

# Privacy Notice

## **Privacy Notice**

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## What is a Privacy Notice?

*Find out about privacy notices and what they should include.*

The UK General Data Protection Regulation (GDPR) requires that data controllers provide certain information to people whose information (personal data) they hold and use. A privacy notice is one way of providing this information. This is sometimes referred to as a fair processing notice.

A privacy notice should identify who the data controller is, with contact details for its Data Protection Officer. It should also explain the purposes for which personal data are collected and used, how the data are used and disclosed, how long it is kept, and the controller's legal basis for processing.

NHS England's privacy notice is set out in the following pages.

## NHS England as a Data Controller

*Details of our data protection responsibilities and how to contact us.*

NHS England is a data controller under the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Our head office address is:

NHS England London  
Skipton House  
80 London Road  
London  
SE1 6LH

### How to contact us

Please contact us if you have any questions about our privacy notice or information we hold about you:

#### **Customer Contact Centre**

Telephone: 0300 311 22 33

Email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

Post: NHS England, PO Box 16738, Redditch, B97 9PT

Our opening hours are: 8am to 6pm Monday to Friday, except Wednesdays when we open at the later time of 9.30am.

### Contact details of our Data Protection Officer

NHS England have appointed a Data Protection Officer. If you have any queries about this privacy notice or about how NHS England process personal data please contact our data protection officer at the address below.

#### **Jon Moore (interim DPO)**

Delivery Directorate

NHS England

Quarry House

Quarry Hill

Leeds

LS2 7UE

E-mail: [england.dpo@nhs.net](mailto:england.dpo@nhs.net)

### The role of the Data Protection Officer

As a public authority, NHS England are required to appoint a data protection officer (DPO). This is an essential role in facilitating 'accountability', and the organisations' ability to demonstrate compliance with the GDPR. The essential qualities of the role are to provide support, advice and assurance of all our activities that involve processing personal data. She reports on compliance to our senior management teams, and is empowered to raise data protection matters with our Boards if necessary.

Carol has expert knowledge of data protection law and practices, and a detailed understanding of how NHS England processes personal data. As Head of Corporate Information Governance, she oversees a dedicated DPO team, and information governance staff whose job it is to support NHS England centrally and across our regions.

NHS England have a comprehensive suite of policies and procedures that addresses all aspects of information governance and data protection. These govern how we ensure that the personal data we are responsible is processed and shared lawfully, and that peoples' data protection rights are respected.

## **NHS England's legal basis for processing personal data**

NHS England is a public body established by the NHS Act 2006 as amended by the Health and Social Care Act 2012. As such our business is based upon statutory powers which underpin the legal bases that apply for the purposes of the GDPR. The legal bases for the majority of our processing is:

Article 6(1)(e) – processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

For entering into and managing contracts with the individuals concerned, for example our employees the legal basis is:

Article 6(1)(b) – processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract.

Where we have a specific legal obligation that requires the processing of personal data, the legal basis is:

Article 6(1)(c) – processing is necessary for compliance with a legal obligation to which the controller is subject.

Where we process special categories data, for example data concerning including health, racial or ethnic origin, or sexual orientation, we need to meet an additional condition in the GDPR. Where we are processing special categories personal data for purposes related to the commissioning and provision of health services the condition is:

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...

Where we process special categories data for employment or safeguarding purposes the condition is:

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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...

NHS England may also process personal data for the purpose of, or in connection with, legal proceedings (including prospective legal proceedings), for the purpose of obtaining legal advice, or for the purpose of establishing, exercising or defending legal rights. Where we process personal data for these purposes, the legal basis for doing so is:

Article 6(1)(e) – processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller; or

Article 6(1)(c) – processing is necessary for compliance with a legal obligation to which the controller is subject; or

Article 6(1)(f) – processing is necessary for the purposes of legitimate interests pursued by the controller.

Where we process special categories of personal data for these purposes, the legal basis for doing so is:

Article 9(2)(f) – processing is necessary for the establishment, exercise or defence of legal claims; or

Article 9(2)(g) – processing is necessary for reasons of substantial public interest.

In [How we use your information](#) we set out most of the key ways in which we may process your personal data for the purposes of, or in connection with our statutory functions. If you want to know more about how we process your data please contact our [Customer Contact Centre](#).

### How long do we keep information about you?

You can obtain a copy of our Corporate Records Retention and Disposal Schedule, and Primary Care Services Retention Schedule from our [Privacy Notice](#) web site, or by contacting our [Customer Contact Centre](#). We also comply with the Records Management Code of Practice for Health and Social Care published by the [Information Governance Alliance](#).

### Your rights

The GDPR includes a number of rights that are more extensive than those in the Data Protection Act 1998. We must generally respond to requests in relation to your rights within one month, although there are some exceptions to this.

The availability of some of these rights depends on the legal basis that applies in relation to the processing of your personal data, and there are some other circumstances in which we may not uphold a request to exercise a right. Your rights and how they apply are described below.

### **Right to be informed**

Your right to be informed is met by the provision of this privacy notice, and similar information when we communicate with you directly – at the point of contact.

### **Right of access**

You have the right to obtain a copy of personal data that we hold about you and other information specified in the GDPR, although there are exceptions to what we are obliged to disclose.

A situation in which we may not provide all the information is where in the opinion of an appropriate health professional disclosure would be likely to cause serious harm to you, or somebody else's physical or mental health.

### **Right to rectification**

You have the right to ask us to rectify any inaccurate data that we hold about you.

### **Right to erasure ('right to be forgotten')**

You have the right to request that we erase personal data about you that we hold. This is not an absolute right, and depending on the legal basis that applies, we may have overriding legitimate grounds to continue to process the data.

### **Right to restriction of processing**

You have the right to request that we restrict processing of personal data about you that we hold. You can ask us to do this for example where you contest the accuracy of the data.

### **Right to data portability**

This right is only available where the legal basis for processing under the GDPR is consent, or for the purposes of a contract between you and NHS England. For this to apply the data must be held in electronic form. The right is to be provided with the data in a commonly used electronic format.

### **Right to object**

You have the right to object to processing of personal data about you on grounds relating to your particular situation. The right is not absolute and we may continue to use the data if we can demonstrate compelling legitimate grounds.

## **Rights in relation to automated individual decision-making including profiling**

You have the right to object to being subject to a decision based solely on automated processing, including profiling. Should we perform any automated decision-making, we will record this in our privacy notice, and ensure that you have an opportunity to request that the decision involves personal consideration.

## **Right to complain to the Information Commissioner**

You have the right to complain to the Information Commissioner if you are not happy with any aspect of NHS England's processing of personal data or believe that we are not meeting our responsibilities as a data controller. The contact details for the Information Commissioner are:

Information Commissioner's Office  
Wycliffe House  
Water Lane,  
Wilmslow SK9 5AF  
ico.org.uk

## **How to access your personal information**

### ***How to make a request for personal data that we hold about you and how to make a request about your other data protection rights***

Requests may be made in writing, by email or by speaking to us – see [How to contact](#) us above. All requests will be recorded, and you may need to provide information to verify your identity and enable us to locate the information. Please provide:

- Full name, address, date of birth, NHS number (requests for health records only)
- An indication of what information you are requesting to enable us to locate this in an efficient manner.

Examples of acceptable identity evidence are listed below. We require, where applicable, two items from List A and one from List B

List A: ID documents, examples are -

- Birth certificate
- Passport

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- Driving license
- Staff ID badge (for NHS England employees only)

List B: Proof of Address, examples are -

- Bank statement
- Utility bill
- Tax certificate

NHS England is only the data controller for GP health records where an individual is currently not registered with a GP or is deceased. These records are held by Primary Care Support England (PCSE) on behalf of NHS England. For access to GP health records in these circumstances please visit the [PCSE website](#).

## National Vaccination Programmes

### ***How we use personal data to support the national COVID-19, Flu and MMR Vaccination Programmes***

[The National Immunisation Management Service](#)

[Measles, Mumps and Rubella call and recall service](#)

[Choosing your COVID-19 vaccination invitation preference](#)

[Vaccine Data Resolution Service](#)

### **The National Immunisation Management Service**

#### **Purposes for processing**

With the availability of a vaccine for COVID-19, there is a need to coordinate vaccination for the population of England.

The seasonal flu programme is a long-established and successful vaccination programme. The service is offered to patients who are particularly susceptible to the flu for example because of their health condition, age or because they are pregnant.

NHS England has established a centralised service for the management of both the COVID-19 and seasonal flu vaccination programmes. This service is supported by a central system, the Immunisation Management System.

The key functions of this system are to enable identification of priority groups, to send invitations to book appointments for vaccination, to manage and monitor the progress of the programme.

In summary, the system works as follows:

#### ***Loading personal information about people in England***

The demographic details of everyone resident in England or registered with a GP in England are imported into the system from the Primary Care Registration Management Service operated by NHS Digital on behalf of NHS England. After an initial load from NHS Digital, the data is kept up to date overnight.

Information about patients who are particularly susceptible to the flu because of their health condition or because they are pregnant is also uploaded into the system from data held by NHS Digital.

Further data such as lists of shielded patients, NHS staff, social care workers unpaid carers and ethnic category information are also uploaded. This data can then be used for prioritising invitation for flu or COVID-19 vaccination, and for reporting purposes.

### ***Selecting people to invite for immunisation***

The system has an interactive dashboard which will allow us to select groups of people to invite for immunisation. Factors such as age, ethnic origin, gender and underlying health conditions can be applied. We can also select NHS staff, social care workers and unpaid carers.

The system shows how many people will be invited if the selected criteria are used. The analysis will include a full geographical breakdown so users can ensure there are sufficient vaccinations and delivery capacity to meet demand. People already vaccinated will be excluded automatically so they are not invited again.

The system sends invitation letters to the people selected.

### ***Sending invitations for vaccination***

The list of people to be invited to book an appointment is sent to an automated mailing service. The mailing service prints and sends invitation letters, which explain how to book an appointment for vaccination either for flu or COVID-19.

We also send messages by SMS text messages and email using mobile phone numbers and addresses that are held on the [Personal Demographics Service](#). We send invite notifications to people who have registered on the [NHS App](#) and have opted into push notifications.

The Immunisation Management System keeps a record of everyone who has been invited for vaccination. NHS England uses this information to send reminders to people by the methods described above, if they have been invited to attend for vaccination and have not been vaccinated. We may also send reminders to people who have been invited for COVID-19 vaccination and have not booked an appointment through the National Booking System.

The NHS App Messaging Service will be run and managed by NHS South, Central and West CSU Immunisation Management Service.

NHS App Messaging Service will be processing data received from the NIMS Database and sending specified Messages to citizens via the NHS App.

These messages will be Invitations & Reminders for patients who are eligible for specific immunisations.

Any message failures will be scraped up and sent for onwards processing to the NIMS Hybrid mail partner for onward processing via existing processes for SMS / Email or Letter invitations.

The role of NHS Digital is to:

- define cohorts for vaccination, based on guidance from JCVI and NHS England on which groups are priority

- Send notifications of vaccine eligibility to people based on NHS England cohorts
- provide a national booking service that enables people to book vaccination appointments through the NHS website, and staff at vaccination sites to manage and check-in people for appointments
- continue to link national and local booking systems
- coordinate and assure third party systems to capture and manage vaccination events
- provide and/or manage data flows and make sure they are shared safely and appropriately
- oversee the clinical safety, quality and security of the solutions within each of the vaccination settings

### ***Booking appointments***

The list of people that have been invited for a COVID-19 vaccination is sent to the National Booking System, which invitees can use to book an appointment online. This system is managed by NHS Digital.

NHS England and the Department of Health and Social Care have also established a [COVID-19 vaccine telephone booking service](#) – available by dialling 119.

### ***Informing GPs***

The system sends daily updates to GP systems to allow them to update their local record and monitor progress for their patients.

### ***Recording vaccinations given***

When someone attends for vaccination the immuniser will be able to use one of a number of applications provided by NHS England as a controller to record the details of vaccinations administered and any adverse reactions. The central Immunisation Management System is updated with this information.

Other attributes are collected at the point of care include:

- Carer
- Social care worker
- Health care worker
- Care home worker
- Care home resident
- Ethnic category
- Vaccination location
- Care home details

These applications obtain details of current immunisation status from the Immunisation Management System to so that the immuniser can make an informed decision on whether it is safe to administer the immunisation or not.

Vaccination providers that use these applications are able to obtain reports from them on the people they have vaccinated, to enable them to conduct second dose COVID vaccination recall.

### **Statistics**

The system includes a business intelligence tool which provides comprehensive analysis of how the vaccination programmes are progressing, nationally and locally.

### **Categories of personal data and sources**

The Immunisation Management System obtains names, addresses telephone numbers, other personal details, and GP registration information from the Primary Care Registration Management service that NHS Digital manages as a processor for NHS England.

It receives information about health conditions and other factors that can make people vulnerable to the flu from NHS Digital who collect it from GP Practices, acting under directions from the Secretary of State for Health and Social Care. We also obtain information about ethnic category from NHS Digital.

It receives information about vaccinations given from GP Practices, pharmacies and other vaccination centres. This is so that we can send out reminder letters, inform GPs for them to update their records, and monitor the progress of the vaccination programme.

The data collection and reporting system receives information about vaccination decisions – given or not given. It also includes demographic data about NHS staff from the NHS Electronic Staff Record, obtains NHS Numbers traced from the Primary Care Registration Management service

Lists of unpaid carers are obtained via NHS Digital from the Department for Work and Pensions, Local Authorities and other sources.

### **Categories of recipients**

The system sends lists of people to be invited for vaccination to the mailing service managed by NHS England, and for COVID-19 vaccination invitations, the National Booking Service managed by NHS Digital.

The system sends information to GP Practices so that they can update their records about vaccinations that their patients have received at pharmacies or other vaccination centres.

The system sends personal data to the NHS England [COVID-19 datastore](#).

Personal data relating to COVID-19 vaccination from the Immunisation Management System is shared with the following external agencies:

- Public Health England – an executive agency sponsored by the Department of Health and Social Care
- Joint Biosecurity Centre (JBC) – a directorate of the Department of Health and Social Care
- Trusted Research Environments – operated by the Office for National Statistics (ONS) and Health Data Research (HDRUK)
- SPI-M – an independent group set up by the Government to support the Scientific Advisory Group for Emergencies (SAGE)
- NHS Digital – joint controller with NHS England for processing to facilitate the analysis, linkage and dissemination of data about COVID-19 vaccination (under the [COVID-19 Public Health \(NHS England\) Directions 2020](#)) to requestors who have an appropriate legal basis to process it.
- The Department of Health and Social Care receives data about individuals' immunisation status in order to issue the [NHS COVID pass](#).

The following organisations provide data processing services:

- South, Central and West Commissioning Support Unit (part of NHS England) - authorised staff for the purposes of administering The National Immunisation Management Service
- Synertec – a data processor engaged to send letters and texts
- System C – a data processor engaged to provide the technical structure of the National Immunisation Management Service
- Suppliers of systems deployed in provider organisations to record vaccination events
- NHS Digital – management of data flows

## Measles, Mumps and Rubella call and recall service

### Purposes for processing

The National Immunisation Management Service supports call and recall for Measles, Mumps and Rubella (MMR) vaccination as described below.

Measles is a highly infectious viral illness that can be very unpleasant and sometimes lead to serious complications, including infections of the lungs. Anyone can get measles if they have not been vaccinated or have not had it before, although it's most common in young children.

Measles can be prevented by having the Measles, Mumps and Rubella (MMR) vaccine, which is given in 2 doses as part of the NHS childhood vaccination programme. The first dose is given on or around 12 months old, and a second dose is given at or soon after 3 years and 4 months old. Adults and older children can be vaccinated at any age if they have not been fully vaccinated before. Children are at additional risk if MMR is circulating among the population.

NHS England wish to contact parents of the cohort of children age 1 rising to 6 years as quickly as possible so that catch up of missed or delayed vaccination as a result of the COVID-19 pandemic is achieved. The primary purpose is to increase MMR

uptake for the wellbeing of the individual child and to decrease the risk to the public as a whole of a significant measles outbreak occurring. There is therefore a public interest in reducing likelihood of a measles outbreak and maintaining a good level of immunity.

The purpose of the MMR vaccination programme call and recall service is to promote the take-up of the MMR vaccine amongst individuals between the ages of 1 to 25 years who have not received dose 1 and/or dose 2 MMR vaccinations. This will be achieved through the sending of letters, follow-up letters and texts to parents of children or individuals registered with a GP in England who have not received a full two doses of MMR vaccine, to remind them to arrange and take up an MMR vaccination with their GP Practice.

Letters and texts are scheduled to be sent from September 2022 onwards. Communication scheduling will be subject to provider capacity, vaccine supply, priority age cohorts and emerging population susceptibility risks.

### **Sources of the data**

GP Practices' GP IT System Suppliers provide the MMR call and recall service dataset to NHS Digital. The Immunisation Management System database will be updated daily with a new flow of data from NHS Digital to update any change in vaccination status.

### **Categories of personal data**

The following personal data of individuals aged 1-25 years registered with an English GP practice who have not received the full two-dose MMR vaccination in England will be processed.

- Name
- Address
- Date of birth
- Gender
- NHS number
- MMR vaccination details and status for 1st and 2nd dose
- Date and site where vaccination given
- Whether refused vaccinations or vaccination not given
- Date of refusal/not given

## **Choosing your COVID-19 vaccination invitation preference**

We have set up a service for people to choose whether they receive invitations and reminders to attend for COVID vaccination. This is available at <https://www.nhs.uk/covid-invite-preferences>. The service is available aged 16 and over.

NHS England has received requests from data subjects to stop sending them invitations to book for COVID-19 vaccination. We have treated these as right to object requests. To date (17/12/2021) we have declined them on the basis that we

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have compelling legitimate grounds to continue processing, underpinned by our statutory powers and the need to respond to the pandemic emergency.

With the success of the vaccination programme and wide publicity about how important vaccination is, we now acknowledge that grounds to continue processing specifically to send invitation letters for COVID-19 vaccinations where a subject has objected have diminished. So, we have set up the Choose your COVID-19 vaccination invitation preference service.

When you access this service, we need to verify your identity. You will need to provide your name, date of birth, and either your NHS Number or postcode. Once we find a match and verify this, using a security code sent to your registered mobile number or email address, we do not keep this information. There is a facility to find an NHS number if you do not know it.

You will also need to have an email address or mobile phone number that you have registered with your GP, and so with the [Personal Demographics Service](#) managed by NHS Digital. This is used to send you a security code (via the GOV.UK Notify service) which you enter into the system, before proceeding to choose whether or not to receive COVID-19 appointment invitations.

Once you have made your preference, your choice is saved against your NHS number. This is the minimum amount of information that we need to provide this service.

We also record and store audit data each time you use the service, including the date and time and internet protocol (IP) address. This is stored to help us monitor the service and protect the service for malicious use. Your data is stored on secure servers in the European Economic Area.

Access to the service is also available by calling 119. The call handler talks you through the process, entering the data you provide into the online service. You provide your name, date of birth, and either your NHS number or postcode to the call handler so they can verify your identity. You also need to have your registered mobile phone or email account available so you can receive the security code and provide it to the 119 call handler.

If you have difficulty communicating or are a British Sign Language (BSL) you can use textphone 18001 119 or the NHS BSL interpreter service.

Whilst you will no longer receive COVID-19 vaccine invites, your details will continue to be stored on the Immunisation Management System, for the purposes of managing and monitoring the progress of the programme.

If circumstances were to change, for example should the effects of the COVID-19 pandemic significantly worsen, we may consider whether we have compelling grounds to send vaccination invitations irrespective of any preference set.

Setting your COVID-19 contact preference using this central service will not stop other organisations such as your GP practice from sending you invitations for vaccination.

## Vaccine Data Resolution Service

We have set up a Vaccine Data Resolution Service (VDRS) to rectify data quality issues identified within the COVID-19 vaccination records for people vaccinated as part of the Vaccination Programme. This involves adding missing vaccination records, amending or deleting incorrect records.

One part of the service is accessed by people calling 119 if they suspect that their vaccination records are incorrect. The VDRS call handlers check the caller's personal details against the [Personal Demographics Service](#) then ask for details of vaccinations given or errors. When the resolution has been established the call-handler makes appropriate updates in the Immunisation Management System (IMS).

Another part of the service involves searching for incorrect records, for example where there is a second vaccination recorded without the first. When we find incorrect records like this, our VDRS team call people on the phone number registered with their GP to ask them if they would like the record to be corrected. If they agree and the correct information is established, the IMS records are updated.

The third part of the service is to create records where people have been vaccinated abroad. Only records of vaccines that are approved for use in the UK are recorded. Someone who has had vaccination abroad and wants it recorded books an appointment on the National Booking Service – either online or via 119. They attend the vaccination centre they've booked where the evidence of the vaccination is reviewed by a trained clinical administrator. Photographic ID is checked to ensure it matches that of the booking, the Personal Demographic Service record and the individual presenting it. It is also matched with the vaccine evidence to be provided. The vaccination centre then sends the required changes to our VDRS team to update the records in the IMS.

### **Data Protection Impact Assessment: National Flu and COVID-19 Vaccination Programme including the National Immunisation Management Service (NIMS)**

[View the Data Protection Impact Assessment: National Flu and COVID-19 Vaccination Programme including the National Immunisation Management Service \(NIMS\)](#)

### **Data Protection Impact Assessment: National Immunisation, Vaccination System – Health Care Workers**

[View the Data Protection Impact Assessment National Immunisation, Vaccination System – Health Care Workers](#)

## Legal basis for processing

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For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'

For the processing of special categories (health) data the conditions are

Article 9(2)(h) – '...health or social care...'

Article 9(2)(i) – '...public health purposes...'

Article 9(2)(j) – '.....archiving...research...or statistical purposes...'

For processing special categories (ethnicity) data the conditions are

Article 9(2)(b) – '...social protection law...' (for monitoring equality of access)

Article 9(2)(h) – '...health or social care...'

Article 9(2)(j) – '.....archiving...research...or statistical purposes...'

NHS England's basis to process confidential patient information, setting aside the duty of confidence, is regulation 3(3) of the Health Service (Control of Patient Information) Regulations 2002 (COPI), which were made under section 251 of the NHS Act 2006.

## NHS Genomic Medicine Service: Whole Genome Sequencing

*How we use personal data to provide genomic testing*

### NHS Genomic Medicine Service

#### Purposes and controllers

NHS England is commissioning an [NHS Genomic Medicine Service](#). This service is available to clinicians anywhere in England and it gives them a facility to order tests based on the analysis of their patients' whole genome – their genetic makeup.

The service is provided by seven Genomic Lab Hubs each of which is made up of number of NHS Trusts or NHS Foundation Trusts (“GMS NHS Trusts”) which provide testing, interpretation and reporting services.

The GMS NHS Trusts together with NHS England are responsible as joint controllers under data protection legislation for the processing of personal data to provide the NHS Genomic Medicine Service. A list of the GMS NHS Trusts with links to their online privacy notices is presented below.

The labs use a computer system called the National Genomic Information System (NGIS), which NHS England has commissioned for them from Genomics England Ltd. Genomics England is a processor for the provision of the NGIS, acting on the instructions of NHS England for the Trusts that provide lab services.

#### How personal data is used for your genomic test

The human genome is made up of 3 billion letters of DNA (A, T, C and G). Whole genome sequencing is a technique that is used to ‘read’ these letters and finds their order one by one. The digital record of this sequence can be then analysed by computers to produce information to inform the diagnosis and treatment of rare conditions or cancer.

When a clinician orders a whole genome sequence test using the new service, he or she will send a blood or tissue sample with an order form to a pathology laboratory that has been designated to perform the type of test being requested in the local area. This lab will extract the DNA from the sample and send it to a specialist lab that puts the DNA into a tube or “well” in a rack or “plate” of other samples. In this way the samples are organised so that they are matched to the right patient when they are analysed, ensuring that the patient gets the result that relates to their test. As a double check the lab that extracted the DNA keeps a DNA signature from the sample, which is then compared to the sequenced DNA.

The plates of samples are sent to a company called Illumina that carries out the whole genome sequencing process. Illumina is contracted to Genomics England to provide this service.

A digital file is created with the unique 3 billion letters, and this is sent to Genomics England's Bioinformatic Pipeline. This system analyses the DNA sequence, guided by the type of test that has been ordered, and creates an automatic interpretation of parts of the genome that are relevant to the patient's condition. The facts that are presented in this automatic interpretation are further interpreted by clinical scientists in the Genomic Lab Hubs.

The NGIS is accessed by lab staff who have access permissions enabled that are appropriate to their role. As this is a national service, lab staff with access enabled can see the genomic records of any patient that has had a test requested for them. This enables clinical scientists that specialise in a particular condition to provide interpretation services for patients outside their area.

### **Genomics Multi-Disciplinary Teams**

The GMS NHS Trusts host meetings of multi-disciplinary teams (MDTs) which review individual cases. Clinicians from the GMS Trusts and referring clinicians attend these meetings to collaborate in reviewing their cases.

The MDT meetings are supported a Genomics Management System that allows the display and annotation of genomic information from the National Genomic Information System. The system is accessed only by authorised individuals in NHS Trusts.

### **Managing and improving the service**

Personal data is processed for the following purposes by the GMS NHS Trusts and NHS England

- The improvement of delivery of direct care (clinical care), which includes supporting the development of knowledge of genomic variants as well as maintaining and improving the quality of the service;
- The improvement of the service, driving improvements in access, effectiveness and efficiency.

Data that identifies patients directly is not disclosed outside the team providing care for these purposes. The data is de-identified or aggregate numbers.

NHS England receives a monthly Patient Level Contract Monitoring Dataset from each of the GMS NHS Trusts for its commissioning purposes. This is collected by NHS Digital and provided to NHS England in de-identified form – see [Data Services for Commissioners](#).

### **Research**

Every patient that is offered a whole genome test is asked if they want to donate your sample (blood / saliva / tissue, etc.), genome sequence and health data for research co-ordinated by Genomics England.

For patients who agree, NHS England, on behalf of the Trusts that provided that provided the genomic test will allow Genomics England to access personal data held in the NGIS for inclusion in the National Genomic Research Library. This is a secure national database of genomic and health data managed by Genomics England.

Genomics England Ltd is controller under data protection legislation for the purposes of the National Genomic Research Library. See <https://www.genomicsengland.co.uk/national-genomic-research-library/>

### **Categories of personal data**

The following types of personal data are processed:

- Patient Identifiers including NHS Number
- Demographics – name, address, date of birth, ethnicity, registered GP
- Clinical pathway
- Family identifiers – where relevant
- Clinical Indicators – nature of condition, details of condition
- Clinical measurements and observations relevant to condition specific to cancer or rare and heritable disease pathways
- Clinical ethnicity and clinical sex details
- Details of genomic testing and related procedures – e.g. the type of test performed
- Link to previous requests and tests
- Whole Genome Sequence -
  
- Special Categories of Personal Data include
  - Racial or ethnic origin
  - Genetic data
  - Health data

### **Joint Controller Agreement**

NHS England and the GMS NHS Trusts have entered into a Joint Controller Agreement which provides a framework for how they will work together to ensure that they comply with data protection requirements when they process personal data for the purposes of the Genomic Medicine Service. In this agreement they make the following commitments

- They will make sure that they are transparent about their joint purposes for Processing Personal Data
- They will make sure that anyone who wants access to their Personal Data, or to exercise other rights under Data Protection Law, have an easily accessible point of contact to make their request (see the GMS NHS Trusts privacy notices below)
- They will make sure that their data protection policies and procedures properly govern their processing of personal data

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- They will make sure that personal data that they process, or is processed on their behalf by processors, is protected by appropriate technical and organisational security measures
- They will make sure that their personnel have a confident understanding of their data protection responsibilities
- They will not transfer personal data outside the European Economic Area unless appropriate legal safeguards are in place in accordance with data protection law.

### The GMS NHS Trusts and privacy notices

<b>North West Genomic Laboratory Hub</b>	
Manchester University NHS Foundation Trust	<a href="https://mft.nhs.uk/privacy-policy/">https://mft.nhs.uk/privacy-policy/</a>
The Christie NHS Foundation Trust	<a href="https://www.christie.nhs.uk/about-us/data-protection">https://www.christie.nhs.uk/about-us/data-protection</a>
Liverpool Women's NHS Foundation Trust	<a href="https://www.liverpoolwomens.nhs.uk/news/use-of-your-personal-information-gdpr/">https://www.liverpoolwomens.nhs.uk/news/use-of-your-personal-information-gdpr/</a>
<b>Yorkshire, North East and Cumbria Genomic Laboratory Hub</b>	
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	<a href="https://www.newcastle-hospitals.nhs.uk/help/privacy/">https://www.newcastle-hospitals.nhs.uk/help/privacy/</a>
The Leeds Teaching Hospitals NHS Trust	<a href="https://www.leedsth.nhs.uk/patients-visitors/patient-and-visitor-information/how-we-use-your-data/fair-processing-notice/">https://www.leedsth.nhs.uk/patients-visitors/patient-and-visitor-information/how-we-use-your-data/fair-processing-notice/</a>
Sheffield Children's NHS Foundation Trust	<a href="https://www.sheffieldchildrens.nhs.uk/your-information/">https://www.sheffieldchildrens.nhs.uk/your-information/</a>
<b>South West Genomic Laboratory Hub</b>	
North Bristol NHS Trust	<a href="https://www.nbt.nhs.uk/about-us/information-governance">https://www.nbt.nhs.uk/about-us/information-governance</a>
Royal Devon and Exeter NHS Foundation Trust	<a href="https://www.rdehospital.nhs.uk/media/ipopl3vv/rde-patient-privacy-notice.pdf">https://www.rdehospital.nhs.uk/media/ipopl3vv/rde-patient-privacy-notice.pdf</a>
<b>West Midlands, Oxford and Wessex Genomic Laboratory Hub</b>	
Birmingham Women's and Children's NHS Foundation Trust	<a href="https://bwc.nhs.uk/privacy-policy">https://bwc.nhs.uk/privacy-policy</a>
University Hospitals Birmingham NHS Foundation Trust	<a href="https://www.uhb.nhs.uk/privacy-notice/patients">https://www.uhb.nhs.uk/privacy-notice/patients</a>
Oxford University Hospitals NHS Foundation Trust	<a href="https://www.ouh.nhs.uk/privacy/default.aspx">https://www.ouh.nhs.uk/privacy/default.aspx</a>

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Salisbury NHS Foundation Trust	<a href="https://www.salisbury.nhs.uk/about-us/your-patient-information-privacy-notice/">https://www.salisbury.nhs.uk/about-us/your-patient-information-privacy-notice/</a>
University Hospital Southampton NHS Foundation Trust	<a href="https://www.uhs.nhs.uk/AboutTheTrust/Information-rights/Information-rights.aspx">https://www.uhs.nhs.uk/AboutTheTrust/Information-rights/Information-rights.aspx</a> <a href="https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Visitinghospital/Your-personal-data-and-your-rights.pdf">https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Visitinghospital/Your-personal-data-and-your-rights.pdf</a>
<b>East Midlands and East of England Genomic Laboratory Hub</b>	
Cambridge University Hospitals NHS Foundation Trust	<a href="https://www.cuh.nhs.uk/patient-privacy/">https://www.cuh.nhs.uk/patient-privacy/</a>
Nottingham University Hospitals NHS Foundation Trust	<a href="https://www.nuh.nhs.uk/privacy-and-cookies">https://www.nuh.nhs.uk/privacy-and-cookies</a>
University Hospitals of Leicester NHS Trust	<a href="https://www.leicestershospitals.nhs.uk/aboutus/about-this-website/privacy/data-protection/">https://www.leicestershospitals.nhs.uk/aboutus/about-this-website/privacy/data-protection/</a>
<b>London North Genomic Laboratory Hub</b>	
Great Ormond Street Hospital for Children NHS Foundation Trust	<a href="https://www.gosh.nhs.uk/privacy">https://www.gosh.nhs.uk/privacy</a>
The Royal Marsden NHS Foundation Trust	<a href="https://www.royalmarsden.nhs.uk/privacy">https://www.royalmarsden.nhs.uk/privacy</a>
Imperial College Healthcare NHS Trust	<a href="https://www.imperial.nhs.uk/patients-and-visitors/patient-information/my-records">https://www.imperial.nhs.uk/patients-and-visitors/patient-information/my-records</a>
Barts Health NHS Trust	<a href="https://www.bartshealth.nhs.uk/privacy">https://www.bartshealth.nhs.uk/privacy</a>
University College London Hospitals NHS Foundation Trust	<a href="https://www.uclh.nhs.uk/aboutus/Pages/Cookiepolicy.aspx">https://www.uclh.nhs.uk/aboutus/Pages/Cookiepolicy.aspx</a>
Royal National Orthopaedic Hospital NHS Trust	<a href="https://www.rnoh.nhs.uk/patients-and-visitors/medical-records">https://www.rnoh.nhs.uk/patients-and-visitors/medical-records</a>
Royal Free London NHS Foundation Trust	<a href="https://www.royalfree.nhs.uk/patients-visitors/privacy-notice/">https://www.royalfree.nhs.uk/patients-visitors/privacy-notice/</a>
<b>London South Genomic Laboratory Hub</b>	
Guy's and St Thomas' NHS Foundation Trust	<a href="https://www.guysandstthomas.nhs.uk/resources/patient-information/all-patients/your-nhs-health-records.aspx">https://www.guysandstthomas.nhs.uk/resources/patient-information/all-patients/your-nhs-health-records.aspx</a>
King's College Hospital NHS Foundation Trust	<a href="https://www.kch.nhs.uk/about/corporate/data-protection">https://www.kch.nhs.uk/about/corporate/data-protection</a> <a href="https://www.kch.nhs.uk/patientsvisitors/patients/what-you-need-to-know/patient-information">https://www.kch.nhs.uk/patientsvisitors/patients/what-you-need-to-know/patient-information</a>
St George's University Hospitals NHS Foundation Trust	<a href="https://www.stgeorges.nhs.uk/about/privacy-notice/">https://www.stgeorges.nhs.uk/about/privacy-notice/</a>
Royal Brompton & Harefield NHS Foundation Trust	<a href="https://www.rbht.nhs.uk/patients-visitors/patients/access-your-medical-records">https://www.rbht.nhs.uk/patients-visitors/patients/access-your-medical-records</a>

### **Legal basis for processing**

For GDPR purposes NHS England's and the GMS NHS Trusts' lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'

For the processing of special categories (health) data the bases are

9(2)(h) – '...health or social care...' – for the provision of the testing service

9(2)(g) – '...necessary for reasons of substantial public interest...' Underpinned by paragraph 8 (Equality of opportunity or treatment) of Schedule 1 to the Data Protection Act 2018 – for processing of racial or ethnic origin

9(2)(j) – '...research purposes...' – for dissemination to Genomics England Ltd. for inclusion in the National Genomic Research Library

## Data Analytics

***How we use de-identified personal data to support our Purpose: “To lead the NHS in England to deliver high-quality services for all”***

### Data Analytics and NHS England’s Purpose

#### Supporting NHS England’s Purpose

NHS England needs information to achieve its Purpose – *To lead the NHS in England to deliver high-quality services for all*. Our analysis of de-identified personal data relating to peoples’ NHS care is essential to providing us with much of this information.

Our purpose statement provides clarity on what NHS England is seeking to achieve. It drives both ‘what’ we do (how we add value and what our priorities are) as well as ‘how’ we operate (our values, behaviours and accountabilities, and structures). [NHS England’s operating framework](#) sets out what we will do to achieve our Purpose and how we will do it:

- enabling local systems and providers to improve the health of their people and patients and reduce health inequalities;
- making the NHS a great place to work, where our people can make a difference and achieve their potential;
- working collaboratively to ensure our healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care;
- optimising the use of digital technology, research and innovation; and
- delivering value for money.

Activities to deliver these, and all of our public tasks are underpinned by functions and duties set out in legislation. Our statutory functions relate to, for example, the commissioning of primary care services, some secondary care services, and to the administration of screening services. A selection of our statutory duties from the NHS Act 2006 is set out below:

- 13C. Duty to promote NHS Constitution
- 13D. Duty as to effectiveness, efficiency etc.
- 13E. Duty as to improvement in quality of services
- 13F. Duty as to promoting autonomy
- 13G. Duty as to reducing inequalities
- 13H. Duty to promote involvement of each patient
- 13I. Duty as to patient choice
- 13J. Duty to obtain appropriate advice
- 13K. Duty to promote innovation
- 13L. Duty in respect of research
- 13M. Duty as to promoting education and training
- 13N. Duty as to promoting integration
- 13NA. Duty to have regard to wider effect of decisions
- 13NB. Guidance about discharge of duty
- 13NC. Duties as to climate change etc

- 13ND. Guidance about discharge of duty under section 13NC etc
- 13O. Duty to have regard to impact on services in certain areas
- 13P. Duty as respects variation in provision of health services

As a statutory organisation NHS England is legally obliged to perform its functions and duties. We cannot perform them without a clear understanding of how the NHS is performing in relation to them. It is essential that we have information about all aspects of NHS services and its operating environment to achieve our Purpose.

Much of the information that we need can only be produced by analysing data obtained from providers of NHS care. The data that we analyse is de-identified or 'pseudonymised' personal data. This is data that relates to individuals, with for example information about the care they have received, but with no data items that identify them directly. NHS England may analyse this data to facilitate any of its statutory functions and duties. As the data is de-identified people's confidentiality is respected.

### **Analytical environments**

The Unified Data Access Layer (UDAL) is our main analytical environment. It is a secure de-identified environment, technically and organisationally segregated both from source environments holding identifiable data and from the environment in which pseudonymisation is performed. (Our legacy environments use the same processes).

The general principle in UDAL is that users only have access to the data for which they require access. No data outside of "public" data is available to all users as standard. This public data includes published data as well as some additional internally derived reference data. It does not include any patient level data.

Access to UDAL for new users must be approved by line managers, and the Data Operations team being led by the Information Asset Owner. Further approval and justification is required for access to the restricted pseudonymised datasets.

### **Data collections**

NHS England has a power to collect and analyse information from health organisations, when directed to do so by the Secretary of State for Health and Social Care, using powers under the Health and Social Care Act 2012. When acting under directions, NHS England may collect and analyse personal data, including confidential information for purposes set out in the direction. When directed NHS England has a power to require the provision of data by health providers.

When pseudonymised and transferred to our de-identified environments the data may be analysed for purposes relating to any of our statutory functions or duties as described above, provided that this is not incompatible with the purpose for which the data was collected.

### **Merger with NHS Digital**

In February 2023 [NHS Digital merged with NHS England](#). NHS England acquired many of NHS Digital's statutory powers and duties and has also become controller responsible for processing previously conducted by NHS Digital.

Before the merger, both NHS England and the Secretary of State for Health and Social Care could give a direction requiring NHS Digital to collect and analyse data from providers of NHS services.

When directed, NHS Digital could then require the provision of the data by these providers. This data could include fully identifiable personal data and confidential information. NHS Digital would then disseminate the data in pseudonymised form to NHS England for our analysis. The data processed by NHS England analysts was considered 'anonymous in context'.

With the merger, the Secretary of State can make similar directions to NHS England, and all existing directions to NHS Digital are to be read as if given by the Secretary of State to NHS England. The consequence of this is that NHS England can collect and analyse fully identifiable personal data when directed to do so.

As NHS England is now responsible for the de-identification process, we now have the technical ability within the organisation to re-identify the data held in pseudonymised form. So, it can no longer be considered 'anonymous in context'. To prevent re-identification and maintain confidentiality, NHS England must separate the processing of identifiable data collected under directions from the derived pseudonymised data held in our analytical environments.

To this end the Secretary of State has given the [NHS England De-Identified Data Analytics and Publication Directions 2023](#). These require NHS England to put in place arrangements for the governance of ongoing processing of de-identified data that it previously obtained from NHS Digital and a framework for the future analysis, linkage and de-identification of data NHS England needs to access in the exercise of its functions in connection with the provision of health services.

As the directions mandate the processing by NHS England of de-identified personal data in support of its functions, the lawfulness of processing such data for **any** purpose that is "...not incompatible with the purpose for which the identifying data was obtained..." is explicit and transparent. This depends on the segregation of pseudonymised and identifiable environments as explained above.

The links below give access to directions given to NHS Digital by NHS England and the Secretary of State

[NHS England Directions](#)  
[Secretary of State Directions](#)

See also: [Data Services for Commissioners](#)

### **Sources of the data**

The information may be collected by NHS England under directions, from any organisation that provides health services to the NHS, including NHS Trusts, NHS Foundation Trusts, GP Practices and other primary care providers and local authorities.

### **Categories of personal data**

The details of the individual collections are specified in the directions. This may include records representing individual items of care, or summarised information including just numbers.

Where information about individual patients and their care is collected, this will usually include their NHS Number, other similar identifiers, postcode and date of birth. These are needed to make sure that the data is correct, and to allow linkage to other data. The data will include information about the health care received, administrative information, and may include ethnicity.

As described above identifiable personal data collected under directions is pseudonymised and transferred to our de-identified environments for analysis.

### **Categories of recipients**

Within NHS England personal data collected under directions is processed by teams authorised to manipulate the data in identifiable form, to prepare it for the purpose set out in the direction. This processing may involve linkage to other datasets held by NHS England.

Data is released in pseudonymised form to NHS England's de-identified environments, in accordance with the Analytics Directions described above. From here it may be accessed by analysts.

Data may be released in identifiable form only where there is an established legal basis, for example approval by the Secretary of State under the Health Service (Control of Patient Information) Regulations 2002 ('section 251 support') – see for example [Assuring Transformation](#).

Data may be released to other organisations in a form that is anonymised in line with the Information Commissioner's Anonymisation code of practice, or in identifiable form where there is an established legal basis. All requests for data from other organisations are dealt with by the [Data Access Request Service](#).

### **Legal basis for processing**

For UK GDPR purposes NHS England's lawful bases for processing are:

Article 6(1)(c) – '...legal obligation...' when acting under directions from the Secretary of State, and

Article 6(1)(e) – '...exercise of official authority...' when processing in support of our statutory functions.

For the processing of special categories (health) data the conditions may be one or more of articles

9(2)(h) – '...health or social care...';

9(2)(i) – '...public health...'

9(2)(j) – '...research purposes or statistical purposes...'

## How we use your information

*How we use personal data to perform our functions.*

## Coronavirus (COVID-19) Response

*How we use personal data to support the NHS response to the COVID-19 pandemic.*

### NHS COVID-19 Data Store

#### Purposes for processing

NHS England is providing a national response to the COVID-19 pandemic. Data is providing us with evidence to help keep the public safe and provide the best possible response to the virus. We are working with multiple companies under strict contractual controls to support our approach.

To support this, we have established an NHS COVID-19 Data Store. This will ensure that data can be used by the NHS and government to look at trends to monitor the spread of the virus and implement appropriate measures to ensure services and support is available to patients. For example, the data can be used to look at bed capacity in hospitals or the number of ventilators available in a particular area.

#### What data is included?

The data required to support the response to COVID-19 is obtained from a number of sources. The datasets are listed in the [COVID-19 Datastore Reference Library](#).

We are working with our partners to ensure that the data in the store is comprehensive. Both NHS Digital and The UK Health Security Agency (UKHSA) are providing data to the store. The datasets provided by NHS Digital are pseudonymised prior to going into the NHS Data Store to ensure that individual patients are not identifiable.

The following datasets are received in identifiable form directly from UKHSA and the Intensive Care National Audit and Research Centre:

- NHS England receives identifiable data from UKHSA. This includes Lab test data
- Data from the COVID-19 Hospitalisation in England Surveillance System (CHESS) database.
- Intensive Care National Audit and Research Centre (ICNARC) – Care provided to COVID-19 patients and discharge data

This data is validated by NHS England and pseudonymised before it is uploaded to the NHS COVID-19 Data Store. All data processed in the NHS COVID-19 Data Store is either pseudonymised, anonymised or aggregated and therefore does not identify any individual.

**Categories of personal data**

The NHS COVID-19 Data Store holds personal data representing aspects of individual patient's access to health services including diagnosis, treatment and patient management information. The personal data held in the NHS COVID-19 Data Store is pseudonymised in line with Information Commissioner's Office (ICO) guidance and best practice and does not identify individual patients.

**Organisations and their roles**

NHS England and the Department for Health and Social Care are the legal organisations working together to ensure data can be collected and processed safely and securely. NHS England is the Data Controller for the data held in the data store and there is an agreement in place which sets out the roles and responsibilities of each organisation when we are working jointly.

Other organisations which are supporting the work on the NHS COVID-19 Data Store either have a commercial contract (which covers supporting the technology element of the store); a data processing contract; or an honorary contract where direct access to data is required to support NHS requirements.

The NHS COVID-19 Data Store sits on a Microsoft Azure platform under contract with NHS England. Within that secure cloud processing environment, Palantir (acting under instruction from NHS England) manage their platform which is called Foundry.

Palantir, have built analytical dashboards for access by NHS England staff, together with staff in the following organisations working under contract: Faculty AI, McKinsey and Deloitte. Data which is pseudonymised, is only available to staff working under contract with NHS England or DHSC.

The table below sets out each organisation and their role and contract types with level of access to data:

<b>Organisation</b>	<b>Role</b>	<b>Contract Type</b>	<b>Level of Access</b>
Faculty Ltd	Support and help improve the NHSX Innovative Data Analytics capacity and capability	G-Cloud Call off Contract with DHSC & Honorary contracts with NHSE/I	Pseudonymised/Aggregate /Anonymous
McKinsey	Support and help improve the Innovative Data Analytics capacity and capability	Contract with DHSC & Honorary contracts with NHSE/I	Pseudonymised/Aggregate /Anonymous
Deloitte	Support and help improve the Innovative	Contract with DHSC & Honorary	Pseudonymised/Aggregate /Anonymous

	Data Analytics capacity and capability	contracts with NHSE/I	
ANS Group	Support and platform build only	Contract with NHSE through SBS cloud solution framework	Pseudonymised/Aggregate /Anonymous
Palantir/using their Foundry platform	Set up platform for NHS COVID 19 Data Store	G-Cloud Call off data processing contract with NHSE	Pseudonymised/Aggregate /Anonymous

### Who will access the data?

The secure NHS COVID-19 Data Store brings together and protects accurate, real-time information to inform strategic and operational decisions in response to the current pandemic in one place. A number of different dashboards will be used by different organisations to support the response as shown below:

- a public Information Dashboard, showing statistics on cases of coronavirus and deaths associated with coronavirus in the UK, updated daily
- a Strategic Decision Makers Dashboard, providing a national summary of situation report (SitRep) information, alongside modelling, simulations and analysis. These dashboards are designed to help senior national and regional officials to make policy and strategic decisions in response to Covid-19. Only Government and senior regional analysts and managers are given access to this dashboard.
- an NHS Operational Dashboard, providing local NHS and local government organisations with a clear picture of what is happening both across the country and specifically in their area so that they can take the right local action.

### Legal basis for processing

For GDPR purposes NHS England's basis for lawful processing is

Article 6(1)(c) – ‘...compliance with a legal obligation...’.

Article 6(1)(e) – ‘...exercise of official authority...’.

For special categories (health) data the bases are

Article 9(2)(h) – ‘...health or social care...’;

Article 9(2)(i) – ‘...public health...’;

Article 9(2)(j) – ‘...archiving...research...or statistical purposes...’.

Our mandate to process confidential patient information, setting aside the duty of confidence, has been a notice from the Secretary of State for Health and Social Care under regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (“COPI notice”). This supplements our permissive powers under

regulation 3(3) to process confidential patient information for purposes related to communicable disease and other risks to public health.

A similar notice to organisations providing health services, GP practices, Local Authorities and Arm's Length Bodies of DHSC provided the basis for requiring the dissemination of confidential patient information to NHS England and NHS Improvement for Covid-19 Purposes.

These notices expired on 30<sup>th</sup> June 2022.

From 1<sup>st</sup> July 2022 NHS England will continue to receive and process the confidential patient information that is necessary for Covid-19 Purposes. Although no longer mandated, the dissemination of confidential patient information to NHS England by organisations that were previously required to do so by their COPI notice remains lawful as they can apply their powers under regulation 3(3).

## OpenSAFELY – the Coronavirus (COVID-19) Research Platform

### Purposes for processing

[OpenSAFELY](#) is a secure, transparent, open-source software platform for analysis of electronic health data. The system provides access to de-identified (pseudonymised) personal data to support [approved projects](#).

The purposes for processing are to identify medical conditions and medications that affect the risk or impact of Covid-19 infection on individuals; this will assist with identifying risk factors associated with poor patient outcomes as well as information to monitor and predict demand on health services.

### Categories of personal data

The information we will process for these purposes includes:

- Demographic information (age, sex, area of residence, ethnicity);
- Clinical information pertaining to coronavirus-related care and outcomes;
- Clinical information pertaining to wider health conditions, medications, allergies, physiological parameters (e.g. BMI), prior blood tests and other investigation results, and other recent medical history (e.g. smoking status).

### Sources of the data

We collect your personal data for this purpose from:

- COVID-19 Hospitalisation in England Surveillance System (CHESS) (Public Health England), Intensive Care National Audit and Research Centre (ICNARC) and other NHS intensive care or relevant datasets containing information about the healthcare of patients with COVID-19;
- Primary care (GP) records processed by TPP and EMIS for GP practices that use their systems.

### Categories of recipients

NHS England has contracted with The Phoenix Partnership (Leeds) Ltd (TPP) and EMIS Group PLC to act as data processors to provide the OpenSAFELY platform and enable access to approved researchers.

The DataLab, University of Oxford, and the EHR research group, London School of Hygiene and Tropical Medicine (LSHTM), under contract with NHS England, specify and conduct analyses of the data held on the OpenSAFELY platform.

Organisations conducting [approved projects](#) have access to the de-identified (pseudonymised) data held on the OpenSAFELY platform.

### **Retention period**

Your data will be stored for the following period. The pseudonymised data will be retained for the duration of the Covid-19 emergency; de-identified patient level summary data will be retained for 2 years for verification of analyses.

### **Legal basis for processing**

For GDPR purposes NHS England's basis for lawful processing is

Article 6(1)(c) – ‘...compliance with a legal obligation...’.

Article 6(1)(e) – ‘...exercise of official authority...’.

For special categories (health) data the bases are

Article 9(2)(h) – ‘...health or social care...’;

Article 9(2)(i) – ‘...public health...’;

Article 9(2)(j) – ‘...archiving...research...or statistical purposes...’.

Our basis to process confidential patient information, setting aside the duty of confidence, is regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI), which were made under section 251 of the NHS Act 2006.

## **Teams Under Pressure**

### **Purposes for processing**

The purpose of “*Teams Under Pressure*” is to offer NHS line managers the means to effectively support and lead their teams during and after Covid19. This offer includes providing a web-based portal through which NHS managers can apply for coaching and mentoring along with online resources and toolkits.

### **Sources of data**

Participation for this service is voluntary, and personal data is collected via a dedicated NHS England website. Contact data will be used to facilitate training and will be shared with training providers. It is not mandatory for participants to provide any diversity information. But those who do submit this data, be assured that it will only be used for equality monitoring and will not be shared outside NHS England.

### **Categories of personal data and recipients**

The data voluntarily provided will be: name, email, contact number to be used to support the scheduling of sessions, issuing invitations and sending reminders. Additionally, other data voluntarily provided will be: NHS organisation, region, role, gender, marital status, ethnicity, religious belief, disability, age and sexual orientation. This Special Category data will only be used for diversity monitoring and evaluation and will not be shared with anyone else. The evaluation will be carried out by NHS England.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is: *Article 6(1)(e)* – '*...exercise of official authority...*' and for processing special categories (health) data the basis is: *Article 9(2)(h)* – '*...health or social care...*'.

### **National COVID-19 Chest Imaging Database (NCCID)**

The [NCCID privacy notice - NHSX](https://www.nhsx.nhs.uk/ai-lab/ai-lab-programmes/ai-in-imaging/nccid-privacy-notice/) can be found at <https://www.nhsx.nhs.uk/ai-lab/ai-lab-programmes/ai-in-imaging/nccid-privacy-notice/>

### **COVID-19 Public Inquiry: Privacy Notice for NHS England Staff**

The UK COVID-19 Inquiry (the Inquiry) has been set up to examine the UK's response to and impact of the COVID-19 pandemic. NHS England played a vital role in responding to the pandemic and will need to respond to questions and requests received from the Inquiry.

Our activity relating to the Inquiry will broadly fall into two categories:

- Preparation: We need to prepare for the questions and requests which the Inquiry may potentially ask us.
- Response: We will need to respond to the questions and requests which we receive from the Inquiry.

The below information only relates to NHS England's use of personal data for purposes relating to the Inquiry.

Further information about the terms of reference and scope of activity of the Inquiry can be found here: <https://covid19.public-inquiry.uk/>

### **Purposes for processing**

In responding to the Inquiry, NHS England will:  
help support colleagues and former colleagues  
ensure information (including personal data) is collected, shared and used in line with our internal policies and legal requirements  
manage our relationship with the Inquiry  
ensure we submit high quality evidence and  
respond to findings and lessons identified

The purposes for using and sharing your data will be:

**Preparing for the Inquiry:** As the scope and terms of reference scope of the Inquiry are publicly available, and as NHS England's role in responding to the pandemic are known, NHS England are able to prepare for the questions which the Inquiry may ask us in advance. Such preparatory work may include accessing and reviewing personal data relating to our colleagues in relation to their role in responding to the pandemic.

**Responding to the Inquiry:** When NHS England receive questions from the Inquiry, it is likely that NHS England will need to access and review the personal data of its colleagues in relation to their role in responding to the pandemic. NHS England may also need to share personal data relating to colleagues and former colleagues with the Inquiry where necessary to answer questions raised by the Inquiry. NHS England will typically only share personal data relating to senior NHS England colleagues with the Inquiry unless the sharing of junior colleagues' personal data is essential to answer a question.

## Categories of personal data

The information we will process for these purposes includes:

- Information which identifies you (e.g. your name);
- Your work-related contact information (e.g. your work email address);
- Your current contact information (e.g. if you no longer work for NHS England – this could include your home address, personal phone number);
- Information about your role with NHS England (e.g. Your job title, contract start date and end date);
- Personal information contained in communications and official documents (e.g. your name, communications you may have sent or received)

## Sources of the data

For the purpose of the Inquiry, we will mainly use personal data from the following sources:

**Information NHS England already holds:** NHS England will review and share communications and documents created for the purpose of responding to the COVID-19 pandemic which may contain your personal data relating to your role with NHS England.

**Information which you provide for the purpose of the Inquiry:** You may provide NHS England with further personal information if NHS England engage with you in relation to the Inquiry

## Categories of recipients

NHS England will disclose personal data to the Inquiry and where NHS England is instructing other parties, such as external lawyers, to support its Inquiry related activities. NHS England may share your personal data with such parties and these

organisations only where it is required to complete the tasks assigned to them by NHS England.

## Retention period

Your data is already being processed in line with NHS England's existing retention policies. More information is available here: [NHS England » NHS England as a data controller](#)

For personal data that is disclosed to, and subsequently processed by the Inquiry, please see the Inquiry website for more details: <https://covid19.public-inquiry.uk/>

## Legal basis for processing

Under the UK General Data Protection Regulation (UK GDPR) NHS England's legal basis to use your information for purposes related to the Inquiry are:

- Public task: As a public authority, NHS England can use your information to perform its public tasks where that use is in the public interest. Those tasks extend to the activities NHS England need to perform to prepare and respond to the requests NHS England receive from the Inquiry (Article 6(1)(e) of UK GDPR).
- Legal obligation: NHS England can use your personal data to meet its legal obligations. Under the Inquiries Act 2005, the Inquiry may require NHS England to provide evidence, which may include your personal data, which relates to a matter in question at the inquiry. (Article 6(1)(c) of UK GDPR).

NHS England also need an additional legal basis in the UK GDPR and the Data Protection Act 2018 (DPA 2018) to use data which is particularly sensitive such as information about a person's health, ethnicity, religion, trade union membership. These types of data are called 'special category data'.

NHS England will not typically be required to use or share your sensitive information for the purposes of the Inquiry but it could potentially be relevant, depending on the specific questions NHS England receive from the Inquiry. For example, NHS England may be required to confirm that a senior member of staff was unable to make a decision because they were not working at the relevant time due to illness. If it is necessary to use or share your sensitive information for the purpose of the Inquiry, NHS England will rely on the following additional legal basis:

- Substantial public interest: NHS England's use of your information is necessary for reasons of substantial public interest based on UK law which is proportionate to the purposes (set out above). (Article 9(2)(g) of UK GDPR). NHS England have a statutory obligation under the Inquiries Act 2005 to fulfil the purpose and that statutory obligation is NHS England's condition for relying on substantial public interest as its legal basis (the condition is set out in paragraph 6 of Schedule 1 to the Data Protection Act 2018).

## OFFICIAL

- Legal advice: NHS England may use your sensitive personal data for the purpose of obtaining legal advice. (Article 9(2)(f) of UK GDPR). NHS England can rely on this legal basis when it is necessary to share your personal data with its legal advisors for the purposes of preparing for and responding to the Inquiry.

## Our Services

*How we use personal data to commission health services and for our functions in connection with the provision of NHS services.*

### Providing Online Consultation Services

#### Purposes for processing

NHS England have supported the wider NHS by commissioning online consultation services for GPs and NHS Trusts. For the purposes of GDPR:

- NHS England is a joint controller with GPs for the provision of the eConsult online consultation service
- NHS England is a joint controller with NHS Trusts for the provision of the Attend Anywhere online consultation service

#### Sources of the data

For all platforms: Personal data required to support the provision of online consultations is collected directly from patients as part of registering for or engaging with the platforms.

For eConsult only: Where patients utilise eConsult via the NHS App, the data they supply will be matched with data held by the NHS Login service in order to verify their identity.

For Attend Anywhere only: Additional personal data about colleagues are collected from staff in GPs, NHS Trusts for the purposes of user account creation and management.

#### Categories of personal data

For eConsult: Patients registered with GP's using the platform

For Attend Anywhere: Patients referred to NHS Trusts using the platform, staff of NHS Trusts using the platform and staff of NHS England

#### Categories of recipients

For eConsult: GPs only

For Attend Anywhere: NHS Trusts (identifiable patient data), NHS England (clinician data and de-identified consultation metrics), Advanced Solutions (clinician data and de-identified consultation metrics to provide a technical service desk) and Edge (clinician data and de-identified consultation metrics to provide a service evaluation).

#### Legal basis for processing

For GDPR purposes NHS England's lawful basis for processing data associated with GPs' online consultation services is Article 6(1)(e) '...exercise of official authority...'. NHS England does not receive or process any special categories of personal data for this purpose.

For GDPR purposes NHS England's lawful basis for processing data associated with NHS Trusts' online consultation services is Article 6(1)(e) '...exercise of official authority...'. NHS England does not receive or process any special categories of personal data for this purpose.

## Patients registered with GP Practices

### Purposes for processing

NHS England has a legal duty to keep a list of all patients registered with GP Practices in England. This list is held in the National Health Application and Infrastructure Services (NHAIS) systems. These systems also hold data about patients registered with GPs in Wales and the Isle of Man. NHS Digital, and other service agencies around the country manage these systems on behalf of NHS England.

The data are used to provide Primary Care Support Services. NHS England has a contract with Capita Business Services Ltd, operating as [Primary Care Support England](#) to provide these services which include:

- Moving paper patient records between practices and into storage when patients leave or move practices
- Storing paper records of unregistered and deceased patients
- Sending letters to patient to inform them of their NHS number when one is first allocated
- Providing the cervical cytology call and recall administrative service on behalf of Public Health England
- delivering prior notification lists of patients eligible for screening to GPs
- processing new patient registrations and de-registrations at GP practices to maintain accurate lists of numbers of patients at GP Practices–
- Making payments to NHS Ophthalmic practitioners for NHS services provided
- Making payments to GP practices based on lists of registered patients, and specific payments for childhood vaccinations and immunisations
- Writing to patients on behalf of Primary Care commissioners with regards to provision of primary care services or assignment to a GP Practice list.
- Writing to patients when they have been removed from their GP Practice list
- Conducting audits and reconciliations of GP Practice lists to ensure list sizes are accurate.

The data from the NHAIS list is used to update the [Personal Demographics Service](#) (PDS). This provides information for hospitals, Public Health England Cancer Screening Programmes, Child Health systems and other health providers making sure that they know their patients' current GP Practice and can access other essential information such as the [Summary Care Record](#).

NHS England Regional Local Teams (RLTs) and Clinical Commissioning Groups (CCGs) (where delegated) may also undertake necessary processing of a limited subset of these data (e.g. patient name, address, postcode and NHS number) for example when managing practice closures and list dispersals (the process used to allocate patients to neighbouring GP Practices). This processing is necessary to inform patients of their reregistration options and 'Choice' as required under the NHS Constitution.

### **Sources of the data**

The data are transferred automatically from GP practice systems into the NHAIS systems. The data is also updated by Primary Care Support England after notifications from data subjects themselves.

### **Categories of personal data**

The categories of personal data held on the systems are:

- Name – including any previous names, unless name changes are the result of adoption, gender reassignment or witness protection schemes
- Current and historic addresses and whether the address is a registered nursing home
- Dates of Birth
- Gender
- Place of Birth
- NHS number
- Cervical Screening history
- Special allocation scheme status
- Current and Previous GP practice details
- GPs Banking details

### **Categories of recipients**

Statistical information (numbers) produced from NHAIS systems is shared with other organisations to enable them to fulfil their statutory obligations, for example the Office of National Statistics, Public Health England and local authorities for their public health purposes. Personal data may also be shared with the approval of NHS England's Caldicott Guardian when he is assured that confidentiality is respected, for example when hospitals need to update their records for direct care purposes or to support specific research projects with ethical and or Health Research Authority approval.

### **Legal basis for processing**

For GDPR purposes NHS England's basis for lawful processing is Article 6(1)(e) – '...exercise of official authority...'. For special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'

## Primary Care Commissioning

### Purposes for processing

NHS England is responsible for commissioning high quality [primary care services](#) for the population of England. NHS England's commissioning policy is to move towards more place based, clinically led commissioning and is sharing or delegating commissioning of primary medical care services to Clinical Commissioning Groups (CCGs). NHS England retains responsibility for payment of GPs, Dentists and Opticians. NHS England and delegated CCGS also have responsibility for the assignment of unregistered patients to GP practices, and for the management of list transfers when practices close.

### General Practice

#### GP Payments

NHS England is responsible for paying GP Practices for their services. GP practices are paid on the basis of the number of patients on their list. This is obtained from the [registered patient list](#) held by NHS Digital on behalf of NHS England. In addition to this GPs are paid for their performance under the [Quality and Outcomes Framework](#) (QOF). NHS Digital collects information under directions from NHS England about General Practice (GP) achievement under QOF. This information is used to calculate GP payments for the current financial year, and to set aspiration payments for the following year. NHS Digital run other QOF reporting collections throughout the year, not related to payment. The QOF data is extracted by NHS Digital from GP Practice systems. The data extracted is in the form of numbers for the QOF indicators and does not include personal data.

#### Disclosures of personal data to NHS England

NHS England may require access to personal data held by GP practices in circumstances described in the *Confidentiality and Disclosure of Information: GMS, PMS and APMS Code of Practice*. This is established under [directions from the Secretary of State for Health](#). These circumstances are:

- Where NHS England is investigating and assuring the quality and provision of clinical care, for example in relation to a complaint.
- Where it is needed in relation to the management of the contract, for example where remedial action, or termination of the contract/agreement is being considered (e.g. because of poor record keeping)
- Where NHS England considers there is a serious risk to patient health or safety
- Investigation of potential fraud or any other potential criminal activity

#### Patient assignments and list transfers

The process from managing patient assignments is described in the [Primary Medical Care Policy and Guidance Manual](#). NHS England or a CCG will receive the names, addresses and other personal details (not health information) of unregistered patients who have requested registration at a GP Practice. NHS England or a delegated CCG will receive the personal details of patients registered at a GP practice that has closed or is due to close in order to offer alternative registration.

### Unregistered patients

NHS England is responsible for the manual records of patients who are not currently registered with a GP Practice, and the deceased. These records are held by [Primary Care Support England](#) on our behalf.

### GP contracts

GP contracts are held in NHS England's local offices. The contract includes the name of the contract holder(s).

## ***Community Pharmacy***

NHS England is responsible for putting arrangements in place so that drugs and appliances ordered on NHS prescriptions can be supplied to patients. These are known as 'Pharmaceutical Services' and are provided by pharmacy contractors (such as retail pharmacy outlets), dispensing appliance contractors, and dispensing doctors (collectively referred to as 'contractors' in this section of this privacy notice).

### Pharmaceutical lists

In order to provide Pharmaceutical Services, pharmacy and dispensing appliance contractors must first be included in a list for their local area, called a pharmaceutical list, which is managed by NHS England. The management of pharmaceutical lists by NHS England is laid down in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

NHS England will receive personal data and process it as is necessary for the purposes of managing pharmaceutical lists in accordance with the Regulations. In particular, such personal data may:

- include details about contractors (including directors of a company or partners of a partnership), contractors' staff, referees, applicants wishing to join the pharmaceutical list, and third parties making submissions on an application;
- be obtained from the individual to whom it relates (for example, an individual pharmacist applying to join a pharmaceutical list) or from a third party (for example, a company wishing to be included in a pharmaceutical list which provides details about its directors and superintendent pharmacist);
- be shared with third parties where appropriate (e.g. notification of decisions as required by the Regulations).

Certain individuals involved in providing Community Pharmacy services must submit information about their fitness to practise to NHS England, which may include special categories of personal data and data relating to criminal convictions and offences. This information may also be obtained from or shared with other organisations, such as the General Pharmaceutical Council (GPhC), in accordance with the Regulations. NHS England will use this information to consider whether a person is fit to practise and take action where there are concerns.

NHS England has a contract with [Primary Care Support England](#) (PCSE) to administer applications in relation to the pharmaceutical lists on behalf of NHS England.

### Dispensing doctors

Dispensing doctors (GPs who may dispense drugs and appliances directly to patients where certain conditions are met) are included in a separate list managed by NHS England.

Patients may make an application to NHS England to request that their GP provide them with dispensing services. These applications contain the personal data of patients and may also include special categories of personal data. NHS England may obtain and process such personal data for the purposes of determining the application.

### Local Pharmaceutical Services

Some contractors are locally commissioned to provide Local Pharmaceutical Services (LPS) and are included in separate lists managed by NHS England. NHS England may obtain and process personal data for the purposes of managing LPS contractors in a similar manner to that outlined above.

### Payment for Community Pharmacy services

Contractors are paid for the number of prescriptions that they dispense. Each month they send their prescriptions to the NHS Business Services Authority (NHS BSA) who acts on behalf of the Department of Health and Social Care. These are sent either electronically or by courier for paper documents. A small number of prescriptions are shared with NHS England and other relevant organisations where this is necessary for the purposes of investigating possible prescription errors or fraud. These prescriptions contain the personal data of patients, including special categories of personal data.

### Medicines Usage Reviews

This is a service usually provided in a pharmacy to help a patient use their medication more effectively. However, in some cases a pharmacy will need to seek permission from NHS England to provide this service by telephone or in a patient's own home. This will require the pharmacy to share the patient's name and address with NHS England.

## ***Dentists***

### Payment of dentists

Dentists are paid by the NHS Business Services Authority (NHS BSA) acting for the Department of Health and Social Care. NHS England receives service activity figures, which do not include personal data, from NHS BSA for reconciliation and adjustment for under-payments.

### Appeals

A patient may appeal to NHS England about any aspect of their dental care. For example, if a patient is assessed that he or she doesn't meet criteria for a NHS funded specialist service. The appeal information includes personal details and specific details of clinical condition.

### Contracts

Commissioning contracts for dentists are held in NHS England's local offices, and these may identify the individual responsible for delivery.

### **Opticians**

#### Payment to opticians.

Opticians send payment forms to [Primary Care Support England](#). These include patient name, address, date of birth, whether an eye test was done, and the voucher issued. PCSE produces a statement for each optician which is sent to NHS England for payment. These statements do not contain personal data relating to patients.

#### Annual checklist

NHS England's local offices employ optometry advisors checking compliance of premises to delivery optical services. Compliance reports include the name of the practice owner.

#### Ophthalmic Post Payment Verification Process

Primary Care Support England provide NHS England with a report including name, date of birth and address of patients who have had a test, which is sent to the NHS England local office. The purpose of this is to identify ophthalmic contractor outliers and possible inappropriate claims for payment. Some payment forms and other data about the ophthalmic services you have received may be shared with NHS England and the NHS Business Services Authority where there is a need to investigate possible errors on the forms, payment errors or fraud.

### Contracts

NHS England local offices hold contracts with opticians and information about applicants from new opticians. Application documents include correspondence, references, CVs, disclosure and barring checks and financial information.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'.

## **Specialised Commissioning**

### **Purposes for processing**

Specialised services are accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. They are provided in relatively few hospitals. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills.

The specialised services that we commission include Internal Medicine, Cancer, Mental Health, Trauma, Head and Spine, Women and Children, Blood and Infection, the Cancer Drugs Fund, high cost drugs and devices and Highly Specialised Services.

NHS England employs mental health case managers who are responsible for tailoring services to the individual requirements of mental health patients / clients. They work with professionals in provider organisations, sharing information to ensure that patients receive the best possible care in the most appropriate setting for their needs.

### **Sources of the data**

The information may be collected from any organisation that provides specialised services to the NHS, including NHS Trusts and NHS Foundation Trusts, independent sector providers and charities.

### **Categories of personal data and recipients**

NHS England uses data that has been anonymised in accordance with the Information Commissioner's Anonymisation code of practice, and summary data (numbers) for monitoring and payment for specialised services. This data is provided to us by NHS Digital who collects and analyses personal data submitted by providers on our behalf – see [Data services for commissioners](#). The data processed by NHS Digital includes personal details such as NHS number, date of birth, postcode, and details of the diagnosis and treatment received.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For processing special categories (health) data the basis is Article 9(2)(h) '...health or social care...'.

## **Armed Forces and Families Health Care**

### **Purposes for processing**

The Armed forces Covenant is a promise by the Nation that those who serve or have served and their families are treated fairly. The Armed Forces Covenant is a part of the NHS Constitution. In relation to healthcare the Covenant states that the Armed Forces Community should enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live and that Veterans should receive priority treatment where it relates to a condition that results from their service in the Armed Forces, subject to clinical need.

NHS England commissions secondary care for serving personnel and Armed Forces families registered with MoD GP practices. It is also responsible for commissioning a range of services for veterans, such as those for limb loss and mental health.

### **Sources of the data**

The information may be collected from any organisation that provides secondary health services to the NHS and the Armed Forces for serving personnel or their families, including NHS Trusts and NHS Foundation Trusts, Independent Healthcare providers, NHS and Defence GP Practices and other primary care providers and local authorities. Data may also be submitted by patients themselves and by other agencies to support the commissioning and ensure the delivery of packages of care.

### **Categories of personal data and recipients**

NHS England uses data that has been anonymised in accordance with the Information Commissioner's Anonymisation code of practice, and summary data (numbers) for monitoring and payment for specialised services. This data is provided to us by NHS Digital who collects and analyses personal data submitted by providers on our behalf – see [Data services for commissioners](#). The data processed by NHS Digital includes personal details such as NHS number, date of birth, postcode, and details of the diagnosis and treatment received.

Personal data may be submitted by patients themselves and by other agencies in relation to the commissioning individual packages of care.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'.

## **Health and Justice**

### **Purposes for processing**

NHS England is responsible for the routine commissioning of Health & Justice services. The current estate constitutes:

The Children and Young People's Secure Estate including

- Young Offender Institutions,
- Secure Training Centres,
- Secure Children's Homes
- Prisons (including Youth Offender Institutions)
- Immigration Removal Centres (IRCs)
- Public Health services for persons in detained and secure settings across England

We process personal data for our commissioning purposes, in order to conduct clinical reviews and conduct investigations into deaths in custody.

### **Sources of the data**

The information may be collected from any organisation that provides health services to the NHS, including Prison Health care providers, NHS Trusts, NHS Foundation Trusts, and other health and justice care providers. Data may also be submitted by other agencies to support commissioning and ensure the delivery of individual packages of care.

### **Categories of personal data and recipients**

NHS England uses data that has been anonymised in accordance with the Information Commissioner's Anonymisation code of practice, and summary data (numbers) for monitoring and payment for these services. This data is provided to us by NHS Digital who collects and analyses personal data submitted by providers on

our behalf – see [Data services for commissioners](#). The data processed by NHS Digital includes personal details such as NHS number, date of birth, postcode, and details of the diagnosis and treatment received.

Data that does not identify patients directly may be submitted by providers and other agencies in relation to the commissioning individual packages of care.

We also hold health care records in from prisons and other institutions within the secure estate. These records relate to prisons which have closed, or prisoners who have been released. The records document the care and treatment a prisoner has received. The records are held as they may become important, if there is a complaint or claim, which may typically be made months or years after the care received.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – ‘...exercise of official authority...’. For processing special categories (health) data the basis is Article 9(2)(h) – ‘...health or social care...’.

NHS England is a joint data controller for records held on the system that we provide for prisons.

## **Secondary Care Dental**

### **Purposes for processing**

As part of its direct commissioning responsibilities, NHS England commissions all NHS dental services: [primary](#), community and secondary care services, including dental hospitals and urgent dental care services.

The majority of specialist dental services are delivered in secondary care settings, in acute hospitals, foundation trusts, district general hospitals and (ten) dental hospitals funded by national and local tariff arrangements. Specialist dental services are listed below\*, however some of these are recognised as multi-disciplinary care (dental and medical specialties). The definitions listed are in line with the General Dental Council:

- Special care dentistry;
- Oral surgery;
- Orthodontics;
- Paediatric dentistry;
- Restorative (endodontics, periodontics, prosthodontics, implant dentistry);
- Oral medicine;
- Oral microbiology;
- Oral and maxillofacial pathology;
- Dental and maxillofacial radiology;
- Oral and maxillofacial surgery.

\* Not all services are provided at every secondary or tertiary provider.

### **Sources of the data**

The information may be collected from any organisation that provides health services to the NHS, including NHS Trusts, NHS Foundation Trusts, Dental Practices and other dental care providers.

### **Categories of personal data and recipients**

NHS England uses data that has been anonymised in accordance with the Information Commissioner's Anonymisation code of practice, and summary data (numbers) for monitoring and payment for these services. This data is provided to us by NHS Digital who collects and analyses personal data submitted by providers on our behalf – see [Data services for commissioners](#). The data processed by NHS Digital includes personal details such as NHS number, date of birth, postcode, and details of the diagnosis and treatment received.

### **Legal Basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories (health) data the basis is 9(2)(h) '...health or social care...'.

## **Continuing Health Care – independent review panels**

### **Purposes for processing**

[NHS Continuing Healthcare](#) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. It is available to individuals outside of hospital who have on-going health needs. This package is often delivered in an individual's own home or a care home. In order to receive NHS CHC funding individuals have to be assessed by Integrated Care Board (ICBs) according to a legally prescribed decision making process to determine whether the individual has a 'primary health need'. NHS England is required to establish arrangements for the independent review of ICB decisions on eligibility for NHS Continuing Healthcare funding.

An individual receiving care or their representative may apply for a review of an ICBs decision to decline funding by an NHS England [Independent Review Panel](#). The independent review process is co-ordinated by the NHS Continuing Healthcare teams in each of the seven regions of NHS England.

### **Sources of the data**

The personal data are submitted by the ICB and the applicant for review.

### **Categories of personal data**

The information ICBs use to assess eligibility, and which may be submitted to an Independent Review Panel, fall under the following headings:

- behaviour
- cognition (understanding)
- communication
- psychological/emotional needs
- mobility

- nutrition (food and drink)
- continence
- skin (including wounds and ulcers)
- breathing
- symptom control through drug therapies and medication
- altered states of consciousness
- other significant needs

The obtained records that relate to these areas may include Care Home records, Health Records (for example GP, Hospital, Mental Health, District Nursing) and Social Care Records.

### **Categories of recipients**

Personal data relating to the application is received by NHS England Continuing Healthcare teams and the members of the review panel. An Independent Review Panel is made up of:

- an independent chair
- a representative nominated by an Integrated Commissioning Board (not involved in the case);
- a representative from a Local Authority (not involved in the case); and
- at times there is also a clinical advisor in attendance.

### **Legal Basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For the processing of special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'.

## **Individual Requests for funding**

### **Purposes for processing**

On an individual basis, there may be situations where a clinician believes that their patient's clinical situation is so different to other patients with the same condition that they should have their treatment paid for when other patients would not. In such cases, NHS clinicians can ask NHS England, on behalf of a patient, to fund a treatment which would not usually be provided by NHS England for that patient. This request is called an Individual Funding Request (IFR). A guide for patients can be found [here](#).

### **Sources of the data**

The information may be provided by a clinician who submits an IFR application form on behalf of a patient.

### **Categories of personal data**

The [IFR application form](#) includes NHS number, name and address, date of birth, GP details, diagnosis, requested intervention and other information relevant to the request. Gender and ethnicity are also collected and held in anonymous form for equality monitoring.

### **Categories of recipients**

Applications are considered by an independent panel who have not been involved in your treatment. The panel is made up of doctors, nurses, public health experts, pharmacists, NHS England representatives and lay members and is led by a lay chair.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For the processing of special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'.

## **Payment for living kidney donation**

### **Purposes for processing**

NHS England reimburses people who donate organs (living donors) in order to ensure that the financial impact on the living donor is cost neutral. The principle of reimbursement is founded on the premise that there should be no financial incentive or disincentive in becoming a living donor. Living donors would usually submit a claim for financial reimbursement to NHS England in accordance with the NHS England published policy. The data submitted and processed allows for consideration of any claims and payment of expenses.

### **Categories of personal data**

We collect this data from living donors to allow such reimbursement to take place. Data will include name, NHS Number and other personal details, and information about their stay in hospital. Data may also include details of employment and income if claiming for lost income, including a letter from an employer, details of any other benefits you may be entitled to e.g. statutory sick pay.

### **Sources of the data**

Hospital Trusts; living donor co-ordinators; social workers; donor patients.

### **Categories of recipients**

NHS England commissioning staff.

### **Legal Basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For the processing of special categories data the basis is Article 9(2)(h) – '...health or social care...'.

## **Data services for commissioners**

### **Purposes for processing**

[Commissioning](#) is the process of planning, agreeing and monitoring health services. It is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment. NHS England and Integrated Care Boards (ICBs) are the commissioners that conduct these activities.

[The Data Services for Commissioners](#) programme has been established to improve NHS commissioning by ensuring that commissioning decisions, and the insights that support them, are based upon robust, standardised data that has been processed efficiently and is accessed legally.

For the purposes of this programme, the Secretary of State has directed NHS England to collect the personal data that we need from the organisations that we commission to provide health care.

Our analytical environments receive pseudonymised personal data which we analyse for our commissioning purposes.

### **Sources of the data**

As a commissioner NHS England uses information from the providers of the services it commissions. These are:

- [Specialised services](#)
- [Armed Forces and Families Health Care](#)
- [Health and justice](#)
- [Public Health Services](#)
- [Secondary Dental Services](#)

### **Categories of personal data**

For most commissioning purposes NHS England does not process data that identifies individuals directly. This is not necessary for our purposes. The purpose of the Data Services for Commissioners Programme is to enable us to analyse data for our commissioning purposes.

When NHS England collects personal data from providers of health care, the data includes information about the diagnosis, treatment received, postcode and date of birth. It also includes NHS number which is used to link data from several sources. An example of this is where we need information relevant to a Specialised Service, linked to the data submitted routinely by hospitals to NHS England via the [Secondary Uses Service](#).

### **Categories of recipients**

We provide anonymised and aggregate data (numbers) to ICBs and to the organisations that we commission to provide health care, or their data processors.

### **Legal basis for processing**

For UK GDPR purposes NHS England's lawful basis for processing when directed by the Secretary of State is article 6(1)(c) – '...legal obligation...'.

This applies both to the collection and further processing of identifiable data under directions and to the processing of pseudonymised personal data for analytical purposes, under the Analytics Directions.

For the processing of special categories (health) data the conditions may be one or more of articles

9(2)(h) – ‘...health or social care...’;

9(2)(i) – ‘...public health...’

9(2)(j) – ‘...statistical purposes...’.

## Primary Care Support England

### Purposes for processing

NHS England has a contract with Primary Care Support England to provide seven services as a data processor. These are described below.

### **Primary Care Records**

PCSE provide a service to move hard copy patient records between GP Practices. They also store paper records for unregistered patients and the deceased. See [Patients registered with GP Practices](#).

### **GP Payments and Pensions**

NHS England is responsible for paying GP Practices for their services. The payments that PCSE administer are listed below with the type of data and sources.

Payment type	Data type	Source
Global sum payments	<ul style="list-style-type: none"> <li>• GP Name</li> <li>• GD Code</li> <li>• Practice Code</li> </ul>	Registration list (NHAIS)
PMS contract baseline payments	<ul style="list-style-type: none"> <li>• Practice Code</li> </ul>	Registration list (NHAIS) and contract variation template from Regional Local Team/CCG
Drugs payments (prescribing and dispensing)	<ul style="list-style-type: none"> <li>• Practice Code</li> <li>• Partnership details / code</li> <li>• GP Names</li> <li>• GD Code</li> </ul>	NHS Digital dependency
Childhood immunisations payments	<ul style="list-style-type: none"> <li>• Practice Code</li> <li>• GP Name</li> <li>• GD Code</li> </ul>	Open Exeter
Seniority payments	<ul style="list-style-type: none"> <li>• Partnership details / code</li> <li>• DoB</li> <li>• Sex</li> <li>• National Code</li> </ul>	Performer list/NHAIS

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	<ul style="list-style-type: none"> <li>• GMC Number</li> <li>• Country of Birth</li> <li>• Start date</li> <li>• Registered date</li> <li>• Length of service</li> <li>• Share / salary details</li> </ul>	
Ad-Hoc payment instructions (Locum/Premises/Rates)	<ul style="list-style-type: none"> <li>• Practice Code</li> </ul>	RLT/Delegated CCG
GP trainee payments and expenses (For non-lead employer areas)	<ul style="list-style-type: none"> <li>• Registrar Name</li> <li>• Practice Code</li> <li>• GMC Number</li> <li>• Partnership Code</li> <li>• Trainer Name</li> <li>• CTP Date</li> </ul>	Health Education England / Practices
GP training grant payments	<ul style="list-style-type: none"> <li>• Registrar Name</li> <li>• Practice Code</li> <li>• GMC Number</li> <li>• Partnership Code</li> <li>• Trainer Name</li> <li>• CTP Date</li> </ul>	Health Education England / Practices/RLT's for non lead employer areas
Enhanced Service payments via CQRS	<ul style="list-style-type: none"> <li>• Practice Code</li> </ul>	Extracted from GP practice systems by NHS Digital acting under directions.
Quality and Outcomes Framework payments (aspiration)	<ul style="list-style-type: none"> <li>• Practice Code</li> </ul>	NHS Digital direct dependency
Quality and Outcomes framework payment (achieved)	<ul style="list-style-type: none"> <li>• Practice Code</li> </ul>	Extracted from GP practice systems by NHS Digital acting under directions.
Public Health Immunisation Schedules payments	<ul style="list-style-type: none"> <li>• Practice Code</li> </ul>	RLT/Delegated CCG
GP retainers	<ul style="list-style-type: none"> <li>• Practice Code</li> </ul>	HEE / Local area teams
Local Medical Committee levies-depends on contract type	<ul style="list-style-type: none"> <li>• Practice Code</li> <li>• CCG Code</li> </ul>	LMC/NHSE

PCSE also act as the administrator for GP pensions on behalf of NHS England. The pension and its funds are managed by NHS Pensions and not PCSE. Any decisions related to the management of a pension are the responsibility of NHS Pension and /

or NHS England, PCSE are only responsible for the administration element which includes processing forms / documentation and allocating funds to account.

As part of this process, PCSE may collect personal identifiable information relating to members of the pension, including name, address, date of birth, national insurance number and salary details. If you have an enquiry regarding what personal identifiable information is processed as part of the pensions administration, you may contact PCSE at <https://pcse.england.nhs.uk/contact-us/>.

### ***Pharmaceutical List – [market entry applications](#)***

Pharmaceutical lists are maintained by NHS England and all market entry applications to provide Pharmaceutical Services are made to the NHS England Regional Local Team. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended provides the regulatory framework for managing pharmaceutical lists. Applications for inclusion in a pharmaceutical list must be made by sending NHS England an application in writing in line with these regulations.

The personal data includes; full name, sex, date of birth, residential address and telephone number. For further information please refer to the [Pharmacy Manual – Template Application Forms](#).

NHS England's policies and procedures for managing pharmaceutical services, providers and the lists are set out in the [Pharmacy Manual](#).

Primary Care Support England (PCSE) is responsible for administering applications to join the pharmaceutical list on behalf of NHS England.

### ***Ophthalmic payments***

Opticians send payment forms to Primary Care Support England. These include patient name, address, date of birth, whether an eye test was done, and the voucher issued. PCSE produces a statement for each optician which is sent to NHS England for payment. These statements do not contain personal data relating to patients.

### ***Performers Lists***

There are three National Performers Lists operated by NHS England – one for medical, dental and ophthalmic performers. The lists provide an extra layer of reassurance for the public that GPs, Dentists and Opticians practicing in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service (DBS) and the NHS Litigation Authority.

PCSE administer initial entry to the National Performers List. The decision to admit or decline an applicant to the National Performers Lists is the responsibility of NHS England. PCSE also administer changes to a performer's status, transfers between practices (for medical performers only) and performer movement between local teams on behalf of NHS England.

As part of this process, PCSE collects personal data, as detailed via information collated on NHS England's official national performers lists documents, please see

[www.performer.england.nhs.uk](http://www.performer.england.nhs.uk). If you have an enquiry regarding what personal information is processed as part of the performers lists, please email [pcse.performerlists@nhs.net](mailto:pcse.performerlists@nhs.net).

### **Open Exeter**

Open Exeter is a facility to enable access to the list of [patients registered with GPs](#) that is held by NHS Digital on behalf of NHS England. PCSE administer the authorisation process for access and issue access credentials. Access by organisations is approved by NHS England's Caldicott Guardian.

### **Practice Mergers and Closures Notifications**

PCSE are responsible for administering and updating systems when advised of GP practice closure and merger, on behalf of NHS England. This process includes transferring between/removing GP's from practices.

As part of this process, PCSE collects personal data, as detailed on NHS England's official NPL3 document, please see [www.performer.england.nhs.uk](http://www.performer.england.nhs.uk). If you have an enquiry regarding what personal information is processed as part of the performers lists, please email [pcse.performerlists@nhs.net](mailto:pcse.performerlists@nhs.net).

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For purposes relating to GP payments and pensions the lawful basis for processing is Article 6(1)(b) – processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract.

For the processing of special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'.

## **Legacy records**

### **Purposes for processing**

Legacy records from Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) were transferred to successor organisations as part of a legal transfer in 2013. This work was led by Department of Health. Departments within NHS England that are now responsible for a particular function received the records and information that they required for the function to progress within this transfer.

The NHS England Records Management Team is responsible for the management of closed legacy records. These paper legacy records are stored securely all over the country with 23 suppliers and are available to teams if needed for business needs. The personal data in these records may be provided in response to subject access requests and is subject to the other GDPR rights.

### **Categories of personal data**

The categories of legacy records that we hold are as follows:

- Audit / Clinical Audit

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- CAMHS (Child and Adult Mental Health Services) / Children's and Young Persons Service / Family Planning Clinics and Services
- Clinical i.e. specialist commissioning / performance management / Serious Untoward Incidents
- Complaints/PALS
- Dental (includes patient records)/ Dental GP Contracts / Emergency Dental Service
- Enhanced Services
- Estates Management
- GP Appraisals [deregistered and RIP GP patient files held by PCS]
- Incidents (including infection prevention and control)
- Legal claims/issues
- Management and use of Controlled Drugs / Medicines Management / Medical Director
- Mental Health Commissioning
- Nursing & Quality - Safeguarding
- PEC (Professional Executive Committee)
- Primary Care Commissioning and Contracting - Dental / GP / Director / Medical / Medicines Management / Pharmacy / Optometry / Non Acute Commissioning / Non Funded Care / Extra Contractual Referral
- Quality and Clinical Governance
- Safety and Quality
- Ophthalmology (payments)

Many but not all of these records include personal data.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For the processing of special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'.

## **Evaluation of the Targeted Lung Health Check programme**

### **Purposes for processing**

The Targeted Lung Health Checks (TLHC) programme is a new and ground-breaking flagship programme of work in England which will contribute to the ambition of the NHS Long Term Plan to improve early diagnosis and survival for those diagnosed with cancer.

The TLHC programme targets those most at risk of lung cancer and will work with Integrated Care Boards (previously CCGs), who have some of the highest rates of mortality from lung cancer. The programme will work with initially ten projects, but then expand to other Integrated Care Boards across England to deliver the

programme. It is expected that this programme will run Nationally, covering all areas of England from 2024 onwards.

People aged over 55 years old but less than 75 years old that have ever smoked will be invited to a free lung check.

Following the lung health check those assessed as high risk will be offered a low dose Computerised Tomography (CT) scan.

NHS England is conducting a national evaluation to understand the impacts and economics of the programme. The evaluation is expected to demonstrate impacts on patient health outcomes, experience and wider health inequalities. Findings from the evaluation will ensure an evidence-based approach to NHS England's longer-term strategy for wider roll out of a targeted screening programme of this kind.

This approach involves an analysis of data collected by the programme, and information recorded in interviews with patients and staff about their experiences.

Ipsos, together with the Strategy Unit at the Midlands and Lancashire Commissioning Support Unit (CSU), which is part of NHS England, have been appointed jointly as our national evaluation partner.

### **Sources of data and categories of personal data**

Integrated Care Boards coordinate the TLHC service locally acting for their constituent GP practices. Participants are invited for a lung health check by their Integrated Care Board, or constituent GP practice, before being referred into secondary care for further investigations and treatment (where necessary).

Personal data about participants is collected across the pathway by Integrated Care Boards to enable the delivery of the TLHC service locally. The national evaluation partner receives a data set from the Integrated Care Boards for the purpose of evaluation. Participants will not be identifiable from this dataset. The dataset will include information on sex, age, marital status, main language, occupation, information about diagnosis, treatment and outcomes.

The evaluation partner will also collect information about the experiences of participants and staff, facilitated by the local Integrated Care Boards. Information will be recorded in a way to ensure that individuals cannot be identified.

### **Categories of recipients**

Ipsos and the Strategy Unit at the Midlands and Lancashire CSU, receives pseudonymised personal data (pseudonymised by Integrated Care Board locally). Ipsos also collects information through interviews, which will be anonymised before

sharing with NHS England. Ipsos acts as a processor for NHS England for the purposes of the evaluation.

### ***Understanding reasons for non-attendance***

The Behavioural Insights Team (BIT) has been appointed to continue work on the participant experience part of this evaluation, as a processor. BIT will collect information about the experiences of participants and staff, facilitated by the local Integrated Care Boards. Information will be recorded in a way to ensure that individuals cannot be identified.

### **Participants**

You might have been asked by your local targeted lung health check programme run by the Integrated Care Board on behalf of your GP if you would like to feedback on your experience of the Targeted Lung Health Check programme as part of the service evaluation. In agreeing to this, the personal information we process is provided to us directly by you for the following reason:

- To invite you to participate in an interview for the evaluation
- To evaluate the TLHC programme

With your consent NHS England will collect and process the following information:

- Name and contact information
- Age band
- Gender
- Ethnicity
- Religion
- Smoking status and intensity
- Previous engagement with the TLHC programme
- Your responses to interview/focus group

### **Staff**

The personal information we process is provided to us directly by you for the following reasons:

- Invite you to participate in an interview for the evaluation.
- To evaluate the TLHC programme.

With your consent NHS England will collect and process the following information:

- Name and contact information

- Your feedback to interview/focus group

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – ‘...exercise of official authority...’;

For the processing of special categories (health) data the basis is 9(2)(h) – ‘...health or social care...’, and 9(2)(j) ‘...statistical purposes...’.

## **Those taking part in the Community Pharmacy Consultation Service for people attending Emergency and Urgent Care with a minor illness**

### **Purposes for processing**

NHS England is testing a new service in community pharmacies to offer people a consultation service for people who have attended urgent or emergency care with a minor illness or who need an urgent repeat prescription. Midlands and Lancashire Commissioning Support Unit (part of NHS England) are working with NHS England to evaluate this new service in local community pharmacies. The pilot aims to understand what works well, and less well and, if necessary, how it might be improved in the future.

### **Sources of data and categories of personal data**

In order to find out if this new service is working well, we will need to process information about you. Most of this information will be collected by the pharmacist when providing you with the service and shared with to Midlands and Lancashire Commissioning Support Unit which is part of NHS England (see below). This will include information about your consultation but no information that identifies you.

We will also ask you take part in a very short text message survey after your consultation with the pharmacist so you can tell us about your experience of this service. We may also ask you take part in a telephone interview.

Midlands and Lancashire Commissioning Support Unit (part of NHS England) are carrying out this evaluation on behalf of NHS England. Their privacy policy can be found here: <https://www.midlandsandlancashirecsu.nhs.uk/privacy-policy/>

### **How will NHS England use any personal data including your responses?**

NHS England will use your personal data and responses solely for evaluation purposes and to produce findings and insights for NHS England in relation to this new service.

If you agree, we may use your mobile phone survey to send you a customer satisfaction survey by text and we may also contact you with a request to undertake a telephone interview. If you do take part in a telephone interview at a later date, your answers will be collected using digital recorders, note-taking, and in some cases, the sound files will be used to produce transcripts. The sound files will be destroyed as soon as the transcripts have been undertaken.

### **How long will NHS England retain my personal data and identifiable responses?**

NHS England will only retain your personal data in a way that can identify you for as long as is necessary to complete the evaluation. In practice, this means that once we have satisfactorily reported the anonymous research findings to NHS England, we will securely remove your personal, identifying data from our systems.

For this project we will securely remove your personal data from our systems by 31st December 2023 which is the end of the pilot.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – ‘...exercise of official authority...’;

For the processing of special categories (health) data the basis is 9(2)(h) – ‘...health or social care...’

## **Evaluation of the Rapid Diagnostic Centres**

### **Purposes for processing**

The rollout of Rapid Diagnostic Centres (RDCs) across England is designed to speed up diagnosis of cancer and other serious conditions.

RDC pathways make sure everyone with suspected cancer gets the right tests at the right time in as few visits as possible. Driving innovation and new diagnostic practice, RDC pathways promote continuous improvement of cancer diagnostics.

The service provides:

- Coordinated access to a diagnostic pathway for all patients with symptoms that could indicate cancer.
- A personalised, accurate and rapid diagnosis of symptoms by bringing existing diagnostic capabilities and clinical expertise together.

RDCs also introduce a new non-specific symptom pathway for patients who display symptoms that could indicate cancer that don't align to specific cancers, such as unexplained weight loss, fatigue or vague abdominal pain. The new non-specific pathway complements current cancer diagnostic pathways, as well as providing elements that can be applied to existing pathways.

By 2024 the programme will achieve full population coverage across England for non-specific symptom pathways and be applying the RDC pathway principles to every site-specific symptom pathway

NHS England has commissioned independent partners Ipsos MORI and York Health Economic Consortium (YHEC) as processors, in collaboration with the Strategy Unit at Midlands and Lancashire Commissioning Support Unit (CSU – part of NHS England) to undertake a comprehensive evaluation of the RDC programme. The evaluation will provide ongoing feedback to inform the delivery of RDC pathways and the strategic direction of the programme.

The evaluation will use mixed quantitative and qualitative methods to assess the processes, impact, and economics of RDC pathways to understand:

- Patient experience and impacts on the health and care system;
- The best approach to delivering national pathways for specified cohorts of patients;
- What pathway changes are optimal, in what context(s);
- How patients move through RDC pathways and the outcomes they experience as a result by analysing the impact of RDC pathways on metrics such as waiting times and cancer staging; and
- The cohorts of patients being referred into RDC pathways and the sequences of tests performed to enable continuous improvement of the services.

The initial evaluation will include:

- A sampled experience of care survey
- Qualitative interviews with patients and RDC programme staff
- Case studies of selected RDC pathways
- An economic survey and evaluation
- An impact evaluation using a collation of patient level data through a newly developed Trusted Research Environment for Cancer hosted by NHS Digital.

### **Sources of data and categories of personal data**

Patient Level Personal Data is obtained from the datasets held in the National Disease Registration Service - see National Disease Registration Service: NHS Digital Transparency Notice - NHS Digital for further information

Patient Level Personal Data is obtained from NHS Digital held commissioning datasets for Cancer Waiting Times (CWT), National Cancer Registration data and the Rapid Cancer Registration data, Hospital Episodes Statistics (HES), and Civil Registration dataset.

Patient Level Personal Data is submitted by RDC's to the National Cancer Registry and Analysis Service (NCRAS). The minimum dataset includes

- Cancer Alliance Code

- Provider Code
- NHS Number
- Date of birth
- Health information
- Diagnosis information
- Testing information

Data is obtained directly from Patients and Staff who agree to provide responses to care surveys and qualitative interviews.

### **Categories of recipients**

Ipsos Mori, the Strategy Unit at the Midlands and Lancashire CSU and the York Health Economic Consortium, will process a linked dataset of pseudonymised personal data provided by NHS Digital under a Data Sharing Agreement with NHS England that will enable the evaluation processors to analyse data within a trusted research environment.

Ipsos Mori also collects information through surveys and interviews, which will be anonymised before sharing with NHS England. All of the outputs from the evaluation will be provided in an anonymised form to share with NHS England and the Cancer Alliances.

### **Legal basis for processing**

NHS England's lawful basis for processing the data is Article 6(1)(e) – '...exercise of official authority...'

For the processing of special categories (health) data the basis is 9(2)(h) – '...health or social care...'

For the processing of the Patient care and staff surveys and interviews, explicit consent will be relied upon in order to obtain the required information.

## Public and partners

### *How we use personal data when you contact us or work with us*

### People who contact our Customer Contact Centre

#### **Purposes for processing**

NHS England operates a customer contact centre which gives a central contact for members of the public, patients or their representatives to contact NHS England. This can be for individuals to register a complaint, request information (Freedom of Information, Subject Access), submit an enquiry or provide feedback.

#### **Sources of the data**

NHS England collects information when members of the public contact us. This can be when they ask a general enquiry through our contact centre or directly with teams. In doing so, we collect relevant information at the point of contact to resolve their enquiry.

#### **Categories of personal data**

The data collected by NHS England about the enquiry is primarily stored on our contact centre customer relationship management system. This includes a record for the individual with an associated file relating to their case (i.e. a general enquiry, freedom of information request, subject access request, access to medical records request, complaint etc.). Case files contain records of previous requests/contact types from that individual. They hold name, contact information and any other information relating to their case. There may also be instances where individuals contact specific teams in NHS England and information provided at this point will be collected (i.e. name and contact information).

#### **Categories of recipients**

The information is used by the contact centre and relevant teams to manage the response to the query within the organisation.

#### ***Subject access requests and access to medical records requests***

- Primary Care Support England (PCSE) delivered by Capita Ltd manages responses to subject access requests and access to medical records requests for GP records. PCSE acts as a data processor for NHS England to manage GP health records for un-registered or deceased individuals.
- The Corporate Information Governance team manages responses to subject access requests and access to medical records requests for records held by NHS England other than GP records.

#### ***Freedom of Information and Environmental Information Regulations Requests***

Information including personal data about the applicant is used by the Freedom of Information team to log and progress requests and for reporting purposes.

Information not including personal data about the applicant is used by:

- NHSE teams that hold any information relevant to the request.
- Capita under contract with NHS England in the handling of any relevant information that they hold on behalf of NHS England.
- Commissioning Support Units (CSUs) under contract with NHS England in the handling of any relevant information that they hold on behalf of NHS England.
- The NHSE Chief Executive Office and Media Team receive reports from the FOI team in-line with the monitoring of request types and trends.

### **Complaints**

The information is used by the regional complaints teams to investigate and respond to the complaint.

Anonymous information from complaints may also be used by relevant teams within NHS England to learn from complaints to drive improvement to services and appropriately allocate resources.

Please see our [contact centre](#) webpage for more information.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For the processing of special categories (health) data the basis is 9(2)(h) – '...health or social care...'.

## **If your MP raises a matter with us on behalf of you**

### **Purposes for processing**

The Secretary of State for Health (SofS) is accountable to Parliament for the health system, including the business of NHS England. The Department of Health and Social Care (DHSC) supports the SofS in his role which includes accounting to Parliament for NHS England's performance and the effectiveness of the health and care system overall.

NHS England is an arm's length body of DHSC and shares responsibility for accounting to the public and to Parliament for policies, decisions and activities across the health and care sector. Accountability to Parliament will often be demonstrated through responses to parliamentary questions, MPs' letters, and appearances before parliamentary committees.

### **Categories of personal data**

The data collected by NHS England is stored in the Parliamentary Business Team's central files. This will include a record for the individual with an associate file relating to their contact. Files may hold items such as individual's name, contact information and any other information relating to their communication. There may also be instances where individuals contact specific teams within NHS England. As such, information provided at this point will be collected (i.e. name and contact information).

### **Sources of the data**

NHS England will collect information when members of the public, parliament or DHSC contact the organisation in relation to an MP request or Parliamentary Question. In doing so, NHS England collect relevant information at the point of contact to enable the team to provide a response to the request.

MP requests are often received by the NHS England Chief Executive Office and The National Medical Director's Office. They are then passed to the Parliamentary Business Team.

### **Categories of recipients**

The information including information about the member of the public and MP is used by:

- Parliamentary Business Team
- NHS England Chief Executive Officer
- NHS England National Medical Director's Office
- Any other team within NHSE that may directly receive such requests

The request information not including personal data about the applicant is used by:

- NHS England teams that hold any information relevant to the request.
- Capita under contract with NHS England in the handling of any relevant information that they hold on behalf of NHS England.
- Commissioning Support Units (CSUs) under contract with NHS England in the handling of any relevant information that they hold on behalf of NHS England.

### **Legal Basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data, the basis is Article 9(2)(h) '...health or social care...'.

## **If you get involved in our work as a 'Patient and Public Voice (PPV) Partner'**

### **Purposes for processing**

Patient and public participation is an essential part of NHS England's way of working. We want to build strong and supportive relationships with our Patient and Public Voice (PPV) partners, so that we can work in partnership and use people's experiences and views to inform our work. The term PPV Partners includes patients, service users, carers and families, and the general public.

Our approach to working with our PPV Partners is set out in our [PPV Partner Policy](#), which describes four different types or categories of PPV Partner role:

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- PPV partners who choose to attend, respond or comment on open access engagement opportunities e.g. responding to online surveys or attending a meeting in public
- PPV partners who are invited to attend workshops/events/ focus groups on a one-off basis
- PPV partners who are a member of a working group which meets regularly
- PPV partners who are in senior PPV roles that demonstrate strategic and accountable leadership and decision making activity.

### **Sources of the data**

The data is provided by PPV Partners when registering to attend a meeting or event, and / or when applying to a specific PPV Partner role (through submitting an application form).

### **Categories of personal data and recipients**

The information provided on the application form includes:

- name
- age address and postcode
- e-mail address
- whether the applicant can access e-mail
- whether the applicant is a
  - patient or health service user (current or previously)
  - carer of a patient currently / previously using health services
  - Representative of a patient organisation
  - Other
- Ability to use telephone, e-mail, and internet to communicate and take part in meetings
- Ability to commit time
- Other PPV roles
- Skills and experience
- Any access or support needs to enable participation
- References

The information is used to identify and engage with PPV Partners, and enable communication and involvement in PPV activities..

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'

## Subscribers to our mailing lists

### Purposes for processing

NHS England will in the routine course of its business need to communicate with stakeholders across the business (i.e. with all Clinical Commissioning Group (CCG) Accountable Officers, all Commissioning Support Units or for certain programs and initiatives. These communications are either to provide relevant stakeholders important information in relation to their business or that of NHS England. Other communications may be in relation to a project to which interested parties have subscribed for further information as and when it is available (i.e. event attendance, updates on project progress or canvassing feedback on documentation for initiatives).

### Categories of personal data

Name and contact (email) information.

### Sources of the data

Contact information is primarily collected by teams in the routine course of their work with relevant stakeholders, i.e. it is deemed appropriate a mailing list is created to canvass responses or feedback on documentation. It may also be collected on request, i.e. colleagues or members of the public contact NHS England and ask to be placed on a relevant mailing list for updates.

### Categories of recipients

The information is used by NHS England, its hosted bodies, or data processors acting on our behalf.

### Legal Basis for processing

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'.

## Social prescribing

### Purposes for processing

Social prescribing involves helping patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or a local charity. For example, signposting people who have been diagnosed with dementia to local dementia support groups.

The NHSE Social Prescribing team is currently supporting NHS, Health Providers and the Voluntary Community and Social Enterprise (VCSE) with social prescribing development. The contact lists are used to contact social prescribing contacts who have requested to be part of the social prescribing regional networks so that network members can keep up-to-date with social prescribing development and to also share information and good practice. Details held within the contact lists are provided by the attendees of the Social Prescribing team events and as such, the information is supplied to the Social Prescribing team voluntarily.

### Categories of personal data

The contact lists contain the following information categories:

- Full Name
- Job Title
- Location
- Workplace
- Telephone number – mobile
- Email address

### **Sources of the data**

The data is provided by Social Prescribing members/stakeholders.

### **Categories of recipients**

The information is used by the Social Prescribing team to contact the relevant Social Prescribing contacts.

### **Legal Basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – ‘...exercise of official authority...’.

## **Clinical Pharmacists in General Practice**

### **Purposes for processing**

NHS England's [Clinical Pharmacists in General Practice](#) programme supports the introduction clinical pharmacists working in GP practices. This is part of a wider expansion of the general practice workforce so that patients have better local access to a range of highly trained health professionals for their needs. NHS England is responsible for approving applications for the scheme. We commission a research organisation to evaluate the programme and training and development providers. We commission the procurement of training and development providers and will commission a research organisation to evaluate the programme.

To apply for the scheme a lead contact submits an application form via the Clinical Pharmacists Portal. The lead contact acts on behalf of the practice(s) for the application. He or she is the contact for queries with the application, to send information about the programme, and is a point of contact for training and development providers.

We communicate directly with clinical pharmacists to provide information about the programme. We provide their contact details to the organisation that will be undertaking an evaluation of the programme, to ensure that they can be involved in the evaluation. We also use information about them to ensure that only the people we fund as part of this programme have access to the training and development that NHS England commissions.

### **Sources of the data**

Lead contacts or someone working on their behalf submit information about themselves via the Clinical Pharmacists Portal.

Quarterly reports are submitted by or for the practices in which the clinical pharmacist is working, with their details. The Clinical Pharmacist may enter their own details, or it could be another person in the practice or a person in another organisation that forms part of the bid.

### **Categories of personal data and recipients**

About the Lead Contact: name and email address.

About the Clinical Pharmacists: name, e-mail address and General Pharmaceutical Council number.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'.

## **Those completing surveys or questionnaires**

### **Purposes for processing**

NHS England uses a range of different surveys as a valuable source of feedback directly from patients, services users and NHS staff about the care that they receive or provide. The surveys that we conduct annually involving the processing of personal data are described below. For other surveys, please refer to the privacy notice provided with the survey.

### ***GP Patient Survey***

The GP Patient Survey assesses patients' experience of healthcare services provided by GP surgeries, including experience of access to GP practices, making appointments, the quality of care received from GPs and practice nurses, satisfaction with opening hours and experience of NHS urgent care services. The survey also includes a number of questions assessing patients' experience of NHS dental services. The GP Patient Survey is currently conducted by Ipsos MORI who act as a data processor on behalf of NHS England.

### **Sources and categories of personal data**

The mailing list for the GP Patient survey is produced from the registered GP patient list that is held by NHS Digital. A random probability selection of patients (aged 16+) is selected from all eligible GP practices, and the names and addresses of the selected patients are sent to Ipsos MORI who distributes the questionnaire on our behalf. Once the survey is finished Ipsos MORI destroys the contact details that it has received.

Each survey response has a unique reference number. Ipsos MORI uses this survey number to (i) identify who has responded to the survey (so they only send reminder letters to people who haven't responded), (ii) to link responses to GP practices, and (iii) to weight the responses by linking to the age and gender of respondents. The survey responses are never linked to the patients' personal details.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For special categories (health) data the basis is Article 9(2)(h) '...health or social care...'.

### **Subjects' rights**

If someone does not want to receive reminders about this survey, they may send back a blank questionnaire or contact Ipsos MORI on a Freephone number provided with the questionnaire. They may also inform Ipsos MORI that they wish to permanently opt out of the survey.

### **Categories of recipients**

The individual answers to the survey are combined with the answers from other people who have responded so the data can be analysed by approved NHS England staff. They are not linked to names, NHS numbers or health information. Approved researchers may be granted access to the data for specified uses via an application process.

Aggregated data are published at national, CCG, and GP practice levels. Small cell counts are suppressed in the published data so that individuals cannot be identified from their responses.

### **Retention period**

All name and address information is destroyed within two months of the end of the survey fieldwork period.

### ***National Cancer Patient Experience Survey***

The National Cancer Patient Experience Survey is currently conducted by Picker Institute Europe who act as a data processor on behalf of NHS England. The aim of the survey is to provide insight on patient experience of cancer care and treatment. It has been designed to monitor national progress as well as to provide information to drive local quality improvements.

### **Categories of personal data**

The data we use for administering the survey includes names and addresses, sex, ethnic group, date of birth, diagnosis code, admission and discharge dates, site treated at, speciality code, referring CCG, admission type, and NHS number. We need the diagnosis code to verify the patients' diagnosis of cancer.

### **Sources of the data**

Patients (aged 16+) who received cancer care as an inpatient or day case and were discharged in particular months of the survey year receive the questionnaire. Patient details are obtained from the NHS Trusts who have provided the care.

### **Categories of recipients**

Public Health England uses the survey data to carry out further analysis by linking the data to the National Cancer Registration and Analysis Service. NHS Digital use the survey data to carry out further analysis for bowel cancer patients by linking the data to the National Bowel Cancer Audit. These recipients do not receive names and

addresses, but do need NHS Numbers for linkage purposes. Approved researchers receive anonymised data under license from NHS England.

### **Retention period**

All name and address information is destroyed after 3 months of completion of the survey, unless an erasure request is made sooner or patients agree in the questionnaire to be contacted again in future, unless an erasure request is made sooner or patients agree in the questionnaire to be contacted again in future.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For special categories (health) data the basis is Article 9(2)(h) '...health or social care...'.

NHS England and Picker Institute Europe have obtained section 251 approval (of the NHS Act 2006 and Health Service (Control of Patient Information) Regulations 2002). This provides a legal basis for patient information to be used to carry out the survey. Patients consent to the use of the information they provide in the questionnaire.

### **Subjects' rights**

Patients can opt out of receiving the questionnaire by informing the Trust that has treated them. The Trust provides information on how to do this. Patients can also withdraw the information given in the questionnaire upon request, up to the point at which data are analysed and personal details removed. A helpline number is given on the questionnaire.

### ***Under 16 Cancer Patient Experience Survey***

The Under 16 Cancer Patient Experience Survey is currently conducted by Picker Institute Europe who act as a data processor on behalf of NHS England. The purpose of the survey is to collect patient experience feedback from children and young people with cancer. The aim of the survey is to provide insight and gain a better understanding of children and young people cancer patient experience. The survey has been designed to monitor national progress as well as to provide information to drive local quality improvements.

### **Categories of personal data**

The data we use for administering the survey includes names and addresses, sex, ethnic group, date of birth, diagnosis code, discharge dates, site treated at, speciality code, admission type, and NHS number. The parent/carer email address and mobile phone number are also collected.

### **Sources of the data**

Patients (aged under 16) who received cancer care or treatment as an inpatient or day case and have been discharged within a recent twelve month period. Patients must have a confirmed primary diagnosis of cancer or a non-malignant brain, other central nervous system or intracranial tumour. Patient details are obtained from the NHS Trusts who have provided the care.

### **Categories of recipients**

Public Health England uses the survey data to carry out further analysis by linking the data to the National Cancer Registration and Analysis Service. The recipients do not receive names and addresses but do need NHS Numbers for linkage purposes. Approved researchers receive anonymised data under license from NHS England.

### **Retention period**

The name and address information relating to this survey will be destroyed within twelve months of publication of the survey results, unless an erasure request is made sooner.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For special categories (health) data the basis is Article 9(2)(h) '...health or social care...'.  
  
NHS England and Picker Institute Europe have obtained section 251 approval (of the NHS Act 2006 and Health Service (Control of Patient Information) Regulations 2002). This provides a legal basis for patient information to be used to carry out the survey. Patients consent to the use of the information they provide in the questionnaire.

### **Subjects' rights**

Patients or their parents can opt out of receiving the questionnaire by informing the Trust that has treated them. The Trust provides information on how to do this. Patients or their parents can also withdraw the information given in the questionnaire upon request, up to the point at which data are analysed and personal details removed. A helpline number is given on the questionnaire.

### ***NHS Staff Survey***

The purpose of the NHS Staff Survey is to collect staff views and experiences of working in the NHS and to provide information for deriving national and local performance indicators relating to staff engagement, diversity and inclusion. The survey is carried out on behalf of trusts and other NHS organisations by third party survey contractors who contract directly with the trust. The contractors submit the data to the NHS Staff Survey Co-ordination Centre who are the national data processor for NHS England and provide benchmarking reports for each organisation along with national reports. The data is used to improve local working conditions for staff, and ultimately to improve patient care.

### **Sources and categories of personal data**

Information is provided by employing organisations from the entries in the Electronic Staff Record for their employees. This includes name, work address, and/or e-mail address. It also includes full name, age, directorate, department or division, location, job title and staff group, maternity, pay band; ethnicity; long-standing illness, health problem or disability. These variables help verify the representativeness of the staff list, where a sample is being used. Disability/pay band data were requested for the first time in 2017 following requests for this data from the WDES team to monitor

equality. Collecting this information allows the monitoring of non-response rates by ethnicity/occupational group

### **Categories of recipients**

The responses to the survey are collated by the survey contractors and the response data are sent to the Staff Survey Co-ordination Centre. The Co-ordination Centre is then able to provide organisations with data to compare their performance with other organisations of a similar type and also produce national statistics for NHS England. The responses to the survey remain confidential. Completed questionnaires are submitted directly to the independent survey Contractor. The employing organisation does not have access to the completed questionnaires or to any linked personal data (e.g. names and addresses). The report that is sent back to the organisation presents the survey findings in summary form, and does not reveal the identity of the staff sampled. To help preserve anonymity, the Co-ordination Centre will not provide feedback on any group from which there are 10 or fewer responses.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For the processing of special categories (health) data the basis is Article 9(2)(h) – '...health or social care...'.

## ***International Survey of Health Experience (ISHE)***

### **Purposes for processing**

The International Survey of Health Experience (ISHE) is otherwise known as the Patient-Reported Indicator Surveys (PaRIS) and is an initiative of the Organisation for Economic Cooperation and Development (OECD). Countries are working together to develop, standardise and implement a new generation of indicators that measure the outcomes and experiences of health care that matter most to people.

ISHE will assess the outcomes and experiences of patients with long-term conditions managed in primary care across countries. The survey aims to fill a critical gap in primary health care, by asking primary care providers (in England that will be GP practices) and patients about aspects like access to health care and waiting times, as well as quality of life, pain, physical functioning & psychological well-being.

### **Sources of the data**

The mailing list for the ISHE is produced from the registered GP patient list that is held by NHS Digital. A random probability selection of patients (aged 16+) is selected from all eligible GP practices, and the names and addresses of the selected patients are sent to Ipsos who distributes the questionnaire on our behalf. Once the survey is finished Ipsos destroys the contact details that it has received.

Each survey response has a unique reference number. Ipsos uses this survey number to (i) identify who has responded to the survey (so they only send reminder letters to people who haven't responded), (ii) to link responses to GP practices, (iii) to weight the responses by linking to the age and gender of respondents. The survey responses are never linked to the patients' personal details.

### **Categories of personal data and recipients**

The data we use for administering the survey includes names and addresses, sex, NHS number, GP Practice code, phone number (if available), partial date of birth and sex.

### **Legal basis for processing**

For UK GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'.

## **Clinical Networks and Senate**

### **Purposes for processing and categories of personal data**

Strategic Clinical Networks (SCN) bring together those who use, provide and commission the service to make improvements in outcomes for complex patient pathways using an integrated, whole system approach. SCN serve in key areas of major health and wellbeing challenge, currently:

- cardiovascular (including cardiac, stroke, renal and diabetes)
- maternity, children and young people
- mental health, dementia and neurological conditions
- cancer

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent.

The personal data we process include:

- name and contact details of patients, healthcare colleagues and other stakeholders
- personal data contained in expressions of interest for positions within the Networks and Senate, CVs, information arising from the interview process, and pen-picture biographies
- personal data relating to claims for expenses.

### **Sources of the data**

- Patients, healthcare colleagues and other stakeholders
- Healthcare providers

### **Categories of recipients**

The data are used by the Clinical Networks and Senate Teams in NHS England.

### **Legal basis for processing**

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'.

## Care maker recruitment

### Purposes for processing

Since the launch of the Care Maker programme in 2012, NHS England has recruited Care Makers across England. The first Care Makers were recruited before the Chief Nursing Officer's Conference in 2012 to support the previous national nursing and midwifery strategy 'Compassion in Practice' (2012). Initially aimed at students and newly qualified staff, the Care Maker programme is now open to students and staff at all levels and disciplines within a health or care setting.

The three year '*Compassion in Practice*' strategy concluded in *March 2016*. Leading Change, Adding Value – a framework for nursing, midwifery and care staff was launched in May 2018 and the Care Maker role has evolved to now champion this initiative.

Care Maker Recruitment is an ongoing open process – interested staff members must complete the quality assurance forms, available on the NHS England [website](#), and submit to the Care Maker Application team for review.

### Categories of personal data

The database contains the following elements:

- Full Name
- Job Title
- Speciality
- Location
- Workplace
- Details of where the applicant studied
- Telephone number – mobile
- Email address
- Postal Address

### Sources of the data

The data is provided by Care Maker applicants.

### Categories of recipients

The information is used by:

- The Care Maker Application team when reviewing application forms
- The Care Maker Application team to compile distribution lists
- Regional Nurse Leads and regional Care Maker Co-ordinators in order for them to contact Care Makers about campaigns and events in their area.

### Legal Basis for processing

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'

## Clinical Entrepreneur

### Purposes for processing and categories of personal data

As part of the [NHS Mandate](#), NHS England has developed the Clinical Entrepreneur Training Programme which is designed to offer opportunities for junior doctors and wider health professionals to develop their entrepreneurial aspirations during their clinical training period. The Clinical Entrepreneur Training Programme forms part of NHS England's wider [programme of innovation](#).

NHS England process the following categories of personal data in relation to the Clinical Entrepreneur Training Programme:

- Name and contact details
- Date of birth
- Educational and employment background
- Any other information provided within individual CVs
- Information relating to their innovation proposal and progress in its development

The purposes for processing the above categories of personal data are:

- To ensure the suitability of individuals applying for the programme
- To ensure the suitability of the mentoring and educational events available to applicants
- To maintain distribution lists in relation to the programme
- To maintain distribution list in relation to other events and funding opportunities

### Sources of the data

The data is provided by applicants, partners and mentors to the programme

### Categories of recipients

- University and higher education training partners
- Department of Health and ALBs
- Other Government Departments
- Academic Health Science Networks (AHSNs)
- Health charities, third sector organisations and social enterprises
- Health industry organisations
- Mentors to the programme (selected by applicants to the programme)

### Legal basis for processing

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'

## National Innovation Accelerator

### Purposes for processing and categories of personal data

National Innovation Accelerator is hosted by UCL Partners although we commission/contribute financially to the programme. For applications to the programme they use the fluid review system which is accessed by UCL Partners for assessment purposes; within our team we can also access all data should we wish as follows:

- name and contact details
- professional registration number
- personal data supplied in application made to the programme, such as biographical details/place of work/organisational details
- references
- letters of support
- personal data contained in shortlists or processed as a result of interviews
- personal data comprised in press releases or other publicity materials (such as case studies)
- a personal sprint plan.

### Categories of recipients

Recipients of the data include:

- The Research and Innovation team
- The Innovation team
- Academic Health Science Networks
- Assessors (NHS England, NHS Digital, Partner Organisations, external experts)
- Partner organisations
- The media and the public

### Legal basis for processing

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'

## Counter fraud

### Purposes for processing

NHS England has a team of Accredited Counter Fraud Specialists with responsibility for the prevention and detection of fraud, bribery and corruption against the organisation. When allegations are made suggesting that NHS England has been the victim of an economic crime, the Counter Fraud Team will conduct an investigation. This may involve; gathering evidence, obtaining witness statements and interviewing suspects. If evidence of a crime is found, the suspect may face

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disciplinary proceedings, (including referral to professional body), civil sanctions, and/or criminal proceedings.

We work closely with the NHS Counter Fraud Authority, who has oversight of cases as they progress and in the case of prosecutions, act as a gateway for initial file submissions to the Crown Prosecution Service.

Perpetrators of economic crime against NHS England can be anyone associated with the Health Service, including:

- patients,
- employees,
- primary care contractors, (GPs, dentists, opticians, pharmacists)
- suppliers.

In order to establish if a criminal offence has occurred, NHS England may request access to personal data. Primary care contractors are obliged under regulations to provide information to NHS England that is reasonably required in connection with their contract, such as counter fraud activities. Service Condition 24 of the NHS Standard Contract requires providers to allow Counter Fraud Specialists access to information that is relevant to the detection and investigation of cases of bribery, fraud or corruption.

### **Categories of personal data**

In order to carry out our activities to prevent and detect economic crime we may process the following data:

- Contact details such as names, addresses, telephone numbers
- Emergency contact(s)
- Education and training, incl. development reviews (appraisals)
- Patient data, incl. GP, dental optical and pharmaceutical records
- Offences (including alleged offences), criminal proceedings, outcomes and sentences
- Employment details, (employment contract, salary, position etc.)
- Information around travel and subsistence; expenses
- Employment / identity records (including professional membership, qualifications, references and proof of identity and eligibility to work in the UK)
- Bank details
- Pay, benefits and Pension details (incl. National Insurance number)

Please note this list is not exhaustive and may change over time.

### **Categories of recipients**

Details of cases are entered on to the National Counter Fraud Authority's case management system.

The NHS England Counter Fraud Team may also work alongside Clinical Commissioning Groups and NHS Business Services Authority in the investigation and prevention of fraud, bribery and corruption.

When a case is submitted for prosecution, information including personal data is sent to the Crown Prosecution Service.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – ‘...task carried out in the public interest or in the exercise of official authority...’. This applies to investigation by NHS England, and co-operation with the NHS Counter Fraud Authority, Clinical Commissioning Groups and NHS Business Services Authority.

For the processing of special categories data the basis is 9(2)(g) – ‘...substantial public interest...’. This is supported by Schedule 1 Part 2 paragraph 10 (preventing or detecting unlawful acts) and paragraph 14 (preventing fraud) of the Data Protection Act 2018.

## **The National Fraud Initiative**

NHS England is required to protect the public funds it administers. It may share information provided to it with other bodies responsible for; auditing, or administering public funds, or where undertaking a public function, in order to prevent and detect fraud.

The Cabinet Office is responsible for carrying out data matching exercises.

Data matching involves comparing computer records held by one body against other computer records held by the same or another body to see how far they match. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it may indicate that there is an inconsistency which requires further investigation. No assumption can be made as to whether there is fraud, error or other explanation until an investigation is carried out.

We participate in the [Cabinet Office's National Fraud Initiative](#): a data matching exercise to assist in the prevention and detection of fraud. We are required to provide particular sets of data to the Minister for the Cabinet Office for matching for each exercise.

The use of data by the Cabinet Office in a data matching exercise is carried out with statutory authority under Part 6 of the Local Audit and Accountability Act 2014.

Data matching by the Cabinet Office is subject to a [Code of Practice](#). Should you wish to know more information on this [Fair Processing Notice please see the more detailed full text](#). View further information on the [Cabinet Office's legal powers](#) and the reasons why it matches particular information. For further information on data matching at this authority contact Stuart Francis at [stuart.francis@nhs.net](mailto:stuart.francis@nhs.net).

### **Legal basis for processing**

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...', or where there is a legal obligation to share information Article 6(1)(c) – processing is necessary for compliance with a legal obligation to which the controller is subject.

## **If you Speak Up to NHS England**

### **Purposes for processing**

Speaking Up is the term used when a worker contacts us with a concern about an organisation and its services. The concern will typically (although not necessarily) be regarding something they have witnessed at work. Full details can be found [here](#).

NHS England is a "prescribed person" (i.e. an organisation responsible for handling cases of Speaking Up under the Public Interest Disclosure Act 1998) and can investigate cases relating to Primary Care Organisations (i.e. General Practice; Local Dentistry; Opticians; and Community Pharmacy Services).

NHS England also operates its own internal policy for concerns raised by its staff. This can be found [here](#).

Further details available on NHS England's [website](#) and dedicated [Speaking Up contact pages](#).

### **Categories of personal data**

Data collected can be anonymous from the person Speaking Up depending on the nature in which the information is provided. Other times, name, contact details and specific elements relating to the concerns may be collected, i.e. personal information regarding another employee, or those concerned to be at risk (name, contact information etc.) .

### **Sources of the data**

Information will be provided by the person Speaking Up regarding themselves and those involved in the issues leading to the concerns raised, or those considered at risk.

### **Categories of recipients**

The information is used by:

- NHS England and relevant teams for the purposes of investigation
- With the person Speaking Up's consent, we can refer the issue to an alternative external body such as the following:
  - Fraud and corruption – NHS Counter Fraud Authority
  - Serious patient safety issues or issues relating to condition of registration – Care Quality Commission
  - Allegations regarding a clinician's fitness to practice – relevant professional regulator or healthcare body (CQC)
  - Where local resolution has not been possible – NHS England

- Offender Health – details of prescribed persons for Police and Justice Services can be found on the Whistleblowing Prescribed Persons Pages.
- The National Offender Management Service has its own Reporting Wrongdoing Hotline, which is 01527 544777
- Safeguarding- Issues will be dealt with in accordance with NHS England safeguarding policies.

### **Legal basis for processing**

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data the basis is Article 9(2)(h) '...health or social care...'.

## **People Pulse Project**

### **Purposes for processing**

The aim of the "People Pulse" project is to support active listening and understanding of the views of NHS employee experiences which will help shape actions at a local, regional and national level.

### **Sources of data**

This project is not mandatory and those NHS employees who wish to participate are able to provide their information which will be collected and administered via a website <https://www.nhspeoplepulse.com/england>.

### **Categories of personal data and recipients**

The data voluntarily provided will be: NHS organisation, region, job type, gender, ethnicity, disability, age, sexual orientation and carer arrangements. This data is necessary for synthesising information for our decision making on what further support we can provide to the provider organisations.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is: *Article 6(1)(e) – '...exercise of official authority...'* and for processing special categories (health) data the bases are: *Article 9(2)(b) – '...support NHS employees...'* and *9(2)(h) – '...for health or social care...'*

## **NHS Innovation Service**

### **Purposes for processing and categories of personal data**

The NHS Innovation Service acts as an 'information gateway' to support people developing new innovative products, services or initiatives in healthcare ('innovators'), to understand processes such as the regulations and standards they will need to meet, the real-world evidence they will need to demonstrate, and NHS procurement and reimbursement processes. It will also be a single entry point for innovators to register for support and/or to apply for certain programmes.

Organisations providing support to innovators are able to communicate directly both with the innovator and with each other to help the innovator compile a single record of their progress and evidence generated to date.

The categories of personal data processed are:

Name  
Contact details  
Job title  
Organisation

### **Categories of recipients**

Please check the NHS Innovation Services webpage for published partners and up to date categories of recipients:

<https://innovation.nhs.uk/about-the-service/who-we-are>

### **Legal basis for processing**

For the UKGDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'.

## **Annual Health Checks Focus Group**

NHS England are working together with the National Children's Bureau as a data processor on a project for an Annual Health Checks (AHC) Focus Group, an initiative to explore the views of children and young people aged 14-19 years with a learning disability, and to support them to co-design communications and materials to improve the quality of these services and make them more accessible. NHS England is responsible as a data controller for the processing of personal data for the purposes of the AHC Focus Group project.

### **Purposes for processing**

We collect personal data from children and young people and their families or carers to participate in the AHC focus group through the sharing of thoughts and experiences of AHC to highlight key themes and points raised.

Participants who agree to take in part will have their discussions recorded for a video resource on AHC, which will be shared with NHS health professionals across all the NHS for training purposes, which includes sharing on NHS websites, and anonymised quotations through NHS social media channels.

### **Categories of personal data**

The following types of personal data are processed:

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- Application form: name, contact details, date of birth, participation access needs.
- Equality and Diversity monitoring: disability, health impairments, ethnicity, religion. This data is collected separately to application to ensure anonymity.
- Video: Within the above activities we will be recording the focus group to be used in a video resource for NHS healthcare professionals, we will therefore be collecting personal data regarding your experiences in video format. NHS England will use the video for:
  - Training: shared with NHS health professionals across all the NHS for training purposes
  - Social media: including, Facebook, Twitter, Instagram and YouTube (anonymised quotes only)
  - NHS England website

National Children's Bureau will be collecting quotes during these activities. These quotes will not be identifiable to individuals and will be used by National Children's Bureau and NHS England for 5 years in the following ways:

- Used in the project report National Children's Bureau submits to NHS England for this project
- Used in promotional materials, bids and other reports, training, and on social media by National Children's Bureau and NHS England

### **Legal basis for processing**

For UKGDPR purposes NHS England have a lawful basis of Article 6(1)(a) Consent for the processing of application forms and videos for the purposes of the AHC review. NHS England has a further lawful basis of Article 6(1)(e) – '...exercise of official authority...' arising from a statutory duty to secure continuous improvement in the quality of service and to promote education and training (of health and care staff), which will apply to the processing of the videos for NHS staff training purposes and reporting purposes.

NHS England have a lawful basis for processing special category personal data under UKGDPR Article 9(2)(a), explicit consent.

### **Data recipients**

Your personal data is received and used by:

- NHS England (video and reporting)
- National Children's Bureau (application, video and reporting)
- Other voluntary sector organisations such as Mencap, National Development Team for Inclusion and Contact (video)

### **Retention period**

Your data will be stored for a period of six years following project end in accordance with NHS England's corporate retention schedule.

## NHS 111

### Purposes for processing

When you call NHS 111 from a mobile phone, mast data are used to route your call to a local NHS provider. These data can locate the device to a small geographic area (typically, within 100m of the device). A local NHS provider is often best placed to deal with your call. Where you are using WiFi calling or we are otherwise unable to determine your location, we will ask you whether we may seek your consent to use geolocation data to route your call to a local NHS provider. These data provide GPS co-ordinates for the device (which can be accurate to a small number of metres). Where you do not wish to provide consent, your call will be picked up and you will be asked for the name of the nearest large town or city. This information is captured by Natural Language Processing, and used to route your call to a local NHS provider. Any mast and geolocation data are stored separately, not shared with any recipient, and deleted after 24 hours.

### Categories of personal data

- calling line identification data (CLI data)
- mast data (where available)
- geolocation data (where there is consent)

### Categories of recipients

- Vodafone Group Plc provides the telephony service for NHS 111 under contract to NHS England

### Legal basis for processing

For GDPR purposes, NHS England's lawful basis for processing is Article 6(1)(e) – '...task carried out in the public interest or in the exercise of official authority...'

For the processing of special category (health) data, the condition is Article 9(2)(h) – '...health or social care...'

For the use of geolocation data (only), consent is a requirement of The Privacy and Electronic Communications (EC Directive) Regulations 2003.

## Safety and Quality

### *How we use personal data for safety and quality purposes*

#### Incidents

##### **Purposes for processing**

NHS England is committed to the improvement of quality and delivery of services and uses incident events, investigation, evidence and reports relating to incidents under various policy and procedural structures.

An incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in unexpected or avoidable death, harm or injury to patient, carer, staff or visitor. In order to promote quality and compliance, NHS England has several reporting protocols for incidents and provides investigation and learning to improve systems and services across the organisation.

##### **Sources of the data**

Incident events are recorded across the organisation, and within systems and services commissioned by NHS England. Under various protocols including Serious Incidents Requiring Investigation (SIRI), Never Events, Deaths In Custody, Neonatal Death, these incidents will be investigated and reviewed with a view to ensuring improvement in outturn and performance.

##### **Categories of personal data**

The data received by NHS England includes a record for each incident including (if relevant) patient or staff name, NHS Number and other personal details, including relevant healthcare records and information about the incident, including others involved or impacted by the event.

##### **Categories of recipients**

The information is used by the relevant team or department together with Nursing and Quality, and Improving Health and Quality teams in NHS England. Anonymised “lessons learned” will be cascaded to relevant parties within (or outside) NHS England to ensure that improvements are delivered.

Please see our [Serious Incident Framework Policy](#) web page and [National Reporting and Learning System](#) framework for more information.

##### **Legal basis for processing**

For the GDPR purposes NHS England’s lawful basis for processing is Article 6(1)(e) ‘...exercise of official authority...’. For the processing of special categories data the basis is Article 9(2)(h) ‘...health or social care...’.

#### Care and treatment reviews

##### **Purposes for processing and categories of personal data**

Care and Treatment Reviews (CTRs) are part of NHS England’s commitment to transforming services for people with learning disabilities, autism or both. They are

used by commissioners for people living in the community and in learning disability and mental health hospitals. They are helping to reduce the number of people going into these hospitals.

CTRs also help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They reduce the amount of time people spend in hospital and bring people together to help to sort out any problems which can keep people in hospital longer than necessary. They do this by helping to improve current and future care planning, including plans for leaving hospital. Further information can be found [here](#).

NHS England processes personal data to organise CTRs. The personal data NHS England processes include:

- Name and home address
- NHS number
- date of current admission and estimated date of discharge
- your consent to the Care and Treatment Review
- date(s) and venue(s) of panel meeting(s)

NHS England processes the above categories of personal data for the following purposes:

- Management and organisation of the CTRs
- For repatriation purposes of patients

#### **Sources of the data**

- Patients
- Providers of health care

#### **Categories of recipients**

Providers of health care (including the CTR panel members consisting of experts by experience)

#### **Legal basis for processing**

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data the basis is Article 9(2)(h) '...health or social care...'.

## Controlled drugs accountable officer – alerts etc.

### Purposes for processing

#### ***Role of the Controlled Drugs Accountable Officer***

Regional Lead Controlled Drugs Accountable Officers (CDAOs) are responsible for all aspects of Controlled Drugs management. The roles and responsibilities of CDAO's are governed by the Controlled Drugs (Supervision of Management and Use) Regulations 2013.

All organisations within the region are required to report controlled drug incidents and concerns to the CDAO. The Lead CDAOs are required to set up Controlled Drugs Local Intelligence Networks (CD LINs) to share concerns and good practice within their area. Whilst we can determine the specific membership, it is largely comprised of the CDAOs across the area, Clinical Commissioning Group representatives and the relevant regulators and agencies as set out in the regulations.

#### ***Cascade Alerts – sharing personal and sensitive information***

Incidents of significant concern locally e.g. patients or healthcare professionals fraudulently obtaining Controlled Drugs, prescriptions, patient alerts would need to be shared through a cascade alert with healthcare professionals including GP Practices, Dental Practices, Hospitals, Community Pharmacies and other relevant healthcare providers. These alerts may contain sensitive personal information to help prevent further fraudulent activity and prevent harm to the public.

Personal sensitive information shared on alerts is usually provided to us by the police and other healthcare professionals who request us to send out an alert on a local standard NHS England Template with the NHS Logo. We facilitate this process and on some occasions this information may only be alleged concerns.

#### ***Private Prescriber Applications***

The lead CDAO also receive requests from healthcare professionals to be able to order stock of CDs via requisitions and / or prescribe Controlled Drugs Privately and accordingly manage these applications with a lot of personal information included.

#### ***Sharing and reporting Fitness to Practice Concerns and Criminal Activity***

Where the lead CDAO has concerns about a healthcare professional's fitness to practise they will share this information with the professional regulator and or other relevant bodies across the NHS. Information on criminal activity would be shared with the police and counter fraud agencies

### **Sources of the data**

We receive information / unproven intelligence from:

- Members of public

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- Registered healthcare professionals
- Non-registered healthcare staff
- NHS and Private Healthcare organisations/providers
- Counter Fraud Agencies
- Commissioners
- Police CDLOs
- Regulators
- NHS England Colleagues
- Voluntary organisations
- Anonymous

### **Categories of personal data**

CDAOs would very rarely send out an alert with any sensitive information.

- Full Name
- Personal Address
- Organisation Address
- Date of Birth
- Email addresses
- NHS Number
- Photographs
- Professional Registration Number
- Description of alleged claim(s)

### **Categories of recipients**

We may share information and intelligence to relevant organisations:

- GP Practices
- Dental Practices
- NHS & Private Hospitals
- Community Pharmacies
- Other healthcare providers
- Voluntary Organisations
- Police
- Counter Fraud Agencies
- Commissioners
- Regulators
- NHS England Colleagues
- Other CDAOs
- CDAOs and relevant departments outside of England Footprint e.g. Scotland, Wales, Northern Ireland
- NHS Business Services Authority
- Primary Care Services England

- Local Authorities
- Public Health Departments
- Indemnity Insurance Providers
- Adult and children safeguarding boards

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories (health) data the basis is Article 9(2)(h) '...health or social care...'.

## Safety alerts

### Purposes for processing

NHS England is committed to the delivery of safe and efficient services, and will communicate safety critical information and guidance to the NHS under various policy and procedural structures.

An Alert may be issued to prevent or avoid unexpected or avoidable death, harm or injury to patient, carer, staff or visitor, or in order to prevent fraud.

### Sources of the data

Alerts can be generated across the organisation, and instigated from systems and services commissioned by NHS England. Under numerous protocols including regulations for Controlled Drugs, Patient Safety, Medical Devices etc., and these alerts will be cascaded to relevant parts of the NHS to ensure patient safety and protection.

### Categories of personal data

The data received by NHS England includes a record for each Alert including (if relevant) patient or staff name, NHS Number and other personal details, including relevant healthcare records and information about the Alert, including others involved or potentially impacted by the Alert.

### Categories of recipients

Alerts can be cascaded throughout the NHS, and are directed, on a necessary and proportionate bases, to any relevant team within (or outside) NHS England. When Alerts are sent to relevant people they may include action to be taken, or raise awareness of potential harm to which staff need to be aware.

Please see the [MHRA CAS Pages](#) for details and [NHS England Alerting Systems](#) framework for more information.

### Legal basis for processing

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data the basis is Article 9(2)(h) '...health or social care...'.

## Safeguarding

### **Purposes for processing**

NHS England is dedicated in ensuring that the principles and duties of [safeguarding](#) adults and children are holistically, consistently and conscientiously applied with the wellbeing of all, at the heart of what we do.

### **Categories of personal data**

The data collected by NHS England staff including its hosted bodies in the event of a safeguarding situation will be as much personal information as is necessary or possible to obtain in order to handle the situation. This is likely to be special category information (such as health information).

### **Sources of the data**

NHS England will either receive or collect information when someone contacts the organisation with safeguarding concerns or we believe there may be safeguarding concerns.

### **Categories of recipients**

The information is used by:-

- NHS England staff including its hosted bodies when handling a safeguarding incident.
- NHS England may share information accordingly to ensure duty of care and investigation as required with other partners such as Local Authorities, the Police, healthcare professional (i.e. their GP or mental health team).

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data, the basis is 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...'

## **Assuring Transformation**

### **Purposes for processing**

NHS England uses Assuring Transformation Data to check that people with a learning disability, autism or both are getting the right care in the right place. Please see our [Assuring transformation data](#) web page and [What is assuring transformation](#) for more information about how we do this.

NHS Digital publishes a monthly progress report. This lets the public check if the NHS is doing a good job of looking after people with a learning disability, autism or both who are in hospital. The progress reports don't have any personal information, like names, birthdays or NHS numbers.

### **Sources of the data**

Commissioners of health services (the people who plan and pay for services) collect the data in the first place from the hospitals that are treating these patients. The

commissioners are NHS England, Lead Providers in Provider Collaboratives acting on behalf of NHS England and Clinical Commissioning Groups across the country. Every month NHS Digital collects the information from the commissioners and gives it to NHS England, who is responsible for the collection.

### **Categories of personal data**

The data received by NHS England includes a record for each patient with their name, NHS Number and other personal details, and information about their stay in hospital.

### **Categories of recipients**

The information is used by the Learning Disability Programme within NHS England to derive performance and quality indicators for Learning Disability services, in order to drive improvements in the services and to identify where good/poor practice is taking place.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is 6(1)(e) '...exercise of official authority...'. For special categories (health) data the basis is 9(2)(h) '...health or social care...'.

NHS England has obtained section 251 support (approval under the Health Service (Control of Patient Information) Regulations 2002) to collect Assuring Transformation data from providers of specialised mental health services, and to receive the Assuring Transformation Dataset from NHS Digital.

## **If you are a patient assigned to the Special Allocation Scheme**

### **Purposes for processing**

It is important that practices can maintain a safe environment for their patients and all staff working in the practice. NHS Regulations allow a GP practice to immediately remove a patient from their list following any incident where a GP or member of practice staff has feared for their safety or wellbeing, resulting in the incident being reported to the police.

Special Allocation Schemes were created to ensure that patients who have been removed from a practice patient list can continue to access healthcare services at an alternative, specific GP practice. NHS England has a responsibility to ensure that all patients can access good quality GP services and that patients are not refused healthcare following incidents that are reported to the police.

Patients are registered on the scheme by the submission of a Violence Reporting Form to NHS England, or CCG with Delegated Authority by a GP practice. Patients are sent a letter informing them that they have been registered on the scheme.

### **Sources of the data**

The data are provided on the [Violence Reporting Form](#) submitted by a GP practice. Authorised signatories on the form are GP Partner, Practice Manager or Deputy Practice Manager

### **Categories of personal data**

The data included on the Violence Reporting Form includes:

- Name
- Date of birth
- Address
- NHS No
- Details of the incident
- Actions taken by police
- Whether the patient has an existing mental health condition, with details
- Medical Conditions, particularly where these may have an effect on the patients' behaviour. E.g. Their Mental Health Status, any learning disabilities, Drug or Alcohol abuse
- Existing medications
- Please provide the contact details of any other Health Care providers, e.g. Mental Health Team Workers, District Nurses, or Health Visitors and confirm that you will inform them that the patient will be placed on the Violent Patient Scheme subject to approval of the referral request

### **Categories of recipients**

Primary Care Support England process the forms submitted by GP practices.

### **Legal Basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories (health) data the basis is Article 9(2)(h) '...health or social care...'.

## Health care professionals

**How we use personal data about health professionals that we have responsibility for**

### Performers Lists

#### Purposes for processing

The National Health Service (Performers Lists) (England) Regulations 2013 (Performer List Regulations) as amended provides the regulatory framework for managing medical, dental and ophthalmic performers who perform primary care services and entrusts the responsibility for managing the performers lists to NHS England as the commissioner of primary care services. NHS England's Framework for Managing Performer Concerns sets out NHS England's governance arrangements for operationalising the Regulations.

NHS England has statutory responsibility for managing the England Performers Lists for GPs, General Dental Practitioners and ophthalmic practitioners who undertake NHS primary care services under the respective primary care contracts. The Performers Lists provide assurance to prospective employers that the performer is suitable and eligible to undertake services and for this reason is included as part of the suite of pre-employment checks undertaken. NHS England is required by statute to make the Performers List available to members of the public and this provides them with the assurance that the primary care practitioner is safe and fit to practise.

For further information please refer to NHS England's [performer list policies and procedures](#).

#### Sources of the data

Applications for inclusion must be made by sending NHS England an application in writing in line with Regulation 4 of The National Health Service (Performers Lists) (England) Regulations 2013 as amended.

#### Categories of personal data

The personal data includes; full name, sex, date of birth, residential address and telephone number. For further information please refer to the [National Performers List Application Form](#).

#### Categories of recipients

Primary Care Support England (PCSE) is responsible for administering entry and status changes to Performer Lists on behalf of NHS England.

#### Legal basis for processing

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data, the basis is Article 9(2)(h) '...health or social care...'.

## Managing performance concerns

### Purposes for processing

The National Health Service (Performers Lists) (England) Regulations 2013 (Performer List Regulations) as amended provides the regulatory framework for managing medical, dental and ophthalmic performers who perform primary care services and entrusts the responsibility for managing the performers lists to NHS England as the commissioner of primary care services. NHS England's Framework for Managing Performer Concerns sets out NHS England's governance arrangements for operationalising the Regulations.

To meet our obligations we have established a [framework for managing performer concerns](#). This framework encompasses:

- the process for considering applications and decision making for inclusion, inclusion with conditions and refusals to be undertaken by NHS England's local offices;
- the process by which teams identify, manage and support primary care performers where concerns arise; and
- the application of NHS England's powers to manage suspension, imposition of conditions and removal from the performers lists.

NHS England has established Performance Advisory Groups (PAGs) and Performers Lists Decision Panels (PLDPs) within local teams in order to support its responsibility in managing the performance of primary care performers. The PAG's role is to consider concerns about a named individual, who is either included on the Performers List, has a prescribed connection to NHS England, or is a Pharmacist, and determine the most appropriate course of action. It can instruct an investigation where it considers it appropriate and it can agree voluntary undertakings with a performer when low level concerns have been identified and the performer accepts this to be the case. The primary role of the PLDP is to make decisions under the Performers Lists Regulations. This does not prevent the PLDP from taking any action that the PAG can take.

### Sources of the data

The data sources are far-reaching and data may be provided by anyone raising a concern with regards to primary care practitioners.

### Categories of personal data

The data includes the identity of the performer, details of the concern and the details of the person raising the concern as well the outcomes of any action taken regulatory or not.

### Categories of recipients

The data is received by performance advisory groups and performers list decision panels. Records are held by teams in NHS England's Medical Directorate and Commissioning Operations Directorate. Regulatory or law enforcement bodies may be informed as deemed necessary.

### **Legal basis for processing**

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data the basis is 9(2)(h) '...health or social care...'.

## **Medical revalidation**

### **Purposes for processing**

Medical revalidation is a process for evaluating that a doctor is up to date and fit to practise, introduced in December 2012. Every licensed doctor who practises medicine in the UK must have an annual appraisal and recommended as being up to date and fit to practise, by their responsible officer to the GMC, every five years. All designated bodies with connected doctors must appoint a responsible officer to oversee the revalidation of their doctors.

The (national) Senior Level Responsible Officer (SLRO) for Medical Revalidation in NHS England, supported by the four (regional) Higher Level Responsible Officers (HLRO), must be assured that all responsible officers and designated bodies are discharging their statutory responsibilities and will support them to achieve this. The SLRO in NHS England is also responsible for the revalidation of primary care medical practitioners in England that are on the medical performers list.

In order to allow NHS England to discharge its duties as a designated body, the personal details of all doctors in England, appraisers and responsible officers, (together with the contact details of administrators, Medical Directors, Clinical Appraisal Leads and Chief Executives of designated bodies in England), are held within NHS England's Revalidation Management System (RMS). The system links to [GMC Connect](#) to make revalidation recommendations and also to ensure that the databases remain synchronized.

The medical revalidation and appraisal processes have been designed so that the appraisal inputs are confidential between the doctor and their appraiser. For more information about the use of information during the revalidation please refer to the [Medical Appraisal Documentation Access Statement](#). Also the [Medical appraisal policy](#) – Annex H regarding Information Governance.

To facilitate payment of appraisals, RMS holds the supplier reference number for the appraisers and in some cases it also holds information such as the National Insurance Number and Pension Scheme Reference number where NHS England manages the pension contributions.

### **Sources of the data**

The data is obtained from the appraisees, appraisers and responsible officers in designated organisations.

### **Categories of personal data**

The RMS system includes personal details of doctors who have been appraised. It also includes information on education and employment history, alleged criminal offences and convictions, and health information, where relevant, to their appraisal.

To facilitate payment of appraisers, RMS holds the supplier reference number for the appraisers and in some cases it also holds information such as the National Insurance Number and Pension Scheme Reference number where NHS England manages the pension contributions.

### **Categories of recipients**

The information in RMS will primarily be accessible to responsible officers and their administrative staff. However, certain other persons, including medical directors and regulatory bodies, may have access to the information, as explained in the access statement, referred to above. The information in RMS will only be shared with other organisations for the purposes of medical revalidation or otherwise where there is a legal power to do so, with the agreement of NHS England's Caldicott Guardian.

### **Legal basis for processing**

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data, the basis is Article 9(2)(h) '...health or social care...'.

## **Midwives – Local Supervisory Authority**

### **Purposes for processing and categories of personal data**

NHS England holds archive records relating to Local Supervising Authorities. Those records concern the eligibility to practise of midwives and information captured to support the safety and quality of maternity care. The information was largely held in a database that has been migrated to NHS England's system and there are also some holdings in hard copy.

The personal data we process include:

- name and contact details
- professional registration number
- a personal development plan and an annual appraisal
- action plans
- any personal data in records relating to serious incidents or Fitness to Practise investigations and outcomes

### **Sources of the data**

- Midwives
- Providers of health care

### **Categories of recipients**

- The Nursing team in NHS England
- Nursing and Midwifery Council
- Providers of health care

### **Legal basis for processing**

For the GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) '...exercise of official authority...'. For the processing of special categories data the basis is 9(2)(h) '...health or social care...'.

## **General Practice Pay Transparency**

### **Purposes for processing**

Pay transparency in general practice was introduced into the GP Contract Regulations in October 2021. The Department of Health and Social Care (DHSC) subsequently confirmed that the implementation of general practice pay transparency was to be delayed. The data collection has now been resumed beginning with 2021/22 NHS earnings.

On 1 October 2022, amendments to the NHS (General Medical Services Contracts) Regulations 2015 (the 'GMS Regulations') and the NHS (Personal Medical Services Agreements) Regulations 2015 (the 'PMS Regulations') came into effect to require certain other individuals, namely 'job holders', to self-declare their NHS earnings if these are above the earnings threshold for the relevant financial year. These changes are also reflected in an amendment to The Alternative Provider Medical Services (APMS) Directions 2022. GMS, PMS and APMS contracts have been varied to incorporate these amendments.

### **Categories of personal data**

Individuals who are in scope are required to confirm their name and job title and to declare the following information:

- their name
- their NHS earnings for the relevant year
- job title
- the organisation(s) from which the NHS earnings were drawn.

Further information, including on the definition of NHS earnings for the purpose general practice pay transparency, is included in the [general practice pay transparency guidance](#).

### **Sources of the data**

The following individuals will be required to make a self-declaration on an annual basis if their NHS earnings exceed the threshold for the relevant year:

- individuals who hold the GP contract as partners (including partners who are not GPs) and contractors who are individual medical practitioners

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- partners of clinical sub-contractors and sub-contractors who are an individual (including partners of any onward clinical sub-contractors and any onward clinical sub-contractor who is an individual)
- individuals who work for (are engaged by) either a contractor (regardless of whether the contractor is an individual medical practitioner, a partnership or a limited company) or clinical sub-contractor (including any onward clinical sub-contractors) under either:
  - a contract of employment
  - a contract for services
  - or as a company officer (directors and any company secretary)
- Individuals engaged by a third party to provide clinical services (for example a locum engaged via an employment agency).

The thresholds of NHS earnings for the financial years 2021-22 to 2023-24 above which a self-declaration must be made are set out below:

- 2021-22 - £156,000
- 2022-23 - £159,000
- 2023-24 - £163,000.

### **Categories of recipients**

The information self-declared is intended for publication in a national publication to include for each individual and the relevant year:

- name
- job title
- their NHS earnings in £5,000 earnings bands
- the names of the organisations from which they drew NHS earnings from in the relevant year.

### **Legal basis for processing**

The Secretary of State for Health has provided NHS England with direction to carry out this activity.

For GDPR purposes NHS England's lawful basis for processing is Article 6(1)(e) – '...exercise of official authority...'. For the processing of special categories data the basis is Article 9(2)(h) – '...health or social care...'.

## Our workforce

### *How we use personal data for employment purposes*

#### **Purposes for processing**

We process your personal data in the main because the processing is necessary for the purposes of a contract of employment we have with you. In some cases, we may process information only once we have received your consent for us to do so. In other cases, we will process data in order to comply with legal requirements, both contractually and non-contractually. The reasons for which we may process your personal data may include (but are not limited to):

- Staff administration (including payroll)
- Pensions administration
- Workforce planning, and provision of facilities such as estates, car parking and IT
- Equal Opportunities Monitoring
- Staff health and wellbeing, safety and security, e.g. CCTV and staff identity badges
- Provision of Management Information
- Surveying of staff to support organisational initiatives
- Business management and planning
- Accounting and Auditing
- Accounts and records
- Crime prevention, detection of fraud and prosecution of offenders
- Education
- Management of organisational change
- Supporting emergency preparedness and business continuity
- Health administration and services
- Compliance with obligations, e.g. returns to Cabinet Office / Government departments

#### **Categories of personal data**

To carry out our activities and obligations as an employer / engaging body we may process the following data:

- Contact details such as names, addresses, telephone numbers
- Emergency contact(s)
- Education and training, incl. development reviews (appraisals)
- Employment / identity records (including professional membership, qualifications, references and proof of identity and eligibility to work in the UK)
- Bank details
- Pay, benefits and Pension details (incl. National Insurance number)
- Information around travel and subsistence; expenses

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- For staff driving a vehicle for work purposes: vehicle details, details of driving licence and vehicle insurance, tax, MOT etc.
- Personal demographics (including protected characteristics such as gender, race, ethnicity, sexual orientation, religion, date of birth, marital status, nationality)
- Medical information including mental and physical health
- Information relating to health and safety
- Trade union membership
- Offences (including alleged offences), criminal proceedings, outcomes and sentences
- Employment Tribunal applications, Employee Relations cases, complaints, accidents, and incident details
- Employment details (position, salary, FTE etc.) Status in relation to organisational change
- Support provided under employee assistance programmes

Please note this list is not exhaustive and may change over time.

### **Information sharing and recipients**

There are a number of reasons why we may have to share your personal information with third parties.

There may be circumstances where information is shared without your consent, for example:

- The disclosure is necessary for a statutory function of NHS England or the third party to whom the information is being disclosed
- There is a statutory obligation to share the data; for example, making returns to the Cabinet Office, Department of Health, Office of National Statistics etc.
- Disclosure is required for the performance of a contract
- Disclosure is necessary to protect your vital interest; for example in medical emergency situations
- Disclosure is made to assist with prevention or detection of crime, or the apprehension or prosecution of offenders
- Disclosure is required by a Court Order
- Disclosure is necessary to assist NHS England to obtain legal advice

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We may need to share your information with the following organisations/categories of organisations (further detail below):

- Other employers - to obtain pre-employment references or to enable you to undertake a secondment or corporately sponsored volunteer role
- Disclosure and Barring Service (DBS) - obtain employment background checks and necessary criminal record checks
- Occupational health provider - information about your health and attendance to enable them to provide advice and guidance to HR and your manager.
- Payroll and pensions providers – to process your pay and pension
- Employee benefits providers - to allow them to support you with the employee benefits services you wish to take up
- ICT providers – to grant you access to ICT systems necessary to perform your role
- Training and development providers – to enable you to undertake approved learning and development activities
- Survey providers - to collect views from our staff and report on staff engagement within the organisation
- Publications – NHS England publishes information about certain staff, including their name and job titles. This information can be found here: <https://www.england.nhs.uk/contact-us/pub-scheme/what-we-do/>

Specific information about recipients of personal data and the data shared can be found below.

### ***Department of Health and Social Care (DHSC)***

NHS England will share data with DHSC data relating to its organisational structure namely: names of senior individuals (salary Band 9 and above), individual job titles, grade, directorate and sub-directorate.

The purpose of this is for:

- Understanding the numbers of staff working in different areas and assurance that resources are being prioritised in line with ministerial priorities
- Understanding the make-up of staffing in order to help shift resources flexibly and quickly when major events or new priorities emerge (e.g. Covid, Brexit)
- Analysing where there are teams undertaking similar functions across different parts of the system (DHSC and individual ALBs) with a view to identifying opportunities for efficiencies.

The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Controllers.

The Personal Data to be shared under this Agreement will assist the Secretary of State in the discharge of their duties relating to the promotion and provision of the health service in England (including public health functions), as outlined in Part 1 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

***Recruitment, Employee Records and Contracts Administration (NHS Business Services Authority)***

NHS England are working to establish integrated Human Resources services, and the components of this joint service will be designed and implemented during 2019/2020. The purposes related to employment for which we currently process personal data jointly are:

- [Staff recruitment](#)
- [Equal opportunities monitoring](#)
- [Line management](#)

**Staff recruitment**

NHS England has established a joint recruitment service, and are responsible as a controller for the processing of personal data that you provide on your application, and from other sources. We have engaged the NHS Business Services Authority (NHSBSA) to process applications for employment on our behalf.

NHS BSA works with NHS England through each stage of the recruitment process using our end-to-end recruitment system TRAC, this includes pre- and post-interview activities up to confirming the offer of employment and issuing a contract. If you applied for a vacancy using NHS Jobs your application will be imported into the TRAC recruitment system and all information you receive about your application will be generated by TRAC. You may be invited to create a TRAC account if you are shortlisted to enable your application to be managed through the system.

We will use information you have provided to verify your identity when we speak to you, and at all stages of the application process.

**For successful applicants**

Before agreeing a contract, we will use the information you have provided to complete the following pre-employment checks in line with NHS Employers' guidance:

- Professional registration checks
- Employment history and reference checks
- Disclosure and Barring Service (DBS) check (if required)
- Work health assessment: to check you are fit to work or confirm what reasonable adjustments are required, if applicable
- Confirming Right to Work, identity, and eligibility for the vacancy
- Meeting safeguarding law requirements where this is relevant to the vacancy role

NHS England are also required to monitor the diversity of candidates to ensure we comply with the Equality Act 2010.

## Categories of recipients

We share your information with:

- medical professionals, to assess your fitness to work and any reasonable adjustments that you need
- the [Disclosure and Barring Service](#) (DBS), if your role requires a DBS check
- with named referees to obtain a reference
- any other organisation who has a legal right to it.

Your information will not be transferred outside the [European Economic Area](#) (EEA),

## Keeping your personal information

For non- successful applications, personal information in the e-recruitment system will be deleted within 400 days of the advertised application closing date. This information is retained so that we can revisit vacancies and applications in case the vacancy needs re-advertising or to enable us to respond to any candidate queries.

Successful applications will remain in the system for 400 days, but only information relevant to the employment of successful candidates will be retained within staff employment records. This will be specified in your contract of employment. If you withdraw at offer stage, you will not receive any further information and your details may still be retained for 400 days securely outside of the e-recruitment system.

## Equal opportunities monitoring

We have established a joint analytics team that is responsible for analysing data to enable reporting on compliance with equal opportunities requirements by NHS England. This supports workstreams such as the Workforce Race Equality Standard, the public sector Equality Duty and the Gender Pay Gap, which are mandatory for NHS employers.

Record level staff data is required to enable analysis by data items representing any characteristics relevant to equalities monitoring. Personal data including employee number is obtained from the Electronic Staff Record and other sources for example appointments to roles.

The dataset extracted includes employee number, data about role including grade and pay scale, position, type of contract, working hours, also protected characteristics including gender, ethnic origin, disability, marital status, sexual orientation, age band, religious belief.

The employee number is required to enable linkage between datasets.

Access to personal data including employee number is restricted to members of the joint analytics team.

## **Line management**

Managers have access to the Electronic Staff Records of their staff and use this to keep employment details up-to-date and manage the development of their staff, training compliance, annual leave and other absence. Managers use personal data relating to the health of their staff for the following purposes:

- Reimbursement of expenses
- Maintenance of professional registration
- Sickness absence management
- Maternity and adoption
- Occupational Health and accommodating special workplace needs.

## **Sickness absence management**

As an employer, NHS England have legal duties to ensure the health and safety of their employees at work, and that their employees receive their sickness pay allowance entitlement. We must also ensure that we comply with employment rights legislation around sickness absence.

Managers need to know that their staff are fit for work and be aware of adjustments that may be necessary to support staff following a period of sickness. For these purposes they will receive GP fit notes from the staff that they manage. These indicate whether or not an individual is fit for work and may give advice on any support required to accommodate an illness or condition when returning to work.

Managers will also receive return to work forms completed by their staff, and conduct return to work interviews to agree on any adjustments required.

Managers must ensure that the Electronic Staff Record (ESR) for their staff is kept up to date with sickness absence records. This enables us to comply with employment rights legislation when managing sickness absence.

By analysing the data extracted from the ESR we are able to identify and address any inequalities and target health and wellbeing interventions.

## **Maternity, paternity and adoption**

Managers are responsible for ensuring that the rights of their staff are respected when they are to become mothers or fathers.

They will receive completed MATB1 and matching certificates, which confirm details around a pregnancy or adoption. These forms are shared with HR and payroll ensuring communication with the employee about their entitlements and correct payment during periods of leave.

## **Occupational Health and accommodating special workplace needs**

Line managers may refer a member of staff, with their consent, for an occupational health assessment.

The NHS England Occupational Health Providers are external providers. Managers will share your contact details and referral with the providers as required.

Managers will receive occupational health reports to inform them of any adjustments that are required.

### **Legal basis for processing for our employment purposes**

NHS England's lawful basis for processing personal data jointly is Article 6(1)(e) '...exercise of official authority...'. This is underpinned by our statutory duties to cooperate, and accompanies other the bases that apply, as described below. For entering into and managing contracts with the individuals concerned, for example our employees the legal basis is Article 6(1)(b) – 'processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract'.

Where we have a specific legal obligation that requires the processing of personal data, for example equal opportunities monitoring, the legal basis is Article 6(1)(c) – 'processing is necessary for compliance with a legal obligation to which the controller is subject'.

For other processing of personal data about our employees, our legal basis is Article 6(1)(e) – '...exercise of official authority...'.

Where we process special categories data for employment purposes the condition is: 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...'.

For the processing of information about the health of our workforce, the legal basis is: Article 9(2)(h) – '...processing is necessary for the purposes of preventive or occupational medicine...assessment of the working capacity of the employee...the provision of health or social care...'.

### **Workforce Race Equality Standard**

The [Workforce Race Equality Standard \(WRES\)](#) was introduced to the NHS in April 2015 to ensure that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The WRES is an integral part of the NHS Long Term Plan (LTP) and NHS People Plan, with ambitions for NHS trusts to set aspirational targets for BME representation across their leadership team and broader workforce. [A model employer; Increasing black and minority ethnic representation at senior levels across the NHS](#), sets out the ambitions for this criterion to be met.

The aspirational targets have been developed by analysts at NHS England and the Department of Health and Social Care; they are based upon a robust and fit for purpose methodology.

To support this NHS England receives aggregate data (numbers) that are collected by NHS Digital from trusts under directions from the Secretary of State for Health and Social Care.

Working with the seven NHS England regional directors and their respective HR directors, individual organisation targets will be shared for oversight on how trusts in each region are performing against their objectives.

Aspirational target data for NHS trusts will not be published by the WRES team or regional teams, however individual organisations could publish their data if they choose to.

### ***Payroll and Pensions Administration (NHS Payroll Services (NHS PS))***

The payroll of NHS England is managed by NHS Payroll Services (NHS PS). Your personal information will be made available to NHS PS through the Electronic Staff Record (ESR) (see below) in order to allow them to pay your salary, any associated expenses, to make appropriate deductions and to comply with our legal and statutory obligations. From time to time we may need to share additional information to that held in ESR with NHS PS in order to ensure that they deliver the services we require and continue meet statutory or contractual obligations. Data will also be shared with pensions providers, e.g. NHS Pensions and NEST.

### ***Electronic Staff Record (ESR)***

Your personal information may also be used to fulfil other employer responsibilities, for example, by to maintain appropriate occupational health records, comply with health and safety obligations, carry out any necessary security checks and all other employment related matters. In addition, the information held may be used in order to send to you, information which is relevant to our relationship with you. Your information will only be disclosed as required by law or to our appointed agents and/or service providers who may be used for a variety of services, for example, processing of payroll and provision of pensions administration or staff surveys.

IBM, who provide ESR, and its partners as service providers will be responsible for maintaining the system. This means that they may occasionally need to access your staff record, but only to ensure that the ESR works correctly. Where this happens, access will be very limited and is only to allow any problems with the computer system to be investigated and fixed as necessary. They will not have the right to use this data for their own purposes and contracts are in place with the Department of Health to ensure that the data is protected and that they only act on appropriate instructions. IBM and the ESR Central Team may access anonymised data about transactions on the ESR system to support the development and optimal use of the system.

Some of your personal information from ESR will be transferred to a separate database, known as the Data Warehouse. This will be used by various Government and other bodies (listed below) to meet their central and strategic reporting

requirements. It will allow them to access certain personal information to generate the reports that they need and are entitled to. The Data Warehouse is intended to provide an efficient way of sharing information. Organisations currently granted access to the Data Warehouse are; NHS Digital, NHS Employers, Health Education England and its local committees (LETBs), Deaneries, Department of Health, Welsh Government, NHS Wales Shared Services Partnership, Care Quality Commission, NHS Trust Development Authority, and Monitor. The government may allow further organisations to have access in the future and therefore an exhaustive list cannot be provided, however any organisation having access to your data will have a legal justification for access.

### ***Occupational Health Service Provider***

The NHS England Occupational Health Service is managed by an external provider. Your personal information will need to be shared with the provider as and when required to allow them to provide NHS England employees and managers with the services required.

### ***Expenses system provider***

To provide an efficient way for staff to claim expenses, we use a hosted third-party software. Staff data is transferred to and from this system from the ESR system to ensure staff are able to claim and be reimbursed for expenses and NHS England can be assured this is within the policy set. The provider meets the ISO27001 information security standard in respect of the security of the data it holds. The provider processes the data to advise accurate amounts for reimbursement. The company may also periodically analyse the data to review trends and suggest improvements to NHS England.

### ***Internal Audit***

We provide information to our internal audit function, which is provided by an external service provider, to ensure NHS England has good processes and systems to manage and protect public funds.

### ***Survey Providers***

We may provide limited information to third party survey providers, to collect views from our staff and report on staff engagement within the organisation.

### ***Flexible Working***

We process personal data that is necessary to enable flexible working applications to be reviewed and progressed. This includes employee name, employee number, pay band, job title and the reason for requesting flexible working. This is received by the People and Organisational Development team who review the application.

### ***Benefits system provider***

We aim to provide our staff with employment benefits such as, gym opportunities, cycle to work scheme and other discounts to support staff personally and professionally whilst in employment with NHS England. NHS England's benefits system is managed by an external provider and your personal information will need to be shared with the provider as and when required to allow them to support you with the services you wish to take.

### ***Other Bodies***

NHS England is responsible for protecting the public funds it manages. To do this we may use the information we hold about you to detect and prevent crime or fraud. We may also share this information with other bodies that inspect and manage public funds. We may also share your personal information due to:

- Our obligations to comply with current legislation
- Our duty to comply with any Court Order which may be imposed

Any disclosures of personal data are always made on case-by-case basis, using the minimum personal data necessary for the specific purpose and circumstances and with the appropriate security controls in place. Information is only shared with those agencies and bodies who have a "need to know" or where you have consented to the disclosure of your personal data to such persons.

We will not routinely disclose any information about you without your express permission. However, there are circumstances where we must or can share information about you owing to a legal/statutory obligation or other legal basis for disclosure .

We may obtain and share personal data with a variety of other bodies, which may include:

- Her Majesty's Revenue and Customs (HMRC)
- Disclosure and Barring Service
- Home Office
- Child Support Agency
- Internal Audit, service currently provided by Deloitte LLP
- NHS Counter Fraud Authority
- Department of Health
- Central government, government agencies and departments
- Other local authorities and public bodies
- Ombudsman and other regulatory authorities
- Courts/Prisons
- Financial institutes for e.g. banks and building societies for approved mortgage references
- Credit Reference Agencies
- Utility providers
- Educational, training and academic bodies

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- Law enforcement agencies including the Police, the Serious Organised Crime Agency
- Emergency services for e.g. The Fire and Rescue Service
- Auditors e.g. Audit Commissioner
- Department for Work and Pensions (DWP)
- The Assets Recovery Agency
- Relatives or guardians of an employee where there is a legal duty to do so

### **What if the data you hold about me is incorrect?**

It is important that the information which we hold about you is up to date. If you believe that the information we hold is incorrect, in the first instance please check if the information can be updated on ESR through the Employee Self Service portal.

Guidance is available at:

<https://nhsengland.sharepoint.com/TeamCentre/TCO/People/Pages/Workforce.aspx>  
[X](#)

If you are unable to make the change in ESR then please let us know by contacting your line manager and / or the Workforce Systems Team on [england.workforcesystems@nhs.net](mailto:england.workforcesystems@nhs.net).

### **Legal basis for processing**

For entering into and managing contracts with the individuals concerned, for example our employees the legal basis is Article 6(1)(b) – ‘processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract’.

Where we have a specific legal obligation that requires the processing of personal data, the legal basis is Article 6(1)(c) – ‘processing is necessary for compliance with a legal obligation to which the controller is subject’.

For other processing of personal data about our employees, our legal basis is Article 6(1)(e) – ‘...exercise of official authority...’.

Where we process special categories data for employment purposes the condition is: 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...’.

For the processing of information about the health of our workforce, the legal basis is: Article 9(2)(h) – ‘...processing is necessary for the purposes of preventive or occupational medicine...assessment of the working capacity of the employee...the provision of health or social care...’.

## How the NHS and care services use your information: the National Data Opt-Out

*Find out about how your information may be used for purposes beyond your individual care and how to register your choice to opt out.*

NHS England 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.

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.

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.

To find out more or to register your choice to opt out, please visit [www.nhs.uk/your-nhs-data-matters](https://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

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- 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:

- [NHS Health Research Authority](#) (which covers health and care research); and
- [Understanding Patient Data](#) (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.

The mandatory implementation of the National Data Opt-Out (NDOO), deadline of 31 March 2022, has been extended until 31 July 2022. We do not intend to extend implementation of the deadline any further.

As set out in the [Operational Policy Guidance](#), the opt-out applies to the disclosure of confidential patient information for purposes beyond an individual's direct care across the health and care system in England, unless an exemption has been granted.

Organisations will be expected to take note of this new deadline and ensure they are taking the relevant steps to prepare to implement the opt-out by this date.

The following processing for which NHS England is a data controller, are exempt from the national data opt-out:

- Collection of personal data is required under s. 259 of the Health and Social Care Act 2012 following a Direction from NHS England or the Secretary of State. [Information about the collections we have directed can be found on our website.](#)
- Collection of confidential patient information about people with learning disabilities and/or autism who are in hospital for mental and/or behavioural healthcare reasons which is disclosed under the following approval under the Control of Patient Information Regulations 2002: Assuring Transformation: Enhanced Quality Assurance Process Data flow (CAG 8-02 (a-c)/2014). These flows continue to operate a separate opt-out mechanism and details of how to opt-out of the Assuring Transformation data collection can be found on the [NHS England webpages](#). This exemption is time limited until the end of the "Building the Right Support Programme". The validation of invoices for non-contracted activities commissioned by NHS England or CCGs and for contract

challenges where commissioners need to verify payment requests from care providers.

- The [NHS England National Cancer Patient Experience Survey](#). This national survey will continue to operate separate opt-out mechanisms and details of how to opt-out of these surveys are provided by the relevant organisations undertaking the surveys.

## Public Health

### *Information about the transfer of public health functions from Public Health England to NHS England*

#### Transfer of Public Health functions to NHS England

On 1 October 2021, as part of the government's strategy to transform the public health system in England, responsibility for a number of public health functions transferred from Public Health England (PHE) to NHS England. NHS England is now therefore the controller for personal data processed to support these functions under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Other than the change in Controller there was no changes to patients' personal data to discharge these functions, how it is processed or the services received by patients as a result.

More information on NHS England's public health functions and commissioning activities can be found here: <https://www.england.nhs.uk/commissioning/pub-hlth-res/>

From January 2023 the responsibility for the management of the National Disease Registries, a collection of data on all cancers, rare diseases and congenital anomalies diagnosed each year in England from NHS Digital to NHS England the privacy information can be found here [National Disease Registration Service: NHS Digital Transparency Notice - NHS Digital](#)

#### **Purposes for Processing**

We process personal information of staff transferring into NHS England for the purposes of staff employment. Please see [Our Workforce](#) section of our privacy notice to find out how we use personal data about our employees.

We use personal information to fulfil the Secretary of State for Health and Social Care's duty to protect and improve public health and reduce health inequalities. We may process personal information in order to provide:

- Regional and National Healthcare Public Health services
- Regional and Local Screening functions and Immunisation Commissioning Support and Expert Advice
- Screening Quality Assurance Services

#### **How we collect your personal information**

We collect personal information in 3 main ways:

- Directly from you
- From the providers of health and care services
- From other organisations supporting the health and care system in England

### **The information we collect**

The types of personal information we may collect about you include:

- Demographic information – for example, we may collect your name, date of birth, sex, ethnic group, NHS number, address and postcode, occupation, and contact details such as your phone number
- Health information – for example, we may collect information about your physical health, mental wellbeing, symptoms and medical diagnoses, and health risk factors such as your height and weight, whether you smoke and what your occupation is
- Treatment information – for example, we may collect information about your hospital admissions, clinic attendances, screening appointments, laboratory test results, prescriptions and vaccination history.

### **Who we share your information with**

We may share your personal information with other organisations to provide you with individual care or for other purposes not directly related to your health and care.

- Your doctor and hospital to help them provide you and other patients with better care by auditing and evaluating the safety and effectiveness of the service they provide
- Data processors: We may share your personal information with organisations we have contracted to help us fulfil our remit
- With other organisations, where such sharing is necessary, proportionate and allowed by law, which may include universities and other researchers.

### **Legal basis for processing**

We process both personal data and special categories of personal data, including data about your health and ethnic group. Our legal basis to collect your personal information may vary according to the purpose we use it for. In most cases unless stated below Section 7A of the National Health Service Act 2006 satisfies the UK General Data Protection Regulation and the Data Protection Act 2018 that apply below::

- GDPR Article 6(1)(e) 'processing is necessary for the performance of a task carried out in the exercise of official authority vested in the controller'
- GDPR Article 6(1)(a) 'consent' where processing for surveys and public consultations for changes

Where we need to use special categories of personal data, the lawful bases will be:

- GDPR Article 9(2)(i) 'processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health'
- GDPR Article 9(2)(h) 'processing is necessary for the provision of health or social care or treatment or the management of health or social care systems and services'
- GDPR Article 9(2)(a) 'explicit consent'
- Data Protection Act Schedule 1 Part 1 (3) 'public health'

## Former NHS Improvement Functions

### ***Information about the transfer of functions from Monitor and the NHS Trust Development Authority to NHS England***

The 2022 Health and Care Act introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services, building on earlier recommendations by NHS England and NHS Improvement.

The Health and Care Act 2022 created a single NHS Organisation comprising what was previously Monitor and NHS Trust Development Authority (TDA), known as NHS Improvement. As of 1 July 2022 a number of the processes and functions formerly undertaken by Monitor and the NHS Trust Development Authority are transferred to NHS England.

We have set out below a description of all the ways we process your personal data for those processes and functions transferred to NHS England, and the legal bases we rely on to do so.

## Ambulance Service Records

### **Purposes for Processing**

To securely store ambulance service records which are unable to be repatriated due to closure of the service

### **Type of Data**

(a) Identity (b) Contact (c) Special categories

### **Lawful basis for processing including basis of legitimate interest**

Necessary for our legitimate interests to ensure secure storage of unrepatriated ambulance service records. Necessary for reasons of substantial public interest.

## Recruitment for NHS Trusts and Charities

### **Purposes for Processing**

To recruit, appoint, appraise and develop executives, chairs and non-executive directors to NHS trusts and trustees to NHS charities, and support NHS foundation trusts in recruiting executives, chairs and non-executive directors

**Type of Data**

(a) Identity (b) Contact (c) Special Categories (d) Other personal data related to recruitment

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England.

Necessary for the management of health or social care systems and services – health and social care purposes.

## Capacity, Capability and Diversity Monitoring

**Purposes for Processing**

To improve the leadership of NHS trust and foundation trust boards by monitoring their capacity, capability and diversity

**Type of Data**

(a) Identity (b) Contact (c) Special Categories

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

Necessary for our legitimate interests to ensure diversity in recruitment.

Necessary for the management of health or social care systems and services — health and social care purposes

## Research Programmes

**Purposes for Processing**

To improve the leadership of NHS trust and foundation trust clinical staff through research programmes

**Type of Data**

(a) Identity (b) Contact

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

## Compliance with NHS Provider Licence

**Purposes for Processing**

To monitor independent providers' compliance with the NHS Provider Licence

**Type of Data**

(a) Identity (b) Contact

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

**Applications for NHS Provider Licence**

**Purposes for Processing**

To process applications for the NHS providers' licences and process requests for the revocation of an NHS provider licence

**Type of Data**

(a) Identity (b) Contact

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

**Getting It Right First Time Programme**

**Purposes for Processing**

Information for Getting It Right First Time Programme

**Type of Data**

(a) Identity (b) Contact (c) Special Categories

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

Necessary for the management of health or social care systems and services – health and social care purposes

**NHS England Nurses' Data**

**Type of Data**

(a) Contact

**Lawful basis for processing including basis of legitimate interest**

Explicit Consent

**Theatre Productivity Programme**

**Purposes for Processing**

Theatre productivity programme (clinician-level activity data)

**Type of Data**

(a) Identity (b) Contact

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

**Healthcare Safety Investigation Branch (HSIB)**

**Type of Data**

(a) Identity (b) Special Categories

**Lawful basis for processing including basis of legitimate interest**

Explicit consent

Necessary for reasons for substantial public interest

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

Necessary for the management of health or social care systems and services — health and social care purpose

**National Clinical Improvement Programme**

**Purposes for Processing**

National Clinical Improvement Programme; to set up user accounts for consultants and create the database containing consultant level patient pseudonymised clinical activity data sourced from Hospital Episode Statistics (HES) provided by NHS Digital

**Type of Data**

(a) Identity (b) Contact (c) Special Categories

**Lawful basis for processing including basis of legitimate interest**

Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in NHS England

Necessary for delivering our statutory functions

Necessary for the management of health or social care systems and services – health and social care purposes

## NHS England, NHS Digital and Health Education England Merger

In November 2021 the then Secretary of State for Health and Social Care set out their intention to merge Health Education England with NHS England, and also accepted a recommendation from the Chair of NHS Digital to merge NHS Digital and NHSX with NHS England with an expected legal merger date of 1st April 2023.

To prepare for the merger with NHS England and Health Education England, personal data about our staff will need to be shared with the other organisations involved in the merger.

### Purposes for processing

- **Organisational design work** – to design the future shape and structure of the new NHS England.
- **Communications and engagement** – your work email addresses will be shared so that you can receive important communications about the merger, including invitations to All Colleague Briefings.
- **Consultations** – to meet legal requirements for staff consultation
- **Equality Impact Analysis** – to conduct Equality Impact Analysis, only aggregate anonymous data related to protected characteristics will be used for this purpose. Small numbers will be suppressed so that no individual can be identified from this data.
- **Access to ICT systems** – your work email address will be used to provide you with guest access to NHS England's systems such as the [Expressions of Interest \(EIO\) system](#) to apply for vacancies, and the [Creating the New NHS England Microsite](#) to access key information and resources relating to the merger.

### Sources of data

All data originates from Health Education England, NHS Digital and NHS England.

### Categories of personal data and recipients

The following categories of personal data will be shared from your Electronic Staff Record (ESR):

- Your contact information (e.g. Your first name, surname, work email address)

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- Your employment information (e.g. Your employment number, assignment number, job title, office location, start date, contracted hours, details of previous NHS service.)
- Your grade and salary information (e.g. Your pay grade, salary, spinal value, pay step date)

In order to carry out equality impact analysis, in accordance with the Equality Act 2010, we will be sharing anonymous and aggregated information about our employees' protected characteristics. Those characteristics include colleagues' age, pregnancy and maternity, marriage and civil partnership, disability, race, religion or belief, sex and sexual orientation. This information will only be shared in an anonymous and aggregated form so none of our colleagues will be identifiable from the information which is shared. From the anonymous data small numbers, which relate to a small number of individuals, will be suppressed.

Your personal data will be shared with a limited number of individuals in NHS England, Health Education England and NHS Digital who require access to identifiable data to perform their role relating to the merger. Where the task they are performing does not require access to identifiable data, only access to aggregate anonymous data will be provided.

NHS England has instructed third party organisations (KPMG, PA Consulting and McKinsey & Company who will be acting as data processors to NHS England for this purpose) to provide support and assistance to the activities which are required to facilitate the merger. These organisations will only be given access to personal data which they require to complete the tasks assigned to them by NHS England. They cannot use the data they have been given access to for any other purposes.

### Legal basis for processing

Under the UK General Data Protection Regulation (UK GDPR) our legal basis to share data from your ESR record is:

- **Contract** – Article 6(1)(b) of UK GDPR in relation to your contract of employment
- **Legal obligation** - Article 6(1)(c) of UK GDPR in relation to the Equality Act 2010, execution of the Public Sector Equality Duty and legal requirements for consultation
- **Public task** - Article 6(1)(e) of UK GDPR in relation to carrying out the required activities and tasks needed to merge the three organisations to create the new NHS England.

We also need an additional legal basis in the UK GDPR and the Data Protection Act 2018 (DPA 2018) to use data which is particularly sensitive. NHS Digital will need to process sensitive data about employees' protected characteristics to transform that data into aggregate and anonymous data before it is shared with NHS England and

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Health Education England for the purposes of equality impact analysis. Our legal basis to handle this sensitive data to make it anonymous is:

- **Employment purposes** – Article 9(2)(b) of UK GDPR, plus Schedule 1, Part 1, Paragraph 1 “Employment, social security and social protection” of DPA 2018
- **Substantial public interest** – Article 9(2)(g) of UK GDPR, plus Schedule 1, Part 2, Paragraph 8 “Equality of opportunity or treatment” of DPA 2018

## **NHS England merger with NHS Digital and Health Education England**

### **Information about our organisations' merger and links to privacy information**

In November 2021 the then Secretary of State for Health and Social Care set out their intention to merge Health Education England with NHS England, and also accepted a recommendation from the Chair of NHS Digital to merge NHS Digital with NHS England.

The expected date for NHS Digital to merge with NHS England is the 1<sup>st</sup> February 2023, and the expected date for Health Education England to merge with the new NHS England is the 1<sup>st</sup> April.

For data protection purposes, from 1<sup>st</sup> February 2023 NHS England will become the controller responsible for the processing of personal data for activities performed by NHS Digital prior to this date. Similarly, from 1<sup>st</sup> April 2023 NHS England will become the controller responsible for the processing of personal data for activities performed by Health Education England prior to this date.

As part of this merger the organisation will be undergoing a transitional process, and within that transition the organisation will be operating dual privacy notices to provide information about the new NHS England's processing of personal data. From the respective merger dates, references to 'NHS Digital' and 'Health Education England' should be read as 'NHS England'.

The NHS Digital notice can be found [here](#). The Health Education England privacy notice can be found [here](#). For subjects rights requests to your personal data you can contact either of the given contact details on the NHS England and NHS Digital privacy notices.