



Privacy Notice - Patients

1. Why are we providing this Privacy Notice?

We are required to provide you with this Privacy Notice by Law. It explains how we use the personal and healthcare information we collect, store and hold about you. If you are unclear about how we process or use your personal and healthcare information, or you have any questions about this Privacy Notice or any other issue regarding your personal and healthcare information, then please do contact our **Data Protection Officer** (details below).

The Law says:

- a) We must let you know why we collect personal and healthcare information about you;
- b) We must let you know how we use any personal and/or healthcare information we hold on you;
- c) We need to inform you in respect of what we do with it;
- d) We need to tell you about who we share it with or pass it on to and why; and
- e) We need to let you know how long we can keep it for.

2. The Data Protection Officer

The Data Protection Officer for Woolston and Chartwell Partnership is provided by the CSU. You can contact our DPO if:

- a) You have any questions about how your information is being held;
- b) If you require access to your information or if you wish to make a change to your information;
- c) If you wish to make a complaint about anything to do with the personal and healthcare information we hold about you;
- d) Or any other query relating to this Policy and your rights as a patient.

3. About us

We, at the Woolston and Chartwell Partnership ('**the Surgery**') are a **Data Controller** of your information. This means we are responsible for collecting, storing and handling your personal and healthcare information when you register with us as a patient.

There may be times where we also process your information. That means we use it for a particular purpose and, therefore, on these occasions we may also be **Data Processors**. The purposes for which we use your information are set out in this Privacy Notice.

4. Information we collect from you

The information we collect from you will include:

- a) Your contact details (such as your name and email address, including place of work and work contact details);
- b) Details and contact numbers of your next of kin;
- c) Your age, gender, ethnicity, sexual orientation;
- d) Details in relation to your medical history;
- e) The reason for your visit to the Surgery;
- f) Medical notes and details of diagnosis and consultations with our GPs and other health professionals within the Surgery involved in your direct healthcare.

5. Information about you from others

We also collect personal information about you when it is sent to us from the following:

a hospital, a consultant or any other medical or healthcare professional including community and social, or any other person involved with your general healthcare.

6. National Care Records Service (NCRS) and Shared Care Records

NCRS is a service that allows health and social care professionals to access and update a range of patient and safeguarding information across regional Integrated Care Systems (ICS) boundaries.

The service provides a summary of health and care information for care settings where the full patient record is not required to support their direct care. The service is a web-based application and can be accessed regardless of what IT system an organisation is using and is the improved successor to the Summary Care Record application (SCRa)

More information about NCRS can be found here: [National Care Records Service – NHS Digital](#)

7. Care and Health Information Exchange (“CHIE”)

Care and Health Information Exchange (CHIE), formerly known as the Hampshire Health Record or HHR, is an electronic summary record for people living in Hampshire, Portsmouth and Southampton.

In order for different parts of the health and care system to work together to provide you with the support you need, the CHIE stores summary information from these organisations in one place so that, with your consent, health care professionals can view it to deliver better care to you. From July 2019 this data can be reviewed in ‘real time’ which ensures that it is always up to date.

This record contains more information than the Summary Care Record, but is only available to organisations in Hampshire.

Records on CHIE are held with clear NHS numbers and other identifiers required to locate information to deliver to professionals in support of treatment and care. The primary purpose

of the CHIE is to provide clinical and care professionals with complete, accurate and up-to-date information when caring for patients like you.

In addition to ensuring that people who care for you have access to the right level of summary information CHIE also analyses trends in population health through a database called Care and Health Information Analytics (CHIA). This is called 'secondary processing'. CHIA is a physically separate database, which receives some data from CHIE but all of the data used in this way has been 'pseudo-anonymised' – this means names, initials, addresses, dates of birth and postcodes have all been removed.

It is not possible to identify any patient by looking at the 'pseudo-anonymised' data on the CHIA database. People who have access to CHIA do not have access to CHIE.

If you object to your information being processed or stored on CHIE it can retain just enough information about you to ensure that the restriction is respected in future. You can ask to restrict processing to direct care (data not transferred to CHIA by registering a type 1 opt-out) only or completely (data not visible in CHIE or CHIA by registering a CHIE and type one opt-out). An opt-out form is available on our website or from reception.

8. Who we may provide your personal information to and why

Whenever you use a health or care service, such as attending Accident & Emergency or using Community Care Services, important information about you is collected to help ensure you get the best possible care and treatment. This information may be passed to other approved organisations where there is a legal basis to do so, to help with planning services, improving care, research into developing new treatments and preventing illness. All of this helps in providing better care to you and your family and future generations. As explained in this privacy notice, confidential information about your health and care is only used in this way where allowed by law and would never be used for any other purpose without your clear and explicit consent.

We may pass your personal information on to the following people or organisations, because these organisations may require your information to assist them in the provision of your direct healthcare needs. It, therefore, may be important for them to be able to access your information in order to ensure they may properly deliver their services to you:

- a) Hospital professionals (such as doctors, consultants, nurses, etc);
- b) Other GPs/Doctors;
- c) Nurses and other healthcare professionals;
- d) Dentists;
- e) Any other person that is involved in providing services related to your general healthcare, including mental health professionals.
- f) Pharmacists – Prescriptions containing personal identifiable and health data will be shared with chemists/pharmacies, in order to provide patients with essential medication or treatment as their health needs dictate. This process is achieved either by face to face contact with the patient or electronically. Repeat or acute prescriptions may be ordered and sent directly to the pharmacy making a more efficient process. Arrangements can also be made with the pharmacy to deliver medication. When fulfilling prescription requests, the pharmacy is the data processor.

Your information may also be passed to other approved organisations where there is a legal basis, to help with planning services, improving care, research into developing new treatments and preventing illness.

All of this helps in providing better care to you and your family and future generations.

For further details please also see Appendix A.

9. Other people who we provide your information to

- a) Commissioners;
- b) Integrated Care Boards;
- c) Local authorities (Social Services);
- d) Community health services;
- e) The Health Service Ombudsman;
- f) Public Health England;
- g) NHS Digital for the purposes of mandatory national primary care audits directed by NHS England, with which practices must legally comply. This audit data, which may be patient identifiable, helps support practices to identify opportunities for improvement in clinical care. More information about what data is collected by NHS Digital, how it is used and for what purpose is found on NHS Digital Keeping Data Safe
- h) Medicines and Healthcare products Regulatory Agency (MHRA). **Anonymous** data is collected from the practice for the purpose of research to improve patient and public health. You cannot be identified from the information sent to MHRA. Patients may be invited to take part in additional research projects for which pseudo anonymised or patient identifiable data may be used. Patients will always be asked to consent to taking part in these projects and for personal data to be shared.
- i) Health Intelligence. The Practice shares your diabetes related data with the Diabetic Eye Screening Programme operated by Health Intelligence (commissioned by NHS England). This supports your invitation for eye screening (where you are eligible and referred by the Practice) and ongoing care by the screening programme. This data may be shared with any Hospital Eye Services you are under the care of to support further treatment and with other healthcare professionals involved in your care, for example your Diabetologist. For further information, take a look at Health Intelligence's Privacy Notice on the diabetic eye screening website: desphiow.co.uk
- j) LumiraDX processes data relating to patients using INRStar under the legal basis of public interest / task and the delivery of direct health care.
- k) Anonymised patient data is shared with Midlands and Lancashire Commissioning Support Unit and NHS Business Services Authority as part of a Patient Experience Survey pilot on behalf of NHS England. Data is processed under the legal basis of public interest and the management of healthcare systems. Patients can decline to take part in the survey or they can opt out of their data leaving the practice for any purpose other than their direct health care, by completing a Type 1 opt out form available on our website or from reception.
- l) GP Hubs. We provide extended access services to our patients, at hubs across the city. This means you can access medical services outside of our normal working hours. In order to provide you with this service, we have formal arrangements in place with the Integrated Care Board (Hampshire & Isle of Wight) and the providers

of the service, Southampton Primary Care Limited, also known as the “hubs”. This means the “hubs” will have to have access to your medical record to be able to offer you the service. Please note, to ensure that those practices comply with the law and to protect the use of your information, we have very robust data sharing agreements and other clear arrangements in place to ensure your data is always protected and used for those purposes only

- m) Local data sharing schemes. These schemes enable healthcare professionals outside of the Surgery to view information from your GP record, with your explicit consent, should that need arise. These schemes are as follows:
 - a. The National Summary Care Record (SCR) – further details above
 - b. The Care and Health Information Exchange (CHIE) – further details above
 - c. EMIS Web data streaming (A&E and GP hubs)
 - d. Remote Consultations (GP out of hours)
 - e. Aداstra Web Access (GP out of hours)
 - f. IBIS (Ambulance service)
 - g. Symphony (Southampton General Hospital)
- n) GP Connect is a service that allows GP practices and authorised clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently. This enables:
 - a. GPs to treat patients outside of their registered practice, giving patients easier access to a GP when they need one, regardless of demand or staffing levels in their own practice, for example within a network or a federation hub;
 - b. authorised health and care professionals working in primary care, NHS 111 and other appropriate direct care settings, to access the GP records of the patients they are treating, regardless of where they are registered;
 - c. remote organisations such as NHS 111 to book appointments directly with the patient’s GP practice, allowing healthcare professionals to provide more timely care and flexibility for the primary care system.
- o) Data Extraction by the Integrated Care Board. The Integrated Care Board, at times, extracts medical information about you but the information we pass to them via our computer systems cannot identify you to them. This information only refers to you by way of a code that only your practice can identify (it is pseudo-anonymised). This therefore protects you from anyone who may have access to this information at the Integrated Care Board from ever identifying you as a result of seeing the medical information and we will never give them the information that would enable them to do this.
- p) There are good reasons why the Integrated Care Board may require this pseudo-anonymised information, which are:
 - a. To enable the commissioning of services that meet the needs of the population they are serving;
 - b. To protect the health of the public.
- q) Integrated Care Board may coordinate and lead on projects using identifiable patient and health related data to support the transition to or implementation a new service or new provider.
- r) For the purposes of complying with the law e.g. Police, Solicitors, Insurance Companies, NHS Counter Fraud.

- s) Anyone you have given your consent to, to view or receive your record, or part of your record. **Please note, if you give another person or organisation consent to access your record we may need to contact you to verify your consent before we release that record. It is important that you are clear and understand how much and what aspects of your record you give consent to be disclosed.**

10. Anonymised information

Sometimes we may provide information about you in an anonymised form. If we do so, none of the information we provide to any other party will identify you as an individual and cannot be traced back to you.

11. Recordings including calls, photos and videos.

External calls made to and from Woolston and Chartwell Partnership surgery lines maybe recorded, including telephone consultations, for training and monitoring purposes and where appropriate, to assist in the investigation of complaints. Patients are notified that calls maybe recorded on Woolston and Chartwell Partnership's telephone message and on our websites.

Recordings made as part of a patient's care are treated as sensitive patient data. Call recordings are held securely within an online portal that can only be accessed by authorised Woolston and Chartwell Partnership staff.

Any requests from patients for access to call recordings within a 90 day period must include the date, approximate time and the phone number used, to enable calls to be located within our telephone system.

Any call recordings that are downloaded by Woolston and Chartwell Partnership for training or monitoring purposes are stored electronically in a secure location and can only be accessed with a clinical or operational need to do so, by authorised Woolston and Chartwell Partnership staff and are deleted after use or after 1 year.

In line with NHS guidelines, call recordings that are downloaded by Woolston and Chartwell Partnership in relation to a complaint, are retained for up to 10 years.

We ask that visitors (including patients) to our premises do not take photos or video's of staff or other visitors or patients without their consent.

12. Your rights as a patient

The Law gives you certain rights to your personal and healthcare information that we hold, as set out below:

A. Access and Subject Access Requests

You have the right to see what information we hold about you and to request a copy of this information.

If you would like a copy of the information we hold about you please email our surgery. We will provide this information free of charge, however, we may, in some **limited and exceptional** circumstances, have to make an administrative charge for any extra copies or if the information requested is excessive, complex or repetitive.

We have one month to reply to your request and give you the information that you require. We would ask, therefore, that any requests you make are in writing and it is made clear to us what and how much information you require.

B. Online access

You may ask us if you wish to have online access to your medical record. However, there will be certain protocols that we have to follow in order to give you online access, including written consent and production of documents that prove your identity.

Please note that when we give you online access, the responsibility is yours to make sure that you keep your information safe and secure if you do not wish any third party to gain access.

C. Correction

We want to make sure that your personal information is accurate and up to date. You may ask us to correct any information you think is inaccurate. It is very important that you make sure you tell us if your contact details including your mobile phone number has changed.

D. Removal

You have the right to ask for your information to be removed, however, if we require this information to assist us in providing you with appropriate medical services and diagnosis for your healthcare, then removal may not be possible.

E. Objection

We cannot share your information with anyone else for a purpose that is not directly related to your health, e.g. medical research, educational purposes, etc. We would ask you for your consent in order to do this, however, you have the right to request that your personal and healthcare information is not shared by the Surgery in this way. Please note the Anonymised Information section in this Privacy Notice.

F. Transfer

You have the right to request that your personal and/or healthcare information is transferred, in an electronic form (or other form), to another organisation, but we will require your clear consent to be able to do this.

13. Third Parties mentioned on your medical record

Sometimes we record information about third parties mentioned by you to us, during a consultation. We are under an obligation to make sure we also protect that third party's rights as an individual and to ensure that references to them, which may breach their rights to confidentiality, are removed before we send any information to any other party including yourself. Third parties can include: spouses, partners and other family members.

14. How we use the information about you

We use your personal and healthcare information in the following ways:

- a) when we need to speak to, or contact other doctors, consultants, nurses or any other medical/healthcare professional or organisation during the course of your diagnosis or treatment or on going healthcare;

- b) when we are required by Law to hand over your information to any other organisation, such as the police, by court order, solicitors, or immigration enforcement.

We will never pass on your personal information to anyone else who does not need it, or has no right to it, unless you give us clear consent to do so.

15. Profiling

We may use automated software for the following reasons:

- a) Identify services which may benefit you;
- b) Support the commissioning of services to meet the needs of patients in the locality;
- c) Report to Governing Bodies to ensure we are offering opportunities and services to all population groups.

Any information we share is anonymised. We will never share your personal information with anyone to enable profiling.

16. Legal justification for collecting and using your information

The Law says we need a **legal basis** to handle your personal and healthcare information.

- a) **CONSENT:** Sometimes we also rely on the fact that you give us consent to use your personal and healthcare information so that we can take care of your healthcare needs. Please note that you have the right to withdraw consent at any time if you no longer wish to receive services from us.
- b) **CONTRACT:** We have a contract with NHS England to deliver healthcare services to you. This contract means that we are under a legal obligation to ensure that we deliver medical and healthcare services to the public.
- c) **LEGAL OBLIGATION:** Sometimes the Law obliges us to provide your information to an organisation.
- d) **NECESSARY CARE:** Providing you with the appropriate healthcare, where necessary. The Law refers to this as 'protecting your vital interests' where you may not be in a position to be able to consent.
- e) **PUBLIC INTEREST / TASK:** Sometimes processing patient data is necessary in the public interest.

17. Special Categories

The Law states that personal information about your health falls into a special category of information because it is very sensitive. The most common reasons that may entitle us to use and process your information are as follows:

- a) **CONSENT:** When you have given us consent;
- b) **VITAL INTEREST:** If you are incapable of giving consent and we have to use your information to protect your vital interests (e.g. if you have had an accident and you need emergency treatment);
- c) **DEFENDING A LEGAL CLAIM:** If we need your information to defend a legal claim against us by you, or by another party;

- d) **PUBLIC INTEREST / TASK:** Where we may need to handle your personal information when it is considered to be in the public interest. For example, when there is an outbreak of a specific disease and we need to contact you for treatment, or we need to pass your information to relevant organisations to ensure you receive advice and/or treatment;
- e) **HEALTH OR SOCIAL CARE:** Where we need your information to provide you with medical and healthcare services.
- f) **PUBLIC HEALTH:** When data processing is necessary for the reasons of public interest in the area of public health, for example, public health monitoring and statistics, NHS resource planning or public vaccination programmes

18. National Data Opt Out Programme

From September 2020 all health and care organisations including GP practices are required to be compliant with the National Data Opt Out (NDO) Programme.

Patients who have previously opted out of their data being shared by NHS Digital for secondary uses (a type 2 opt out), will have their preference transferred automatically to the NDO Programme. Patients do not need to do anything further if they continue not to want to share their data in this way.

Other patients may have previously opted out of their data leaving the practice for research and planning purposes (a type 1 opt out). This preference was due to be respected until September 2020 (now extended due to the Covid-19 pandemic). If patients continue not to want their data to be shared for these purposes, they need to register with the NDO Programme, see below.

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.

The National Data Opt Out does **not** apply to:

1. Searches being carried out when sharing information for patients' direct care, such as diabetic retinopathy. If patients also want to opt out of this they must inform their practice.
2. Some research projects such as Biobank. Patients need to contact Biobank directly if they have signed up to this and they do not want their data shared with Biobank.
3. Anonymised or aggregated data being shared with Integrated Care Board for audit or payment purposes; see section 9 above.
4. The Summary Care Record; see section 6 above.

To find out more about the wider use of confidential personal information and to register your choice to opt out, please visit [Your NHS Data Matters](#). On this web page you will:

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

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

You can also find out more about how patient information is used at:

HRA Information About Patients (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).

If you do choose to opt out, your confidential patient information will still be used to support your individual care. You can also still consent to your data being used for specific purposes.

You may change your preference at any time.

19. How long we keep your personal information

We carefully consider any personal information that we store about you and we will not keep your information for longer than is necessary for the purposes set out in this Privacy Notice. Data is retained in accordance with The Records Management Code of Practice for Health and Social Care 2021.

20. Under 16s

There is a separate privacy notice for patients under the age of 16, a copy of which may be obtained on request.

21. If English is not your first language

If English is not your first language you can request a translation of this Privacy Notice.

22. Complaints

If you have a concern about the way we handle your personal data or you have a complaint about what we are doing, or how we have used or handled your personal and/or healthcare information, please contact our practice.

You have a right to raise any concern or complaint with the UK information regulator, at the Information Commissioner's Office.

23. Our Website

If you use a link to any other website from our Woolston and Chartwell Partnership website then you will need to read their respective privacy notice. We take no responsibility (legal or otherwise) for the content of other websites.

25. Security

We take the security of your information very seriously and we do everything we can to ensure that your information is always protected and secure. We regularly update our processes and systems and we also ensure that our staff are properly trained. We also carry out assessments and audits of the information that we hold about you and make sure that if we provide any other services, we carry out proper assessments and security reviews.

26. Text Messaging and contacting you

We are obliged to protect any confidential information we hold about you and we take this very seriously, therefore it is imperative that you let us know immediately if you change any of your contact details.

We may contact you using SMS texting to your mobile phone to notify you about appointments and important information about your direct care, therefore you must ensure that we have your up to date details. This is to ensure we are sure we are actually contacting you and not another person.

More information about AccuRx or eConsult (the systems we use to text patients about their personal care) and how data is processed can be found in the relevant Data Protection Impact Assessment. A copy of this can be provided on request by submitting an administrative request via our website.

27. Where to find our Privacy Notice

You can find a copy of this Privacy Notice on our website, or a hard copy can be provided on request.

28. Changes to our Privacy Notice

We regularly review and update our Privacy Notice. This Privacy Notice was last updated in August 2025.

Appendix A –Who we share your information with and why

	Rationale
Integrated Care Board	Purpose – Anonymous information is shared to plan and design care services within the locality. Legal Basis – non identifiable data only. Data Processor – Hampshire, Isle of Wight ICB
Individual Funding Requests – The CSU	Purpose – We may need to share your information with the IFR team for the funding of treatment that is not normally covered in the standard contract. Legal Basis – The clinical professional who first identifies that you may need the treatment will explain to you the information that is needed to be collected and processed in order to assess your needs and commission your care; they will gain your explicit consent to share this. Data processor – We ask NHS South, Central and West Commissioning Support Unit (CSU) to do this on our behalf.

National Care Records Service	Purpose NCRS is a service that allows health and social care professionals to access and update a range of patient and safeguarding information across regional Integrated Care Systems (ICS) boundaries. The service provides a summary of health and care information for care settings where the full patient record is not required to support their direct care. The service is a web-based application and can be accessed regardless of what IT system an organisation is using and is the improved successor to the Summary Care Record application (SCRa) Legal Basis – Direct Care Processor – NHS England and NHS Digital via GP connect
CHIE & GP Connect	Purpose – To provide Healthcare Professionals with complete, accurate and up to date information. This information comes from a variety of sources including GP practices, community providers, acute hospitals and social care providers. CHIE is used by GP out of hours, acute hospital doctors, ambulance service, GPs and others on caring for patients – you may opt out of having your information shared on this system. Legal Basis – This service is for your direct care and in an emergency. Data Processor – NHS SCW.
CHIA	Purpose – Is a database used for analysing trends in population health in order to identify better ways of treating patients. CHIA is a physically separate database, which receives some data from CHIE. Prior to this transfer from CHIE to CHIA patient identifiers are removed from the data. This includes names, initials, addresses, dates of birth and postcodes. NHS numbers are encrypted in the extract and cannot be read. This process is called ‘pseudonymisation’. This subset of data does not include information typed in by hand, so there is no possibility of it containing references to family members or other people. It contains only coded entries for things like allergies and prescribed drugs. It is not possible to identify any patient by looking at the ‘pseudonymised’ data on the CHIA database. People who have access to CHIA do not have access to CHIE. Data in CHIA is used to plan how health and care services will be delivered in future, based on what types of diseases are being recorded and how many are being referred to hospital etc. Data is also used to help research into new treatments for diseases. Legal basis – You can opt out of this service Data processor – NHS SCW
General Practice Extraction Service (GPES)	Purpose : The General Practice Extraction Service (GPES) collects information for a wide range of purposes including providing GP payments for services they deliver, such as immunisations. Anonymised data can be used without patient consent, and Patient

	Identifiable data may be used when the information is supported by law or directly benefits patient care. Further information is available at: https://digital.nhs.uk/services/general-practice-extraction-service Personal confidential and Special Category data will be extracted at source from GP systems for the use of planning and research. Requests for data will be approved by the NHS Health Research Authority. Patients can register an opt out from their data being used for research and future planning by NHS England by visiting https://www.nhs.uk/your-nhs-data-matters/ or calling by 0300 303 5678 <u>National Obesity Audit</u> A <u>Data Provision Notice (DPN)</u> has now been issued for this data collection. This is to be approved in conjunction with the Cardiovascular Prevent Audit DPN. The National Obesity Audit will re-use appropriate data items from the CVD Prevent GPES data flow for new NOA analysis and reporting purposes. The National Obesity Audit will support NHS England in meeting the requirements of implementing <u>The NHS Long Term Plan</u>, published in January 2019, which commits significant resource to ease the burden of obesity. Nearly two-thirds of adults in England are overweight or obese. In 2016/17, 617,000 admissions to NHS hospitals recorded obesity as a primary or secondary diagnosis. The data, as specified by the DPN, supports the NHS Obesity Audit from NHS England. Organisations that are in scope of the notice are legally required to comply. Processor: NHSE
Other GP practices	Purpose – We will enable other GPs and staff in other GP practices to have access to your medical record to allow you to receive acute medical care within that service. Legal Basis – this service is for your direct care and is fully consented, permission to share your medical record will be gained prior to an appointment being made in the service and again once you are in the consultation. Data processor – Your registered surgery will continue to be responsible for your full medical record.
Community Nursing – Complex Care Team Diabetes Team	Purpose – We will enable the Community Nursing Team to have access to your medical record to allow you to receive care from the community nurses for the services listed.

Leg Ulcer Service	Legal Basis – these services are for your direct care and is fully consented, permission to share your medical record will be gained prior to an appointment being made in the service
Heart Failure Service	
Multi-Disciplinary Team	
District Nurses	
Midwives	
Medication/Prescribing	Purpose : Prescriptions containing personal identifiable and health data will be shared with chemists/pharmacies, in order to provide patients with essential medication or treatment as their health needs dictate. This process is achieved either by face to face contact with the patient or electronically. Where patients have specified a nominated pharmacy they may wish their repeat or acute prescriptions to be ordered and sent directly to the pharmacy making a more efficient process. Arrangements can also be made with the pharmacy to deliver medication Legal Basis : Article 6(1)(e); “necessary... in the exercise of official authority vested in the controller’ And Article 9(2)(h) as stated below Patients will be required to nominate a preferred pharmacy. Processor – Pharmacy of choice
Pharmacists from the ICB	Purpose – to support changes to services, provide monitoring and advice in line with local and national directives and strategy for prescribing. Legal Basis – direct care. Data Processor – HIOWICB.
MASH – Multi Agency Safeguarding Board – Safeguarding Children Safeguarding Adults	Purpose – We share information with health and social care authorities for safeguarding issues. Legal Basis – Because of public Interest issues, e.g. to protect the safety and welfare of Safeguarding we will rely on a statutory basis rather than consent to share information for this use. Data Processor – Multi Agency Safeguarding Authorities.
Risk Stratification	Purpose – Risk stratification is a process for identifying and managing patients who are at high risk of emergency hospital admission. Risk stratification tools use various combinations of historic information about patients, for example, age, gender, diagnoses and patterns of hospital attendance and admission and primary care data collected from GP practice record systems. GPs will be able to identify which of their patients are at risk in order to offer a preventative service to them.

	Legal Basis – Risk stratification has been approved by the Secretary of State, through the Confidentiality Advisory Group of the Health Research Authority NHS England encourages GPs to use risk stratification tools as part of their local strategies for supporting patients with long-term conditions and to help and prevent avoidable hospital admissions and to promote quality improvement in GP practices. Data Processors – NHS South, Central and West Commissioning Support Unit (NHS SCW) to assist us with providing Risk Stratification tools. Data Processing activities for Risk Stratification – The GP practice instructs its GP IT system supplier to provide primary care data identifiable by your NHS Number. Opting Out – If you do not wish information about you to be included in our risk stratification programme, please contact the GP Practice. They can add a code to your records that will stop your information from being used for this purpose. Further information about risk stratification is available from: https://www.england.nhs.uk/ourwork/tsd/ig/risk-stratification/
Quality monitoring, concerns and serious incidents	Purpose – We need to ensure that the health services you receive are safe, effective and of excellent quality. Sometimes concerns are raised about the care provided or an incident has happened that we need to investigate. You may not have made a complaint to us directly but the health care professional looking after you may decide that we need to know in order to help make improvements. Legal Basis – The health care professional raising the concern or reporting the incident should make every attempt to talk to you about this and gain your consent to share information about you with us. Sometimes they can do this without telling us who you are. We have a statutory duty under the Health and Social Care Act 2012, Part 1, Section 26, in securing continuous improvement in the quality of services provided. Data processor – We share your information with health care professionals that may include details of the care you have received and any concerns about that care. In order to look into these concerns we may need to talk to other organisations such as Fareham & Gosport and SE Hants ICB as well as other Public bodies and Government agencies such as NHS Improvement, the Care Quality Commission, NHS England as well as the providers of your care.
Commissioning, planning, contract monitoring and evaluation	Purpose – We share aggregated, anonymous, patient data about services we have provided. Legal Basis – Our legal basis for collecting and processing information for this purpose is statutory. We set our reporting requirements as part of our contracts with NHS service providers and do not ask them to give us identifiable data about you.

	If patient level data was required for clarity and extensive evaluation of a service, consent will be gained for the surgery to share this information. Data Processor – Various organisations, ICB, third party organisations commissioned by the NHS to perform actuarial services, NHS England eConsult – anonymised aggregated numbers of contacts are shared for the online consultation tool.
National Registries	National Registries (such as the Learning Disabilities Register) have statutory permission under Section 251 of the NHS Act 2006, to collect and hold service user identifiable information without the need to seek informed consent from each individual service user.
Care Quality Commission	CQC has powers under the Health and Social Care Act 2008 to access and use information where they consider it is necessary to carry out their functions as a regulator. CQC relies on its legal powers to access information rather than consent, therefore may use its powers to access records even in cases where objections have been raised. CQC Privacy Notice is available on the CQC website
Surveys and asking for your feedback	Sometimes we may offer you the opportunity to take part in a survey that the practice is running. We will not generally ask you to give us any personal confidential information as part of any survey. Legal Basis – you are under no obligation to take part and where you do, we consider your participation as consent to hold and use the responses you give us. Data Processor – Survey Monkey, We love surveys, Survey Planet, MS Forms
Research	Purpose – To support research oriented proposals and activities in our commissioning system Legal Basis – Your consent will be obtained by the organisation holding your records before identifiable information about you is disclosed for any research. If this is not possible then the organisation wishing to use your information will need to seek formal approval from The Independent Group Advising on the Release of Data (IGARD) Digital NHS UK – IGARD We are part of the RCGP Research & Surveillance network and IQVIA MRES project who take pseudonymised patient data to help predict flu outbreaks and pandemics. We may write to you offering you the opportunity to take part in research, for which your consent will be sought.
Screening	Purpose – To support disease monitoring and health prevention for specific patients.

	Legal Basis – Your consent is sought either implicitly or explicitly. You are invited to be screened either by the practice or the screening provider directly. You can choose to consent or dissent at any point in the screening.
Hampshire County Council & Southampton County Council	Purpose – To support disease monitoring and health prevention for specific patients Legal Basis – Your consent is sought either implicitly or explicitly. You are invited to be screened either by the practice or the screening provider directly. You can choose to consent or dissent at any point in the screening.
Other organisations who provide support services for us	Purpose – The Practice may use the services of additional organisations (other than those listed above), who will provide additional expertise to support the Practice. Legal Basis – We have entered into contracts with other organisations to provide some services for us or on our behalf. Confidential – Restore Datashred provide confidential waste destruction services Restore for the storage and transfer of patient notes NHS England use City Sprint to transfer medical records Continence and Stoma Service – for direct care in providing continence/stoma products and monitoring. i-Talk Counselling service Social Prescribers “Hub” practices Dementia Friendly Springboard Health Visitors Palliative Nurses Clinical Waste LIVI
Platforms that enable electronic communication with patients about their direct care	Purpose – To communicate with patients about their direct care. Legal Basis – We have entered into contracts with other organisations to provide these services for us or on our behalf.

	AccuRx – text messaging platform eConsult – online consultation platform Healthier Together – online consultation platform (commissioned by ICB)
Providers of clinical support services	Purpose – To complete administrative tasks for patients that the Practice believes is better completed by a specialist. Legal Basis – We have entered into contracts with other organisations to provide these services for us or on our behalf. IGPR – completion of medical reports.
Ash Lane Consulting	ALC will access the data to audit the Personally Prescribed Items to ensure that the practice is claiming appropriately. Patient data will only be used to identify the items prescribed and not stored outside of the practice. Legal basis 6.1.e – Under NHS contract Lawful basis 9.2.h – Management of health care systems.
Quickbooks Accounting System	Quickbooks accounting system provides the tools to administer the finances for the partnership. The accounting system links to our bank account. Very infrequently we may hold details of payments made to / from the partnership which include details of a patient's name. For example details on a bank cheque. Where possible initials for a patient will be used, this however is not possible on feeds directly from the bank. Legal Basis – We have entered into a contract to provide this software for us.