

care.data briefing pack

NHS England's current publicity campaign is causing confusion about the opt outs available to patients. We (medConfidential) are sending you this fax because we received at least one report in the last week from a patient who said they tried to opt out of care.data at your practice, and was not able to do so to their satisfaction.

You will appreciate that medConfidential is not in any position to confirm that this happened, but we hope you agree it is better to err on the side of caution in such circumstances. Patients from around the country have sent us copies of incorrect forms they have been given and, in other instances, specific details of conversations with practice staff where there was evident confusion about care.data and/or the opt out.

N.B. As FAQ 37 of NHS England's latest guidance says, the new **care.data** programme is not the same as the Summary Care Record or other local data sharing opt out arrangements. **care.data** requires a different action.

Please could you ensure that your reception staff and anyone dealing with patients is made aware of the **care.data** opt out and whatever arrangements you have made to handle patient opt outs or 'objections'.

NHS England's guidance for healthcare professionals is here:

www.england.nhs.uk/ourwork/tsd/care-data/gp-guidance/

And the BMA's guidance is here:

<http://bma.org.uk/practical-support-at-work/ethics/confidentiality-and-health-records/care-data>

Patient opt out forms, posters and more information can be found at:

www.medconfidential.org/for-gps (pp 2 & 3 of this fax are a template opt out letter)

We are aware that NHS England officials have suggested that this problem is partly down to GPs. When asked "Why no online opt out?" on 13 January, Tim Kelsey, NHS England's Director of Patients and Information, tweeted: "That's because most GPs won't offer it."

N.B. The Information Commissioner has confirmed that GPs will be liable if DPA fair processing has not occurred in their practice. If you need advice on this issue, you can contact medConfidential by e-mail on **coordinator@medconfidential.org**

Thank you for your attention,

Phil Booth, coordinator, and the medConfidential team

Dissent from secondary use of patient identifiable data

Dear Doctor,

I am writing to give notice that I refuse consent for my identifiable information and the identifiable information of those for whom I am responsible [*delete as appropriate*] to be transferred from your practice systems for any purpose other than my medical care.

Please take whatever steps necessary to ensure my / our confidential personal information is not uploaded and record my dissent by whatever means possible.

This includes adding the '**Dissent from secondary use of GP patient identifiable data**' code (Read v2: 9Nu0 or CTV3: XaZ89 or SNOMED CT. 827241000000103) to my record as well as the '**Dissent from disclosure of personal confidential data by Health and Social Care Information Centre**' code (Read v2: 9Nu4 or CTV3: XaaVL or SNOMED CT. 8815610 00000100).

I am aware of the implications of this request, understand that it will not affect the care I / we receive and will notify you should I change my mind.

Yours sincerely,

Signature _____ Date _____

Information to help identify my records [*please complete in BLOCK CAPITALS*]

Title _____ Surname / Family name _____

Forename(s) _____

Address _____

Postcode _____

Date of birth _____

NHS number (if known) _____

Space for additional patient details overleaf

Additional patient details *[please complete in BLOCK CAPITALS]*

Dear Doctor, please take whatever steps necessary to ensure the following people's confidential personal information is not uploaded from your practice and record my dissent on their behalf by whatever means possible.

Patient's full name: _____ _____
Address: _____ _____ _____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____ _____
Address: _____ _____ _____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____ _____
Address: _____ _____ _____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

Patient's full name: _____ _____
Address: _____ _____ _____
Postcode: _____
Date of birth: _____
NHS number (if known): _____

You can provide details of other family members you wish to opt out on a separate sheet, but make sure this letter is attached.