



Health & Social Care  
Information Centre

# Data Provision Notice

## Patient Objections Management

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### For General Practices in England

**Notified 19/10/2015**



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## Executive Summary

The NHS Constitution states “You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered”. To support this patients are able to register objections with their general practice to either prevent their identifiable data being released outside of the GP Practice (known as a Type 1 objection) or to prevent their identifiable data from any health and social care setting being released by the HSCIC (known as a Type 2 objection) where in either case it is for purposes other than direct patient care.

The HSCIC has been directed by the Department of Health to collect aggregate and patient level data relating to patient objections from all general practices in England under section 254 of the Health and Social Care Act 2012. This data is required in order for the HSCIC to respect patient’s wishes by upholding the objection for any data released outside of the HSCIC for purposes beyond their direct care, and to monitor the levels of uptake and withdrawal of both Type 1 and Type 2 patient objections.

**Information Asset Owner:** Dave Roberts, Head of Primary Care Strategy

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## Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre (HSCIC) statutory powers, under section 259(1), to require data from health or social care bodies or organisations who provide health or adult social care in England, where it has been Directed to establish an information system by the Department of Health (DH) (on behalf of the Secretary of State) or NHS England.

When a direction is received, the HSCIC can issue a Data Provision Notice to the appropriate providers of the required data who are then legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

## Purpose of the collection

The [NHS Constitution](#) states “You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered”.

The HSCIC is committed to supporting a patient’s wishes in respect of sharing confidential information. The HSCIC “[Guide to confidentiality in health and social care](#)” states that:

- Patients can object to information about them leaving a general practice in identifiable form for purposes other than direct care, so confidential information about them will not be shared. This is referred to throughout this documentation as a Type 1 objection.
- Patients can object to information about them leaving the HSCIC in identifiable form, so confidential information about them will not be made available by the HSCIC other than for purposes of direct care. This is referred to throughout this documentation as a Type 2 objection.

The HSCIC has been Directed by the Department of Health to collect aggregate and patient identifiable data relating to patient objections from all general practices in England under section 254 of the Health and Social Care Act 2012.

The collection of aggregate data will be used to honour the commitment, made in response to the recommendations of the 2013 Caldicott Review, that HSCIC would monitor the rate of objections made by patients to the sharing of information. Information collected on the number of Type 1 objections made and withdrawn in each GP Practice will also inform the independent review of consent and opt-outs which is being led by the Care Quality Commission, with support from Dame Fiona Caldicott.”

This collection is required in order for the HSCIC to:

1. Monitor the levels of patient uptake and withdrawal of both Type 1 and Type 2 patient objection – this will be aggregated data.
2. Respect patient's wishes by upholding patient Type 2 objections (or the withdrawal of Type 2 objections) – this will be patient identifiable data.

Details of Type 1 objections will not be collected at patient level.

Data will be securely extracted via the GP Extraction Service (GPES) and processed by the HSCIC.

The patient identifiable data collected for Type 2 objections will be used internally by the HSCIC to prevent patient identifiable data from being released outside of the HSCIC for purposes beyond their direct care – it will not be published or released.

An [Information Governance Assessment](#) has been undertaken as part of the approval for this extraction by the [GPES Independent Advisory Group \(IAG\)](#) on [13<sup>th</sup> February 2014](#).

## Benefits of the collection

- Patients and care recipients will have their right to object to their information being shared for purposes beyond their direct care respected by HSCIC in line with the NHS constitution

## Legal basis for the collection, handling, publication and dissemination

- The HSCIC has been directed by the Secretary of State for Health in exercise of the powers conferred by sections 254(1) and (6), 262(5), 274(2) and 304(9), (10) and (12) of the [Health and Social Care Act 2012](#) and regulation 32 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013.
- In accordance with section 254(5) of the Health and Social Care Act 2012, the Secretary of State has consulted the Health and Social Care Information Centre before giving these [Directions](#).
- This information is required by the HSCIC under section 259(1) of the Health and Social Care Act 2012. In line with section 259(5) of the Act, all general practices in England must comply with the requirement and provide information to the HSCIC in the form, manner and period specified in this Data Provision Notice.
- This Notice is issued in accordance with the [procedure published](#) as part of the HSCIC duty under section 259(8).
- The data to be processed includes patient identifiable data which is deemed to be personal and as such requires fair processing under the Data Protection Act 1998. Details of how the HSCIC will meet the requirements of fair processing is published on the HSCIC website [www.hscic.gov.uk/yourinfo](http://www.hscic.gov.uk/yourinfo).

## Persons consulted

Following receipt of a direction to establish a system to collect Patient Objections Management data the HSCIC has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- Co-chairs of the Joint General Practice Information Technology Committee (JGPITC), who were content with this collection, on behalf of their members.

## Scope of the collection

Under section 259(1) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the HSCIC duty under section 259(8) on the following persons:

- All general practices in England

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified above must comply with the form, manner and period requirements below.

## Form of the collection

This requirement relates to the extraction of patient identifiable and aggregate patient objections data that is routinely recorded on GP systems as part of the normal interaction between patients and GPs or other staff authorised to update the clinical system.

### Aggregate data

The following aggregate counts will be collected for each participating GP practice to allow the HSCIC to monitor Type 1 and Type 2 objections:

- The total number of patients registered at each general practice.
- The number of patients registered at each general practice who have currently recorded a Type 1 objection.
- The number of patients registered at each general practice who have currently recorded a Type 1 withdrawn objection.
- The number of patients registered at each general practice who have currently recorded a Type 2 objection.
- The number of patients registered at each general practice who have currently recorded a Type 2 withdrawn objection.

## Patient identifiable data

The following patient identifiable data will be collected from each participating GP practice to allow the HSCIC to uphold Type 2 patient objections in relation to data that is disclosed.

Where a patient has objected or has withdrawn their objection to their patient identifiable data leaving the HSCIC (i.e. a Type 2 objection), the following data items will be extracted for each patient with a Type 2 objection code:

Data item	Purpose
NHS Number	This will be used by the HSCIC to identify if there is a matching NHS Number within any identifiable data they plan to disclose.
Code	The HSCIC requires the following objection codes: <ul style="list-style-type: none"> <li>• Dissent from disclosure of personal confidential data by Health and Social Care Information Centre; or</li> <li>• Dissent withdrawn from disclosure of personal confidential data by Health and Social Care Information Centre.</li> </ul>
Recorded Date	The date the objection code and/or withdrawal of objection code was recorded on a patient's general practice record.

A full history of Type 2 objection codes will be extracted so the HSCIC can ensure that the latest status is always applied and that patient wishes are respected.

Patients are able to register their objections to the sharing of their data with their GP Practice and this will be recorded on GP systems using the codes listed below:

Known as:	Description	READ2	CTV3	SNOMEDT CT
Type 1	Dissent from secondary use of general practitioner patient identifiable data	9Nu0.	XaZ89	827241000000103
	Dissent withdrawn for secondary use of general practitioner patient identifiable data	9Nu1.	XaZ8A	827261000000102
Type 2	Dissent from disclosure of personal confidential data by Health and Social Care Information Centre	9Nu4.	XaaVL	881561000000100
	Dissent withdrawn from disclosure of personal confidential data by Health and Social Care Information Centre	9Nu5.	XaaVM	881581000000109

Full details of the data to be collected can be found in the [Patient Objections Customer Requirement Summary](#).

## Manner of the collection

The collection will be made using the General Practice Extraction Service (GPES). Further details on GPES can be found at: <http://systems.hscic.gov.uk/gpcollections>.

General practices will receive a message from HSCIC to participate in the data collection which is called 'Patient Objections Management'.

This will appear as a service offer in the message centre of the Calculating Quality Reporting Service (CQRS) system and will be available in October 2015. Further communications will be issued by the CQRS team. General practices **must** select "Yes" when they see the message asking to accept the

service. They will then see a message confirming that they have accepted the CQRS service and are participating in collections for the service.

## Period of the collection

Data will be collected for the first time in December 2015 and then every month until the collection is replaced by a new National Consent Model as recommended by the Care Quality Commission and the National Data Guardian and accepted by the Secretary of State. If a new model is not in place before March 2017 the existing data collection service will be reviewed. A new Data Provision Notice may be issued following this review. The [HSCIC GP Collections Service Bulletins](#) will specify the data collection dates.

## Further Information and Support

Further Information about this collection and the mechanism for collecting this data are available below:

[HSCIC GP Collections service](#) – for more information on the data collection dates and participation

If you have any queries in relation to GPES or the Patient Objection Management collection, please contact the HSCIC Contact Centre via [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) with 'Patient Objections Management Data Provision Notice' in the subject line, or telephone 0300 303 5678.

## Burden of the collection

### Steps taken by HSCIC to minimise the burden of collection

The HSCIC has sought to minimise the burden on general practices by using existing data extract technology, rather than requesting information in another format which may be more burdensome to process.

In seeking to minimise the burden it imposes on others, in line with section 253(2a) and 265(3) of the Health and Social Care Act 2012, the HSCIC has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assessment is carried out by the Burden Advice and Assessment Service (BAAS) who carry out a Detailed Burden Assessment (DBA) and report findings and recommendations, as part of the overarching [Standardisation Committee for Care Information \(SCCI\) process](#). The Committee oversees the development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

### Detailed burden assessment findings

This collection uses the GP Extraction Service (GPES), which imposes minimal burden on practices. Information required is routinely collected and recorded in GP systems as part of the ongoing interaction between GPs and their patients.

A survey of subject matter experts was considered sufficient to assess the burden for providers of data.

No concerns were raised by the BAAS survey.



BAAS maintain and publish a [central register](#) of assessed data collections and extractions, including burden assessment detail relating to all national collections. Further information about the collection and estimated costs can be viewed from this register.

### Assessed costs

The associated burden is noted below:

Burden £	£47.3k	2 minutes per GP * 7,800 practices approx. £47,330 in total across all GP Practices
Set Up Costs	£59.0k	Includes costs for GP System Suppliers and the Health and Social Care Information Centre (HSCIC)
Other Costs	£194.0k	Are on a per annum basis and include ongoing costs for GP System Suppliers and the HSCIC to extract and process the patient objections data.
Total costs	£300.3k	

## Burden Advice and Assessment Service recommendations

The burden of this collection should be reviewed 12 months after the initial extraction.

## Help us to identify inappropriate collections

The HSCIC Burden Advice and Assessment Service (BAAS) offers a Data Collections Burden Reduction Service (DCBR) which is a simple and confidential way to allow data providers to refer data collections they feel would benefit from further scrutiny.

Visit the [Burden Advice and Assessment Service](#) website for more details and information on how to [refer a collection](#).

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For further information

**[www.hscic.gov.uk](http://www.hscic.gov.uk)**

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