Winterton Medical Practice

COVID-19 Privacy Notice

(This Privacy Notice is to run alongside our standard Practice Privacy Notice)

Due to the unprecedented challenges that the NHS and we, Winterton Medical Practice face due to the worldwide COVID-19 pandemic, there is a greater need for public bodies to require additional collection and sharing of personal data to protect against serious threats to public health.

In order to look after your healthcare needs in the most efficient way we, Winterton Medical Practice may therefore need to share your personal information, including medical records, with staff from other GP Practices including Practices within our Primary Care Network, as well as other health organisations (i.e. Clinical Commissioning Groups, Commissioning Support Units, Local authorities etc.) and bodies engaged in disease surveillance for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the Covid-19 outbreak and incidents of exposure.

The Secretary of State has served notice under Regulation 3(4) of the **Health Service (Control of Patient Information) Regulations 2002 (COPI)** to require organisations to process confidential patient information in the manner set out below for purposes set out in Regulation 3(1) of COPI.

Purpose of this Notice

The purpose of this Notice is to require organisations such as Winterton Medical Practice to process confidential patient information for the purposes set out in Regulation 3(1) of COPI to support the Secretary of State's response to Covid-19 (Covid-19 Purpose). "Processing" for these purposes is defined in Regulation 3(2) and includes dissemination of confidential patient information to persons and organisations permitted to process confidential patient information under Regulation 3(3) of COPI. This Notice is necessary to require organisations such as Winterton Medical Practice to lawfully and efficiently process confidential patient information as set out in Regulation 3(2) of COPI for purposes defined in regulation 3(1), for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the Covid-19 outbreak and incidents of exposure.

Requirement to Process Confidential Patient Information

The Secretary of State has served notice to recipients under Regulation 3(4) that requires Winterton Medical Practice to process confidential patient information, including disseminating to a person or organisation permitted to process confidential patient information under Regulation 3(3) of COPI, renewed 27 January 2021.

Winterton Medical Practice is only required to process such confidential patient information:

- where the confidential patient information to be processed is required for a Covid-19 Purpose and will be processed solely for that Covid-19 Purpose in accordance with Regulation 7 of COPI
- from 20th March 2020 until 30 September 2021.

Covid-19 Purpose.

A Covid-19 Purpose includes but is not limited to the following:

- understanding Covid-19 and risks to public health, trends in Covid-19 and such risks, and controlling and preventing the spread of Covid-19 and such risks
- identifying and understanding information about patients or potential patients with or at risk of Covid-19, information about incidents of patient exposure to Covid-19 and the management of patients with or at risk of Covid-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from Covid-19
- understanding information about patient access to health services and adult social care services and the need for wider care of patients and vulnerable groups as a direct or indirect result of Covid-19 and the availability and capacity of those services or that care
- monitoring and managing the response to Covid-19 by health and social care bodies and the Government including providing information to the public about Covid-19 and its effectiveness and information about capacity, medicines, equipment, supplies, services and the workforce within the health services and adult social care services
- delivering services to patients, clinicians, the health services and adult social care services workforce and the public about and in connection with Covid-19, including the provision of information, fit notes and the provision of health care and adult social care services
- research and planning in relation to Covid-19.

Recording of processing

A record will be kept by Winterton Medical Practice of all data processed under this Notice.

Sending Public Health Messages

Data protection and electronic communication laws will not stop Winterton Medical Practice from sending public health messages to you, either by phone, text or email as these messages are not direct marketing.

Digital Consultations

It may also be necessary, where the latest technology allows Winterton Medical Practice to do so, to use your information and health data to facilitate digital consultations and diagnoses and we will always do this with your security in mind.

Research and Pandemic Planning

The Secretary of State has directed NHS Digital to collect, process and analyse data in connection with COVID-19 to support the Secretary of State's response to COVID-19 and support various COVID-19 purposes set out in the COVID-19 Public Health Directions 2020, 17 March 2020 (as amended) (COVID-19 Direction) and below. This enables NHS Digital to collect data and analyse and link the data for COVID-19 purposes with other data held by NHS Digital.

The purpose of the data collection is also to respond to the intense demand for General Practice data to be shared in support of vital planning and research for COVID-19 purposes, including under the general legal notice issued by the Secretary of State under Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI).
NHS Digital has therefore been requested by the joint co-chairs of the Joint GP IT Committee (JGPITC) (the BMA and RCGP) to provide a tactical solution during the period of the COVID-19 pandemic to meet this demand and to relieve the growing burden and responsibility on General Practices. On 15 April 2020 the BMA and RCGP therefore gave their support via JGPITC to NHS Digital's proposal to use the General Practice Extraction Service (GPES) to deliver a data collection from General Practices, at scale and pace, as a tactical solution to support the COVID-19 response in the pandemic emergency period.

It is a requirement of the JGPITC that all requests by organisations to access and use this data will need to be made via the NHSX SPOC COVID-19 request process, that will triage and prioritise these requests and refer appropriate requests on to the NHS Digital Data Access Request Service (DARS). NHS Digital will consult with representatives of the BMA and the RCGP on all requests for access to the data. An outline of the process for this agreed with the BMA and the RCGP is published here. Requests by organisations to access record level data from this collection will also be subject to Independent Group Advising on the Release of Data (IGARD) consideration. Data applicants will need to demonstrate they have a lawful basis to access the data for COVID-19 purposes.

Benefits of this sharing

Organisations, including the Government, health and social care organisations and researchers need access to this vital data for a range of COVID-19 purposes, to help plan, monitor and manage the national response to the COVID-19 pandemic, which will help save lives. COVID-19 purposes for which this data may be analysed and used may include:

- understanding COVID-19 and risks to public health, trends in COVID-19 and such risks, and controlling and preventing the spread of COVID-19 and such risks

- identifying and understanding information about patients or potential patients with, or at risk of COVID-19, information about incidents of patient exposure to COVID-19 and the management of patients with or at risk of COVID-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from COVID19

- understanding information about patient access to health services and adult social care services as a direct or indirect result of COVID-19, and the availability and capacity of those services • monitoring and managing the response to COVID-19 by health and social care bodies and the Government including providing information to the public about COVID-19 and its effectiveness and information about capacity,

medicines, equipment, supplies, services and the workforce within the health services and adult social care services

- delivering services to patients, clinicians, the health services and adult social care services workforce and the public about and in connection with COVID-19, including the provision of information, fit notes and the provision of health care and adult social care services; and

- research and planning in relation to COVID-19.

Data may be analysed and linked to other data held by NHS Digital or held by other organisations to which access to the data is granted for COVID-19 purposes, through the process described above.

Data will be collected nationally from all GP Practices by NHS Digital every fortnight. All requests to access this data will be triaged through the NHSX SPOC COVID-19 request process and assessed and fulfilled by NHS Digital through DARS. This will significantly reduce the burden on General Practice at a time when demand on resources is high, enabling General Practice to focus on delivering health care and support to patients. It will also reduce compliance burden and risk for General Practice associated with sharing data and complying with the terms of the general legal notice issued under COPI, which applies to General Practices.

Legal Basis for this collection

NHS Digital has been directed by the Secretary of State under section 254 of the 2012 Act under the COVID-19 Direction to establish and operate a system for the collection and analysis of the information specified for this service: GPES Data for Pandemic Planning and Research (COVID-19). A copy of the COVID-19 Direction is published here: https://digital.nhs.uk//about-nhs-digital/corporate-information-and-documents/directions-anddata-provision-notices/secretary-of-state-directions/covid-19-public-health-directions-2020.

Details of the information to be collected can be found on the NHS Digital website – Specification of this DPN. Type 1 objections will be upheld in collecting this data from General Practices and therefore the data for those patients who have registered a Type 1 objection with their GP will not be collected. The Type 1 objection prevents an individual's personal identifiable confidential information from being shared outside of their GP Practice except when it is being used for the purposes of their direct care. The National Data Opt-Out will not apply to the collection of the data, as this is a collection which is required by law.

This information is required by NHS Digital under section 259(1)(a) of the 2012 Act to comply with the COVID-19 Direction. In line with section 259(5) of the 2012 Act, all organisations in England that are within the scope of this Notice, as identified below under Health and Social Care Bodies within the scope of the collection, must comply with the requirement and provide information to NHS Digital in the form, manner and for the period specified in this Notice. This Notice is issued in accordance with the procedure published as part of NHS Digital's duty under section 259(8) of the 2012 Act.

In August 2020, the NHS announced that the seasonal national flu immunisation programme criteria for 2020 - 2021 will be expanded to include patients on the SPL. Therefore, to provide information that will support the identification of patients at moderate or high risk of complications from flu, a revision to the weekly extract of data has taken place. This, version three of the extract for the purpose of maintaining and updating the SPL, will continue until the expiry of the COVID-19 Direction. This is currently 31 March 2022 but will be reviewed in September 2020 and every six months thereafter. The frequency of the data collection may change in response to demand.

Data collection extracted on a weekly basis week commencing 13 April 2020	Revised weekly data collection. The first collection is due week commencing 28 September 220
All patients with defined long-term medical conditions which pose a COVID-19 risk, identified as clinically extremely vulnerable to that risk and/or on certain drug treatments as below:	All patients with defined long-term medical conditions which pose a COVID-19 risk, identified as clinically extremely vulnerable/potentially clinically vulnerable to that risk and/or on certain drug treatments as below:
Medical Conditions that provide information on clinically vulnerable patients • Severe asthma and dust related lung disease with relevant treatment in the last 12 months (asthma treatment & prednisolone OR high dose corticosteroids safety card) • COPD emphysema, and associated lung diseases with relevant treatment in the last 12 months (COPD drugs OR high dose high dose corticosteroids safety card • Non-asthma and non-COPD respiratory disease • Cancer(haem and others) • Genetic, metabolic or autoimmune disease • Immunosuppression drugs in the last 12 months • Flu-like symptoms or respiratory tract infections from 1 November 2019 • Transplants with severe Immunosuppression drug treatment in the last 12 months • Pregnant in last 9 months	Medical Conditions that provide information on clinically vulnerable patients • Severe asthma and dust related lung disease with relevant treatment in the last 12 months (asthma treatment & prednisolone OR high dose corticosteroids safety card) • COPD emphysema, and associated lung diseases with relevant treatment in the last 12 months (COPD drugs OR high dose high dose corticosteroids safety card • Non-asthma and non-COPD respiratory disease • Cancer(haem and others) • Genetic, metabolic or autoimmune disease • Immunosuppression drugs in the last 12 months • Flu-like symptoms or respiratory tract infections from 1 November 2019 • Transplants with severe Immunosuppression drug treatment in the last 12 months • Pregnant in last 9 months *No change*
• Patients designated separately as at risk from COVID-19 using high/medium/low risk SNOWED CT	• Patients designated separately as at risk from COVID-19 using high/medium/low risk SNOWED CT

Codes, for example	Codes, for example *No change*
Patients with a COVID-19 activity code	Patients with a COVID-19 activity code *No change*
	Clinically vulnerable patients (eligible for seasonal flu vaccination) • Chronic Respiratory disease • Unresolved asthma with recent asthma drug treatment (in the last 12 months) or has ever had an emergency hospital admission due to asthma • Chronic heart disease • Unresolved chronic kidney disease stage3,4 and 5 • Unresolved diabetes mellitus • Unresolved immunosuppression diagnosis • Immunosuppression procedure in the last 12 months • Chronic Liver disease • Chronic neurological disease • Pregnant in the last 9 months (different cluster to clinically extremely vulnerable group) • In patients aged 16 and over : BMI of 40+ in the last 12 months • In patients aged 16 and over : Latest BMI in the last 3 years was 40+ • Learning disability (including Down's) • Has a "requires flu vaccination" code • Identified as a healthcare worker in the last 12 months • Household contact of an immunocompromised individual **Other Potentially clinically Vulnerable patients** • Unresolved hypertension • Pulmonary hypertension • Dementia • Systemic lupus • Discoid and non-systemic lupus • Psoriasis • Rheumatoid arthritis and associated disorders
	Additional Data items for Patients from the above groups • Latest ethnic category code (all groups) • Earliest code indicating that the

	patient has died (all groups) • Latest smoking status (all groups) • Blood pressure from the last 2 years (all groups) • In patients aged 16 and over: all BMI and weight in last 5 years plus height (all groups) • IFCC-HbA1c in the last 2 years (for diabetic patients in the flu group only) • Latest COPD resolved and admission codes (for COPD Patients in the clinically extreme vulnerable group only) • ACE inhibitors, ARBs and non-steroidal anti-inflammatory drugs in the last 12 months (all groups) • Latest asthma emergency admission codes (for asthma patients in flu group only) • Asthma-related drug treatments in the last 12 months (for asthma patients in the flu group only)

The Secretary of State has directed NHS Digital to collect, process and analyse data in connection with COVID-19 to support the Secretary of State's response to COVID-19 and support various COVID-19 purposes set out in the COVID-19 Public Health Directions 2020, 17 March 2020 (COVID-19 Direction) (as amended) (COVID-19) Direction) and below. This enables NHS Digital to collect data and analyse and link the data for COVID-19 purposes with other data held by NHS Digital. The rationale for changing the data extraction is that the initial data collection was based on an existing specification for flu vaccination eligibility. This data extraction was then refined in order to more accurately reflect the patients who are clinically extremely vulnerable to COVID-19 and also to minimise the data we are collecting. A further refinement of the data extraction has taken place leading to the inclusion of new data being extracted. This will provide information to inform vaccination programmes. This General Practice Extraction

Service (GPES) data will be extracted weekly and be used to assist in producing a weekly update of the SPL. The objective of this collection is on an ongoing basis to identify patients registered at General Practices who may be: • clinically extremely vulnerable if they contract COVID-19 • at moderate or high risk of complications from flu or COVID-19. The data collected will be analysed and linked with other data NHS Digital or other organisations hold to identify: • a list of clinically extremely vulnerable patients who will be advised to take shielding measures to protect themselves. Advice given to these patients has been published by Public Health England and is available here: https://www.gov.uk/government/publications/guidance-on-shielding-and-protectingextremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protectingextremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremelyvulnerable • a list of patients at moderate or high risk of complications from flu to inform the flu call/recall vaccination programme.

Further information on the flu programme can be found here: https://www.england.nhs.uk/wpcontent/uploads/2020/05/Letter_AnnualFlu_2020-21_20200805.pdf

The extract may also be used for future direct care purposes relating to the COVID-19 outbreak. The methodology NHS Digital has used to produce the SPL is explained in detail and is published on the NHS Digital SPL website page here:

https://digital.nhs.uk/coronavirus/shielded-patient-list Patients

added to the SPL will be contacted by post, email (and/or SMS message where this is necessary) by the NHS on behalf of the Chief Medical Officer, Chris Whitty, to:

• advise of the measures they can take to reduce their risk of contracting the virus and sign-post them to the Extremely Vulnerable Persons service operated by gov.uk at https://www.gov.uk/coronavirus-extremely-vulnerable

• offer a flu vaccination or to contact non-responders who remain unvaccinated (as per NHS England specifications for the service). The SPL will also be used to inform GPs of their individual patients on the SPL, by flagging those patient records on GP patient record systems. The SPL will be shared with a variety of other organisations involved in the care and support of those patients and for planning, commissioning and research purposes associated with COVID-19. Full details of those with whom information has been shared can be found on the NHS Digital SPL website here:
https://digital.nhs.uk/coronavirus/shielded-patient-list/distribution.

Requests by organisations to access record level data from this collection will be subject to Independent Group Advising on the Release of Data (IGARD) consideration. Data applicants will need to demonstrate they have a lawful basis to access the data for COVID-19 purposes.

Benefits of the collection

Organisations, including Government, health and social care organisations need to access this vital data for a range of COVID-19 purposes, to help plan, monitor and manage the national response to the COVID-19 pandemic, which will help save lives. COVID-19 purposes for which this data may be analysed and used may include: • understanding COVID-19 and risks to public health, trends in COVID-19 and such risks, and controlling and preventing the spread of COVID-19 and such risks • identifying and understanding information about patients or potential patients with, or at risk of COVID-19, information about incidents of patient exposure to COVID-19 and the management of patients with or at risk of COVID-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from COVID19. Data will be analysed and linked to other data held by NHS Digital or held by other organisations to which access to the data is granted for COVID-19 purposes, through the process described above. Data will be collected nationally from all General Practices by NHS Digital every week. All requests to access this data will be through Data Access Request Service (DARS). This will significantly reduce the burden on General Practice at a time when demand on resources is high, enabling General Practice to focus on delivering health care and support to patients. It will also reduce compliance burden and risk for General Practice associated with sharing data and complying with the terms of the general legal notice issued under the National Health Service (Control of Patient Information Regulations) 2002 (COPI), which applies to General Practices Patients facing

the greatest risk if they contract COVID-19 and/or are in the moderate to high risk of complications from flu:

• will be identified and known to health organisations
• will have a greater awareness of the recommended preventative shielding measures
• will be able to follow clear advice
• will be able to ask for help and support, including social care support and essential food supplies, through the Extremely Vulnerable Persons service operated by gov.uk.

It will enable the SPL to be updated weekly to identify new patients and changes to patients on the List and will enable support provisions to be more dynamic and responsive to both social and clinical need.

It will also enable vital planning, commissioning, and research to be carried out for COVID-19 purposes. If patients facing the greatest risk follow advice, it is hoped that this will contribute to the delay and mitigation of the spread of COVID-19 and save lives.

Visitors to The Practice

We have an obligation to protect our staff and employees' health, so it is reasonable for staff at Winterton Medical Practice to ask any visitors to our practice to tell us if they have visited a particular country, or are experiencing COVID-19 symptoms. This must only be in pre-approved circumstances and we would also ask all patients to consider government advice on the NHS 111 website and not attend the practice.

Where it is necessary for us to collect information and specific health data about visitors to our practice, we will not collect more information than we need, and we will ensure that any information collected is treated with the appropriate safeguards.

Review and Expiry of this Notice

This Notice will be reviewed on or before 30 September 2021 and may be extended by The Secretary of State. If no further notice is sent to Winterton Medical Practice by The Secretary of State this Notice will expire on 30 September 2021.