Your Personalised NHS Data Uses Report

Where your health records were accessed and how they were used,
incorporating the Single Patient Record, all national services
and local services from participating care providers.

Designed and printed by medConfidential and at TheySoldItAnyway.com.

This should be produced for you by the Department of Health in England
and accessible via NHS.UK and the NHS App. But it isn't.

January 2027

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I will decide who can read your medical notes

Hello from the Secretary of State,

The public have been appalled at the abuses of medical notes by NHS staff. While I feel these breaches are "a disgrace" – "the appropriate response is to ensure that any access is necessary, role-based, supervised and auditable, rather than to prohibit it outright". NHS leadership insists to us that sending two letters is the best they could do. Two letters, because the first was so important we reinforced it with a second different one. They will of course update training in due course so every staff member knows what they should and can do.

Snooping on the medical notes of three dead girls in Southport, a live boy in Cambridge, and other families is seen by NHS England's "information governance" team as a "day to day" event. Events like victims of "coercive control and domestic violence" who trusted the NHS and found the consequences of weak promises resulted in them fleeing from their "safe house" in terror, again and again. The Deputy Senior information Risk Owner has long experience in making the same decisions in the same way for the same reasons. The NHS has a long established position that they tell me I must follow because patients understanding how widespread abuses are will undermine trust in the NHS. When the London Care Record made a patient's therapy notes across London, the each individual NHS silo made the argument that what they did was fine, and the journalist is at fault for publicising the consequences of NHS choices. Secretaries of State do not concern themselves with what other options the patient did not have.

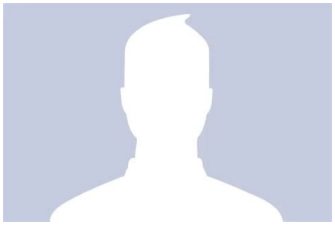
The former NHS England was sufficiently distant from patients that, until victims of terrorism held a protest outside of the Senior Information Risk Owner's office, NHS England refused to make any information routinely available via the NHS App. This is one reason the political decision was made to centralise control in my office, where a politician decides which areas of Government can read your medical notes. Your Single Patient Record will support the work of the Youth Opportunities Unit to encourage what patients can do.

Abuses of NHS records are not yet a political issue. We thank you for your support on this topic.

We want to hear your views on the Control of Patient Information

HM Government will welcome responses to our forthcoming consultation on the Control of Patient Information Regulations which will clarify that my Department believes you have no right to prevent the NHS using your medical records and notes any way it sees fit. We'll use your data, we'll share your data with others in Government, because successor Governments have preferred to listen to the officials whose decisions cause additional harm to terrorism victims and ignore the wishes of patients, and we have not yet changed course. We welcome your views in the narrow questions where we seek your support for what we have decided to do.

Unnamed Official on behalf of the Secretary of State,
Department of Health in England
Proud judge of the Dolores Umbridge Award



Your medical records are safe with me



Please stop being afraid of who has looked at them.

Your medical records are accessible wherever the NHS logo is seen. A summary of your care, available to any member of NHS staff who looks – containing your diagnoses, medical notes, and prescriptions, from your dentist, your doctors, and mental health. Data in the Single Patient Record is stored by our trusted supplier, Palantir, and is also used for research and planning. We train our staff so that they can look, and remind them that just because they can, it doesn't mean they should.

Our training is very good – we tell the million people who work for the NHS that they shouldn't look you up, and that if they were ever to get caught in a high profile incident doing the thing they can do, there might be consequences. The consequences protect high profile victims, which may not be you.

There have been isolated, historic and possibly unrelated reports of occasional cases of access to records where some of those involved might have been surprised. The appropriate response is to ensure that any access is necessary, role-based, supervised and auditable, rather than to prohibit it outright. Data for care is only supposed to be accessed by people providing you with Direct Care. If you have reason to believe your data has been accessed inappropriately by any other staff a care provider you didn't go near – physio, nutritionists, admin staff, etc. – there can be no systemic problem so please contact the Caldicott Guardian of the relevant care provider, not us.

The Department of Health in England continues to also sell data to customers we choose, and to provide data to other parts of government. The new knowledge that came from research starts on page 8, all accesses are detailed from page 10. Companies can keep their discoveries secret, academics publish them openly for you to read, and the government should publicly document how we use your medical records for the public task of Departments, and fully intends to do so, in due course. If you have opted into particular studies like UK Biobank, Our Future Health, Genomics England, or the many other high-quality research studies run in the UK, those start on page 11. Please don't worry about anything on page 7, our Patient Audit Record Service confirms for us that it's all fine.

In the spirit of privacy, transparency, and trust in which the Department operates, and in light of some disinformation on how health records are used, we here provide you with the minimum information possible to reassure you that if your records were ever to be misused, my protectorate will do its utmost to prevent you from finding out about it. We have been considering showing you who has accessed your records since 2005, and I still think it's better for me to know and you not to. We know, you don't, and I have decided that's how it will be.

Mx Jack Offwhite
Permanent Undersecretary of the Distrust, Opacity, and Intrusion Protectorate
Proud Winner of The Dolores Umbridge Award
1 January 2027

Direct Care Accesses

From participating institutions[1], your medical record was accessed since 20th July 2026 at:

*15th December 2026:
Dr Smith,
Your GP practice, Coventry.

11th, *13th December 2026:
Blood results written by
LTH Pathology Ltd

*10th-13th December 2026:
9 staff (…), Leeds Teaching Hospital.

*9th-10th December 2026:
7 staff (…) at York Hospital, including SCR via non-consented access in A&E.

*5th November 2026:
Mrs Balls, admin clerk,
Normanton Hospital

3rd September 2026
Dr Smith,
Your GP Practice, Coventry



Notes

Items marked * updated your Single Patient Record which may also have updated your GP record.

There have been no reported breaches or losses of your medical records from your doctors or hospitals this period.

In this period there were zero accesses using delegated administrative authority to the National Data Integration Tenant or other tenancies of the Federated Data Platform where your personal data was stored.

As of January 2027 a minority of hospitals submit their audit information to the Patient Audit Record Service. In July 2027 the six month grace period on disclosure will expire and any hospitals that do not submit information will be listed on the NHS website.

[1] for details and an explanation http://www.nhs.uk/sharedcarerecords/whoaccessedyourdata

Knowledge Created with your contributions

Your data is distributed as part of Hospital Episode Statistics (HES). Academics and researchers use them to try and learn more about health and illness. The research below may have been conducted in any of the last several years, on any health event since 1988 - when HES was first collected. You may have been included as a healthy person unaffected by the condition, as part of a comparison group to examine differences to the general population.

Knowledge from Academic Research

The impact of shielding on COVID-19 hospitalisations and deaths during 2020 in England: a transmission modelling evaluation using the OpenSAFELY …
JAN Filipe, E van Leeuwen, A Henderson, NG Davies… - BMC medicine, 2026 - Springer
Background During the early phase of the COVID-19 pandemic in England, people with pre-existing conditions at severe clinical risk were advised to drastically reduce face-to-face …

Time trends in newly recorded diagnoses of 19 long term conditions before, during, and after the covid-19 pandemic: population based cohort study in England using …
MD Russell, A Schaffer, K Bechman, M Gibson… - bmj, 2026 - bmj.com
Objective To evaluate temporal changes in rates of newly recorded diagnoses for 19 long term conditions in England in relation to the covid-19 pandemic by disease, age group, sex …

Classifying and Differentiating Individuals with Respiratory Syncytial Virus, Influenza, and COVID-19 Cases in OpenSAFELY Between 2016 and 2024
E Prestige, C Warren-Gash, JK Quint, D Evans… - medRxiv, 2026 - medrxiv.org
Electronic health records (EHRs) are a rich source of data which can be used to analyse health outcomes using computable phenotypes. With the approval of NHS England we used the

Volume-outcome relationships for primary total elbow arthroplasty surgery in England: Analysis of the hospital episode statistics dataset
TD Stringfellow, D Butt, D Higgs, M Falworth… - Shoulder & …, 2025 - pmc.ncbi.nlm.nih.gov
Background Total elbow arthroplasty (TEA) is a low-volume, high-complexity procedure and clinical guidelines recommend moving to a centralised network model. The aim of the study …

Days alive and out of hospital after burr-hole drainage for chronic subdural haematoma: a national cohort study using Hospital Episode Statistics in England
D Thompson, A Wahba, B Davies, A Williams… - BMJ open, 2026 - bmjopen.bmj.com
Objectives The objective of this study was to investigate the utility of the days alive and out of hospital (DAOH) metric within a cohort of patients undergoing burr-hole drainage of a …

Resetting rectovaginal fistula (RVF) epidemiology using Hospital Episode Statistics (HES)
C Sackitey, A Bottle, M Deputy… - Journal of Crohn's …, 2026 - academic.oup.com
Background The literature surrounding rectovaginal fistula (RVF) consists mainly of case series, rendering the true incidence of RVF across aetiologies opaque. This study aims to …

Linking the Twins Early Development Study (TEDS) With NHS Electronic Health Records
C Lockhart, M Skelton, S Bristow, A Boyd… - Twin research and … - pubmed.ncbi.nlm.nih.gov
The Twins Early Development Study (TEDS) is a longitudinal population study of over 10,000 twin pairs born in England and Wales between 1994 and 1996. As the twins enter …

Influence of stage at cancer diagnosis on NHS hospital care costs in England: a national, retrospective, population-based cohort study using individual patient-level …
C Pearson, DA Jones, G Baily, R Cherry, E Gray… - The Lancet …, 2026 - thelancet.com
Background Estimates of the cost of cancer care are crucial for the economic evaluation of screening interventions and other early cancer diagnosis initiatives. However, data on the …

The NHS and industry partnerships: risky alliances
J Larkin, M McCartney - bmj, 2026 - researchgate.net
There are now multiple commercial partnerships or collaborations with industry within the NHS. This includes clinics, research partnerships, and “innovation” schemes to promote new …

Real-World Validation of PinPoint Blood Tests in the NHS: Multivariable Machine Learning to Predict Cancer Risk in Primary Care Urgent Referrals
M Neal, M Dean, S Duffy, RE Ferguson, P Horan… - Mayo Clinic …, 2026 - Elsevier
Objective To validate the UKCA-marked PinPoint blood tests, which use machine-learning models and routinely available blood analytes to estimate cancer risk in adults referred on …

Large Language Models and Metabolic Bariatric Surgery: A Pilot Concordance Study Between ChatGPT and Multidisciplinary Team Recommendations
A Ahmed, S Bhanderi, R Westerman, A Ibrahim… - Obesity … - pubmed.ncbi.nlm.nih.gov
Introduction Operation selection in metabolic surgery is a complex decision making process led by a multidisciplinary team that integrates multiple anatomical, clinical, metabolic and …

Real-World Validation of the PinPoint Blood Tests in the NHS: Multivariable Machine Learning Algorithms to Predict Cancer Risk in Patients Referred Urgently from …
MD Neal, M Dean, S Duffy, RE Ferguson, P Horan… - papers.ssrn.com
Background: Urgent referrals are a major route for cancer diagnosis: in England over 3 million patients are referred annually. A 6% conversion rate, with 10% year-on-year …

There were over 600 articles published in the time period, only some of which used the NHS data citation. To read all publicly available scholarly papers that used data, and search by keywords, please see http://www.nhs.uk/data/whatwelearnt

Knowledge from Commercial Data Use

Commercial providers are not required to have public benefits for new activity, nor do they report use of the data. Therefore, we have no independently citable evidence of public benefit.

The very many Secure Data Environments

Some of your data is copied into the Regional Secure Data Environments, some of which both access national data while arguing they are not subject to the “national” data opt out. Not all environments produce a compete list of projects.

NHS England expects you to find all websites and look at all projects one by one. Many of those decisions are opaque with insufficient information in the public domain to know who is using data for what – they do not meet the standards for NHS England’s National Environment. We would summarise them, but technical measures by SDEs to obfuscate decisions makes that infeasible.

London

The London SDE has a supposedly complete list of currently six projects, and a second list of many more with less disclosure.

Where your data went

NHS England releases data to eligible organisations that meet defined criteria, for the purposes of the provision of health or adult social care, or for the promotion of health. These organisations and releases are not for the purposes of your direct care, but should generate future knowledge of the types covered in the previous section.

On the 10th April 2026, you enabled the National Data Opt Out preference to dissent from data being used for purposes beyond direct care, such as research and planning. The releases below occurred before that date.

Your data was included in the following releases, for the following reasons. For more details of any release, the work they wish to do, and the past work of that organisation, see the internet links given below:

One Off Releases

Harvey Walsh Ltd - data dissemination. Harvey Walsh undertake numerous projects utilizing HES on a yearly basis, approximately 120 distinct projects were completed in 2017/18. The outputs produced as a result of the data processing may include (but are not limited to)… (more) An audit shows unreported data breaches.

OpenSAFELY and High Cost Drugs linkage - NHS England request this data to support their Coronavirus (COVID-19) research platform work. The National Tariff High Cost Drugs List contains the High Cost Drugs which are not covered by national prices under the National Tariff Payment System. These drugs are typically used in a relatively small number of specialist centres rather than across all Trusts. High cost drug data can also be used to answer questions directly related to 'confounders' and those people in the UK who are shielding. NHS England can rapidly review how such specific medications are associated with COVID-19 related outcomes, such as mortality, to help inform clinical and policy decisions on shielding criteria.

NHIS Ltd (Wilmington Healthcare) — (66 files)
NHiS is an information intermediary which specialises in applying healthcare data to produce outputs that are used in health and social care to: 1. Raise disease awareness, management and diagnosis through analysing data and publishing reports and tabulations which are available in the public domain; 2. Support the commissioning cycle and enhance patient outcome through understanding disease progression and applying to continual service development improvement A directorate within NHiS is the Neurology Commissioning Service (NCS), an official NHS England (Ref: Map of Medicines), niche commissioning support unit… (more)

University of Manchester - Self-harm project (8 datasets)
Reduction in the numbers of suicide following self-harm is an important objective of the National Suicide Prevention Strategy for England, with research showing that suicide prevention is key to achieving this. As well as suicide, self-harm is associated with increased risk of other causes of mortality. Therefore, all-cause mortality is an important outcome to monitor following self-harm.

National Back Office

Your record was included in **3** status checks for repeats of past conditions. Information from it was provided **once** to the 1965 Cohort Study who had lost track of you in 2003 and wished to recontact you to request your continued participation.

Access is *temporarily* suspended for the UK Border Agency via their self-assertion of access via the Data Protection Act.

Ongoing Releases

Public Sector

NHS England - DSfC – 30 different datasets – NHS England will carry out analysis on a variety of pseudonymised datasets. This collection of datasets has been referred to as the "temporary National Repository" (tNR), and is now known as the National Commissioning Data Repository (NCDR). The requested datasets are required to ensure that NHS England can meet its statutory duties (as per NHS Act 2006 and the Health and Social Care Act 2012 s13N,s23) and to meet the requirements of the Ten Year Plan. The objective for processing can be summarised as the provision of an ad-hoc and routine analysis and reporting service to support the work of NHS England (NHSE)… (more)

NHS England - National Gastro Intestinal Cancer Audit Programme – HES or SUS - Admitted Patient Care. By auditing the care delivered by cancer services, we can highlight areas where hospitals are doing well, and areas in which the quality of care can be improved. By producing information for all NHS services, it allows cancer services to compare themselves with others in England and Wales and share examples of good practice.

CSUs, ICBs, NHS England, PHE, LAPH - Data linkage and processing for Commissioning
Commissioning activities of: Validation of provider invoices; emergency planning; Monitoring and audit; Provider performance management; Strategic delivery planning; Immunisation monitoring.

The Department of Health in England decides to share with itself and Other Government Departments when civil servants have decided it may be appropriate for civil servants to access it.

Commercial Users

Dr Foster – direct feed – 11 datasets
Dr Foster use the data provided under this agreement to provide a management information function in the form of analysis and clinical benchmarking for healthcare organisations and to increase the power of predictive models for rare diseases, procedures and events. Dr Foster build standard casemix adjustment models for 259 diagnosis groups and 200 procedure groups which include some rarer conditions. Casemix is a system that measures hospital performance, aiming to reward initiatives that increase efficiency in hospitals. It also serves as an information tool that allows policy makers to understand the nature and complexity of health care delivery. Using all the requested datasets means that Dr Foster have the most up to date information and can inform customers of potential issues around quality and in turn they can make better informed decisions for the improvement of healthcare and outcomes for patients… (more)

Academia and charities

SAHSU at Imperial College London - HES/ONS Linked and GP pandemic file
Evaluation of birth weight trends: Birth weight centiles updated with the data 2012-18 (up to the available year) and small for gestational age centiles to be used as a threshold to define small for gestational age (SGA) outcome in future environmental epidemiology studies 2. Evaluation of stillbirths in relation to birth weight charts: Analysis of the effect of stillbirths in relation to Birth weight centiles. 3. Construction of Birth weight charts sex-specific and ethnic-specific: Birth weight trends to investigate the evolution of trends in England and Wales, (including data from 1986-2012) and to identify change points and analysis in the relation of ethical differences. 4. Validation of the existing birth weight charts and evaluation of the misclassification rates. A PhD student is the lead analyst working on this study. An audit shows there continues to be **HIGH RISK** non-compliance by Imperial College which they have failed to rectify. You can find more details of what happened, & how it affects you.

UK Biobank tell us you are a member of their cohort. Data flows are currently suspended while UK Biobank deliver on their obligations. They should have contacted you directly. Find out more.

Concerns

If you haven questions about where your data was accessed for Direct Care purposes, please use the guide on http://www.nhs.uk/sharedcarerecords/whoaccessedyourdata for support in finding answers to your questions.

If you have any other questions about the content of this report, please contact enquiries@nhsdigital.nhs.uk

Access to discoveries from research

If you have opted out of your data being included in data releases, we will continue to show you research resulting from releases prior to your objection being implemented.

All new publicly-funded research is supposed to be open access, with unrestricted online access to peer-reviewed scholarly research. Research funded earlier, or outside the UK, may require payment of an additional fee per reader. If you would support NHS (England) Digital mandating that all publications using public data be open access, please email a statement of support to enquiries@nhsdigital.nhs.uk

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Ask the Department of Health in England where you can get yours

or email coordinator@medconfidential.org for what we may do next…