

Dear Team,

## Section 1 Background

As the Practice Manager of the GP practice I am held responsible for the safe guardianship of the medical details of 6.700 patients.

The details held include personal and clinical details of patients.

The information is held for the safe and effective delivery of health care.

## Section 2 Scope Questions 1 - 6

All patients are entitled to view and have copies of their individual health record. Patients often apply in writing to view the details held on their medical record for different reasons. External agencies request access to part of or the whole of a patient medical record. Governmental agencies and insurance companies/firms of solicitors are the main. The practice are able to release such patient details with the written consent of the patient. The practice does not send the original L\*\*\*\*\* file as there have been cases in the past when these have been lost by insurance companies/firms of solicitors. The practice photocopies a part or the whole of the contents of the L\*\*\*\*\* file and the copies are sent by the Royal Mail recorded delivery service. The practice is not aware of how the contents of a patient's medical record are stored once they are in the possession of the insurance company/solicitors. We have, in the past have had an incident in which a patient wished to submit a complaint to the practice. The patient had seen a 'no win - no fee' advert on the TV. The patient had contacted the company who in turn contacted the practice requesting a full copy of the patient's records (including a signed consent from the patient for the release of the file). The practice posted off the copies via the Royal Mail recorded delivery service. Sometime later the patient had the copies returned at their home address. The envelope had been torn with some of the contents clearly visible and the package had not been sent by recorded delivery. The patient had been upset at receiving copies of the records at home and was upset to find the whole contents of their medical file had been released by the practice. The patient had not been made aware by the company acting on their behalf that all of their medical details would be released. The patient understandably read through the copies of the file, some of which they had not had sight of previously and became very upset at reading the contents, alone in their own home. The practice always ensures patients, when requesting to view their medical records are supervised by a member of the practice for safety reasons.

The practice is receiving a considerable number of written request for patient details not to be downloaded to the national spine. Patients have considerable concerns regarding the release of their clinical information and who may have access to it.

The practice does have concerns regarding the data that is extracted from the clinical system for Department of Health measurements and surveys. As the Caldicott Guardian for the practice I have concerns regarding the content of these extractions of data as I have no means of monitoring the information that has been extracted.

I also have concerns regarding the lack of national consent from patients on the release of their data, the only information for patients I have received on consent for national audits is a poster for me to display in the waiting room.

I would like to see the sharing of consistent and accurate data between the primary and secondary sector of the National Health Service, particularly timely, detailed discharge and clinical letters from the secondary sector. The patient referral letters from the practice to the secondary sector are transmitted electronically via the 'Choose and Book' system. Why do the secondary sector not use the same system for the transmission of their patient clinical letters to the GP? The practice has to ensure a referral letter to the secondary sector is transmitted within three working days from the GP's decision to refer to the secondary sector, the practice

can wait up to several weeks for the details of a patient seen by a consultant within the secondary sector to arrive via snail mail at the GP practice.

Within our practice we have based a Community Health Team. The Community Health Team (Health Visitor, School Nurse and District Nurses) are not employed by the GP but by the Primary Care Trust. The Primary Care Trust have their own information systems which does not integrate with the clinical system of the practice. The GP practice does not have access to the records held by the Community Health Team. Logic tells you that for joined up working and thinking the practice and the Community Health Team should be sharing and documenting their information, or at least some of it, on the same system or systems that integrate. The Health Visitor and District Nurse do have access to the practice clinical system and are able to enter and view information. There are times when members of the Community Health Team have to enter the same clinical information of a patient on to at least three separate systems - what a waste of time!

### Section 3 Legal Framework

The Data Protection Act will only work well when the individuals involved in the daily protection of data are educated in the requirements of the act, working within an organisation that implement the act as a matter of priority. Organisations that are cash strapped may not treat the importance of data protection education and awareness with the priority it requires and deserves.

The Data Protection Act should have the powers and the people to visit organisations and system trail the data protection policy and procedures they have in place.

### Section 4 Consent and Transparency

The practice implements an on-going education programme on the requirements of employees in line with the Data Protection Act. All employees are aware that a breach of data is a dismissable offence and are made aware of what constitutes a breach of data. The Practice Information Technology Policy is strictly adhered to particularly the use of and protection of passwords.

### Section 5 Technology

Technology advancements have to some extent made the sharing and protection of data a protected environment. Never the less they will always be individuals with the skill and the knowledge to gain access to data that is not their right for all of the wrong purposes. The nation as a whole should be made aware of the potential damage those individuals are able to cause and all organisations should work together on the development of products and user knowledge in the prevention of such incidents governed by law.

### Section 6 International comparisons

Nil of note.

### Section 7 Additional questions

The practice recently had a HR department ringing the practice requesting information on a patient. The HR department spoke to a member of the reception team saying they could not quite read the writing on the employees certificate of sickness but it looked like it could say 'Depression'.

The certificate quite clearly stated 'back injury' although due to the injury the patient did have a clinical diagnosis of depression but did not wish this to be shared with their employers. Data protection and the sharing of personal data does not only apply to the written word.