

BBOLMC Guidance on practices releasing personal patient information to PCTs

This statement has been agreed with BBOLMC, in response to concerns from practices about PCT requests for personal patient information

The default position is still to use anonymised data unless it is impossible to do so.

Please see the NHS Confidentiality Code of Practice (2003) at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

The Code deals with the care and use of personal patient information.

The principle of proportionality is used to balance patient risk and public benefit

The Code permits practices to pass un-anonymised personal patient information to PCTs without individual patient consent when all 4 conditions below are met:

- It is impractical to obtain individual patient consent
- The information is needed for the PCT to perform its planning and commissioning function
- The likelihood of detriment to the patient from information disclosure is negligible
- PCT use of the information is subject to a strictly enforced internal PCT confidentiality policy

PCT Obligations agreed with BBOLMC

- Anonymised data should be requested where possible (the default position)
- Where information is requested by the PCT, and this involves data extraction using a MIQUEST query, the practice must be supplied with an easily understood description of what will be extracted, before they give permission for the query to be run
- The PCT should explain clearly why the data is required
- Data that can be obtained elsewhere should not be requested from practices
- All PCT requests involving disclosure of personal patient information should be assessed and passed by the PCT Caldicott Guardian before being sent to practices
- All PCT staff must comply with the NHS Code of Practice (paragraph 18, page 12)
- All PCT requests must comply with the NHS Code of Practice
- Requests for information should be limited in volume
- Deadlines for return of information should not be unreasonably short

Important sections of the 2003 Code

Because it has been so contentious, BBOLMC has highlighted below where the Code deals with situations where the purpose of information exchange is not directly concerned with the healthcare of the patient, but the PCT feels it is required for its function

- Page 12: paragraph 17
- Page 19: 4th and 7th Q+A
- Page 31: Algorithm B2
- Pages 38 and 39

Patient consent is dealt with on page 12

A second DOH Guidance document (lawyer scrutinized) was produced in 2005 after consultation with the GPC: "Confidentiality and Disclosure of Information: General Medical Services (GMS), Personal Medical Services (PMS), and Alternative Provider Medical Services (APMS) Code of Practice 24 March 2005"

See:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107303?IdcService=GET_FILE&dID=4952&Rendition=Web

The 2005 code is an interpretation of the 2003 code, but tailored to general practice

There are directions requiring it to be complied with by PCTs in their dealings with APMS, GMS and PMS practices.

Paragraphs 30 to 32 are useful.

Paul Roblin
CEO of BBOLMC
17/5/09