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Dear Amanda, Steve,

In a code repository,<sup>1</sup> “new NHS England” says:

**“the aim is to grab the data** and prove it is sufficient for our needs”

**“This is a Proof of concept for using GP Connect as a means of migrating data between suppliers. It is also being used to demonstrate that GP connect can be used for maintaining a central database for GP data and contains a first draft database schema for storing GP Connect data for research purposes”** (emphasis added)

In keeping with that description, the code extracts, through a direct care service, every name, address, phone number, next of kin (and their contacts), “SpineSensitive” flags, and a *lot* more ([see left of this page](#)) of all patients registered with each GP practice in England.

It is difficult to see how “grab the data and prove it is sufficient for our needs” and “migrating data between suppliers” are bona fide research purposes, nor how any moral or ethical research can ignore relevant patient objections to the processing of the entire identifiable GP record (especially as GP Connect uses identifiable data to do the lookup, and gives back identifiable data which the database schema shows is stored in the database).

There appears to be no information governance, and certainly no understanding that GP Connect, which is promoted to patients as requiring individual clinical permission, is not “for maintaining a central database for GP data”.

This code has been bouncing around internally at NHS England for weeks, which prompts some questions about the controls “new NHS England” lacks internally:

- 1) What governance is there on the databases that have been created by this code so far?
- 2) How many times was the code in this repository run against any real patient data by anyone associated with NHS England?
- 3) How would a patient know that their record had been copied by NHS England in this way?
- 4) Given this code has been kicking around NHS England for some time, and clearly that this approach has been technically possible for some time, and given that this code was publicly accessible (with the embedded passwords and all), how can a patient or GP practice receive written assurances from NHS England that no one *else* has taken a complete copy of every patient record in every GP practice in the country?

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<sup>1</sup> <https://github.com/NHSDigital/nhs-practice-migration>

The misuse of GP Connect by a stalker made the news last year, and it's unclear whether NHS England has done anything to increase security (it may be all NHS England has actually done is grabbed all the data).

- 5) As developing this code took several weeks, how was the business case and administration process approved?
  - a) What advice did the "Privacy, Transparency, Trust" unit give on this approach?
  - b) What did the GP professionals say?

We presume that there will now be an audit of everything other piece of data that was touched by the processes under which this code was developed, looking for other examples of similar activities. We also presume NHS England will then cover it up and hide behind the comfort blanket of nice words unconnected to NHS England's practice,<sup>2</sup> behaviour epitomised by the Palantir procurement.<sup>3</sup>

Since March last year, medConfidential has repeatedly expressed concerns that NHS England's "Privacy, Transparency, and Trust" function (as it is now) is untrustworthy and unreliable – giving as does different answers at different times to the same questions while denying anything changed between the two (the primary example behind the FDP FAQ).

- 6) Does this code demonstrate all the expected behaviours of NHS England when FDP is in operation?

## Palantir

You may not be aware that NHS England has published no substantive information for the public on FDP/Palantir since before Christmas, and NHS England has committed to FDP commencing normal operations by the end of this month. You will be aware that the NHS England Board were told that GP data would be in scope at the December meeting, whereas what the public are told even today by the FDP FAQ is something different to that.

- 7) Given the similarities in practices and cultures of the above code and the FDP/Palantir project, what should a frontline doctor tell a concerned patient when they ask whether NHS England will break every promise it has made to patients and professionals?

Irrespective of the choices that the "Privacy, Transparency and Trust" (PTT) unit make,<sup>4</sup> NHS England should demonstrate the coherence and integrity of NHS England's processes and decision making around data.

In fact, we fear, with this code that NHS England has chosen to write and to publish, NHS England have indeed done exactly that.

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<sup>2</sup> <https://questions-statements.parliament.uk/written-questions/detail/2024-01-18/h11740>

<sup>3</sup> <https://questions-statements.parliament.uk/written-questions/detail/2024-01-10/h11436>

<sup>4</sup> We understand the boycott of medConfidential which has been in place since we wrote to the Health and Care Select Committee in December is at the will of PTT, because of the concerns we raised to HSC (and NHSE before that) about the decision making processes within NHS England.

Given the issues with the reliability and accuracy of PTT statements over the long term, we request written answers to these questions unless PTT is in no way involved in creating the answers.

Yours sincerely,

A handwritten signature in black ink that reads "Phil Booth". The letters are cursive and somewhat stylized.

Phil Booth, medConfidential

A handwritten signature in black ink that reads "Sam Smith". The signature is very cursive and fluid, with a long horizontal stroke at the end.

Sam Smith, medConfidential

cc CDAO, NDG