



Department
of Health



Department
for Business
Innovation & Skills

From George Freeman MP
Minister for Life Sciences

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Andy Williams
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 October 2015

Dear Andy

I am writing to direct the Health and Social Care Information Centre (HSCIC) to collect aggregate level information on the number of 'Type 1' objections made by patients, and the number of 'Type 1' objections withdrawn by patients, for each GP Practice in England.

Under section 254 of the Health and Social Care Act 2012, the Secretary of State may direct the HSCIC to establish and operate a system for the collection and analysis of information. Please accept this letter as a direction given under subsection (1) of section 254 of the 2012 Act.

A 'Type 1' objection is an objection by a patient to information that identifies him or her from leaving the GP Practice for purposes beyond his or her direct care.

The Department of Health requires that the number of Type 1 objections made and withdrawn in each GP Practice be collected to honour the commitment, made in response to the recommendations of the 2013 Caldicott Review¹, that HSCIC would monitor the rate of objections made by patients to the sharing of information².

Knowledge of the number of Type 1 objections made and withdrawn in each GP Practice will also inform the independent review of consent and opt-outs which is being led by the Care Quality Commission, with support from Dame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.

Only aggregate information about the number of Type 1 objections made and withdrawn must be collected; no person-level or identifiable information about

¹ *Information: to share or not to share? The Information Governance Review*, March 2013.

² *Information: to share or not to share? Government response to the Caldicott Review*, Department of Health, September 2013.

patients who have made or withdrawn a Type 1 objection may be collected from GP Practices.

HSCIC must not use the information collected in compliance with this direction to identify any individual. HSCIC must take steps to ensure that individuals are not identified, and must ensure that no data collected under these directions are shared or published by any means which may lead to the identification of an individual. The HSCIC's standard suppression and disclosure controls must be implemented before data are shared or published.

Further written instructions will be issued to HSCIC to specify the date from which HSCIC should begin collection of aggregate information about the number of Type 1 objections made and withdrawn for each GP Practice in England.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "George Freeman", is written over a horizontal blue line.

GEORGE FREEMAN

DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The Health and Social Care Information Centre (Patient Objections) Directions 2015

The Secretary of State for Health gives the following Directions 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(a) 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(b).

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.

Citation, commencement and interpretation

1.—(1) These Directions may be cited as the Health and Social Care Information Centre (Patient Objections) Directions 2015 and come into force on 13 October 2015.

(2) In these Directions—

“the Act” means the Health and Social Care Act 2012;

“GP Practice” means the business operated by—

- (a) a person with whom the Board has entered into a general medical services contract under section 84 of the NHS Act(c) (general medical services contracts: introductory) for the provision of medical services under Part 4 of that Act or as a consequence of a property transfer scheme made under section 300 of the Act (transfer schemes);
- (b) a person with whom the Board has entered into an arrangement under section 92 of the NHS Act(d) (arrangements by the Board for the provision of primary medical services) for the provision of medical services under Part 4 of that Act or has entered into such arrangements as a consequence of a property transfer scheme under section 300 of the Act which require the provision by that person of primary medical services; or
- (c) a person with whom the Board has made contractual arrangements for the provision of primary medical services under section 83(2) of the NHS Act(e) (primary medical services) for the provision of medical services under Part 4 of that Act or as a consequence of a property transfer scheme made under section 300 of the Health and Social Care Act 2012;

“HSCIC” means the Health and Social Care Information Centre, established by section 252(1) of the Act;

“the NHS Act” means the National Health Service Act 2006(f);

(a) 2012 c.7 (“the Act”).

(b) S.I. 2013/259.

(c) Section 84 was amended by paragraph 31 of Schedule 4 to the Act

(d) Section 92 was amended by paragraph 36 of Schedule 4 to the Act.

(e) Section 83 was amended by paragraph 30 of Schedule 4 to the Act.

(f) 2006 c. 41 (“the 2006 Act”).

“NHS number” means the number, consisting of 10 numeric digits, which serves as the national unique identifier used for the purpose of safely, accurately and efficiently sharing information relating to a registered patient across the whole of the health service in England;

“patient” means a person who receives NHS services and includes a woman who is pregnant or breast-feeding or who has recently given birth;

“patient objections information” means information relating to registered patients and held in information technology systems used by GP Practices, consisting of—

- (a) the NHS Number;
- (b) the code identifying the existence of a Type 2 patient objection or a withdrawn Type 2 patient objection; and
- (c) the date a code under (b) was inputted on to the record of the registered patient;

“person identifiable information” means information which—

- (a) is in a form which identifies an individual to whom the information relates; or
- (b) enables the identity of an individual to whom the information relates to be ascertained;

“registered patient” means—

- (a) a patient who is recorded by the Board as being on the list of patients of a person referred to in sub-paragraph (a), (b) or (c) of the definition of GP Practice; or
- (b) a patient whom a person referred to in sub-paragraph (a), (b) or (c) of the definition of GP Practice has accepted for inclusion in the person’s list of patients, whether or not notification of that acceptance has been received by the Board, and who has not been notified the Board as having ceased to be on that list;

“Type 2 patient objection” means a request expressed by a registered patient lodged with a GP Practice, that indicates that person identifiable information that relates to the patient must not be disseminated or published by HSCIC;

“withdrawn Type 2 patient objection” means a statement expressed by a registered patient lodged with a GP Practice, that indicates that the patient to whom a Type 2 patient objection applied, no longer wishes for person identifiable information that relates to the patient not to be disseminated or published by HSCIC.

The patient objections information system

2.—(1) The Secretary of State directs HSCIC to establish and operate a system for the collection and analysis of patient objections information.

(2) In exercising the functions conferred by, and in accordance with, these Directions, HSCIC must take the steps described in sub-paragraph (3) in relation to patient objections information.

(3) The steps referred to in sub-paragraph (2) are that HSCIC must —

- (a) identify patient objections information in a GP Practice that relates to a particular registered patient in relation to whom there is a Type 2 patient objection or withdrawn Type 2 patient objection;
- (b) collect the patient objections information described in sub-paragraph (3)(a) from the GP Practice where the information is held;
- (c) analyse the information described in sub-paragraph (3)(a) by linking the information with other person identifiable information held by HSCIC which must include the NHS number that relates to the registered patient referred to in sub-paragraph (3)(a);
- (d) hold information to which sub-paragraph (3)(b) applies, and information obtained from the analysis described in sub-paragraph (3)(c), securely from other information held by HSCIC.

(4) The Secretary of State may, in a notice in writing to HSCIC, specify—

- (a) further steps that HSCIC must take in relation to the information obtained from the analysis described in sub-paragraph (3)(c); or

(b) the form, manner and timing of any dissemination of the information required by such a notice under sub-paragraph (4)(a).

(5) The Secretary of State must specify, in a notice in writing to HSCIC, the first date when HSCIC is to collect patient objections information pursuant to sub-paragraph (3)(b).

(6) HSCIC must establish a procedure to ensure that patient objections information is collected and analysed in accordance with sub-paragraph (3) in a timely manner, as far as reasonably practicable.

Systems delivery functions

3.—(1) The Secretary of State directs HSCIC to exercise such systems delivery functions of the Secretary of State as are expedient to enable it to carry out the functions described in paragraph 2.

(2) The Secretary of State may make payments to HSCIC for things done in the exercise of the function described in sub-paragraph (1).

Policies or guidance of the Secretary of State

4. In exercising any function described in these Directions, HSCIC must act in accordance with such priorities, policies, advice or guidance of the Secretary of State as the Secretary of State may notify in writing to HSCIC.

Signed by the Secretary of State for Health



Date

8.10.15.

Parliamentary Under Secretary of State
Department of Health

