please review it frequently. The date at the top of this page will be amended each time this notice is updated.