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| **Plain English explanation**The Summary Care Record is an English NHS development. It consists of a basic medical record held on a central government database on every patient registered with a GP surgery in England. The basic data is automatically extracted from your GP’s electronic record system and uploaded to the central system GPs are required by their contract with the NHS to allow this upload. The basic upload consists of current medication, allergies and details of any previous bad reactions to medicines, the name, address, date of birth and NHS number of the patientAs well as this basic record additional information can be added, and this can be far reaching and detailed. However, whereas the basic data is uploaded automatically any additional data will only be uploaded if you specifically request it and with your consent. Summary Care Records can only be viewed within the NHS on NHS smartcard controlled screens or by organisation, such as pharmacies, contracted to the NHS.You can find out more about the SCR here https://digital.nhs.uk/summary-care-recordsYou have the right to object to our sharing your data in these circumstances and you can ask your GP to block uploads. We are required by Articles in the General Data Protection Regulations to provide you with the information in the following 9 subsections. |
| 1**) Data Controller** contact details | Brook Health CentreSwinneyford Road, Towcester, Northants, NN12 6HD |
| **2) Data Protection Officer** contact details | Dr Clare TurnerBrook Health Centre (as above) |
| 3) **Purpose** of the processing | Upload of basic and detailed additional SCR data |
| 4) **Lawful basis** for processing | The processing of personal data in the delivery of direct care and for providers’ administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 and 9 conditions of the GDPR:*Article 6(1)(e) ‘…necessary for the performance of a task carried out in the public interest or in the exercise of official authority…’.**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...”* We will also recognise your rights established under UK case law collectively known as the “Common Law Duty of Confidentiality”\* |
| 5) **Recipient or categories of recipients** of the processed data | The data will be shared with Health and care professionals and support staff in this surgery and at hospitals, diagnostic and treatment centres who contribute to your personal care. [if possible list actual named sites such as local hospital)(s) name] |
| 6) **Rights to object**  | You have the right to object to some or all the information being processed under Article 21. Please contact the Data Controller or the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance  |
| 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**  | The data will be retained in line with the law and national guidance. https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016 or speak to the practice. |
| 9) **Right to Complain**.  | You have the right to complain to the Information Commissioner’s Office, you can use this link <https://ico.org.uk/global/contact-us/> or calling their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate) There are National Offices for Scotland, Northern Ireland and Wales, (see ICO website) |

\* “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.