

General Practice Alliance

Services: Northampton GP Extended Access (NGPEA), Collaborative Care Team (CCT) and Kings Heath Practice (Y00028)

Privacy Notice

National Screening Programs

Plain English explanation

The NHS provides national screening programmes so that certain diseases can be detected at an early stage. These currently apply to bowel cancer, breast cancer, aortic aneurysms and diabetic retinal screening service. The law allows us to share your contact information with Public Health England so that you can be invited to the relevant screening programme.

More information can be found at: <https://www.gov.uk/topic/population-screening-programmes> or speak to the practice

1) Data Controller contact details	Ian Stocks at General Practice Alliance, 129 Hazeldene Rd, Northampton, NN2 7PB Sharon Hennel at Northampton GP Extended Access (NGPEA), Highfield Clinical Care Centre, Cliftonville Rd, Northampton NN1 5BD Mary De Clifton at Collaborative Care Team (CCT), Adelaide St, Northampton, NN2 6AL Karen Garbutt at Kings Heath Practice, North Oval, King Heath, Northampton, NN5 7LN
2) Data Protection Officer contact details	Elizabeth Perryman at General Practice Alliance, 129 Hazeldene Rd, Northampton, NN2 7PB
3) Purpose of the processing	The NHS provides several national health screening programs to detect diseases or conditions earlier such as; cervical and breast cancer, aortic aneurysm and diabetes. More information can be found at https://www.gov.uk/topic/population-screening-programmes The information is shared so as to ensure only those who should be called for screening are called and or those at highest risk are prioritised.
4) Lawful basis for processing	The sharing is to support Direct Care which is covered under Article 6(1)(e) ; “necessary... in the exercise of official authority vested in the controller’

	<p>And</p> <p>Article 9(2)(h) ‘necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services...’</p> <p>We will also recognise your rights established under UK case law collectively known as the “Common Law Duty of Confidentiality”*</p>
5) Recipient or categories of recipients of the shared data	The data will be shared with [insert name of local service providers]
6) Rights to object	<p>You have the right to object to this processing of your data and to some or all of the information being shared with the recipients. Contact the Data Controller or the practice. For national screening programmes: you can opt so that you no longer receive an invitation to a screening programme.</p> <p>See: https://www.gov.uk/government/publications/opting-out-of-the-nhs-population-screening-programmes</p> <p>Or speak to your practice.</p>
7) Right to access and correct	You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.
8) Retention period	<p>GP medical records will be kept in line with the law and national guidance.</p> <p>Information on how long records can be kept can be found at: https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016</p> <p>Or speak to the practice.</p>
9) Right to Complain.	<p>You have the right to complain to the Information Commissioner’s Office, you can use this link https://ico.org.uk/global/contact-us/</p> <p>or calling their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)</p> <p>There are National Offices for Scotland, Northern Ireland and Wales, (see ICO website)</p>

* “Common Law Duty of Confidentiality”, common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.

The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.

In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.

Three circumstances making disclosure of confidential information lawful are:

- where the individual to whom the information relates has consented;
- where disclosure is in the public interest; and
- where there is a legal duty to do so, for example a court order.