Data Provision Notice

For NHS Health Check for adults aged 40-74 years

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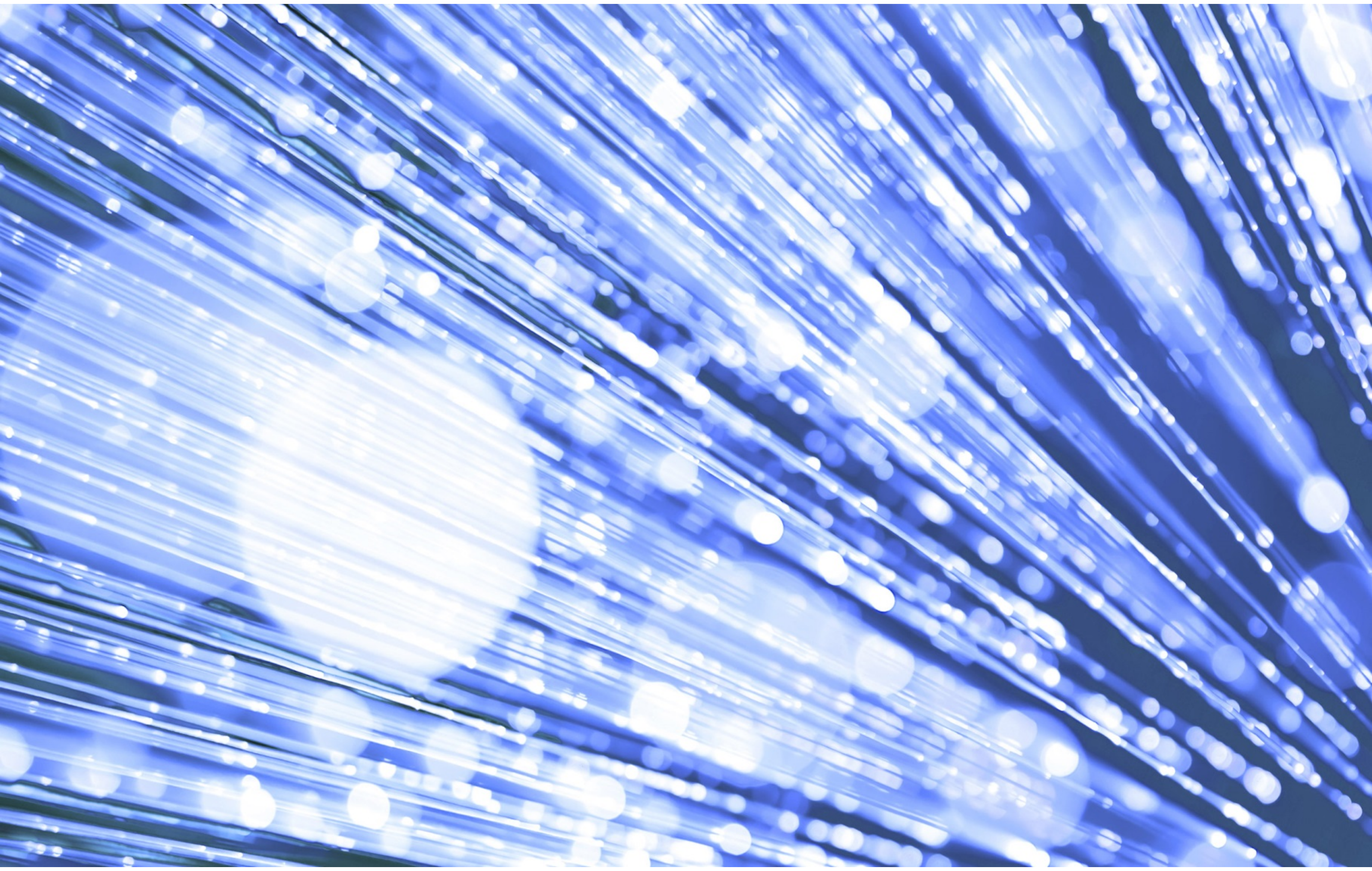

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Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre now known as NHS Digital and hereafter referred to by this name, 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 and Social Care (DHSC) (on behalf of the Secretary of State for Health) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, is required to support a direction from Public Health England (PHE) (on behalf of the Secretary of State for Health) to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

Public Health England (PHE) wishes to collect general practice data on the NHS Health Check for adults aged 40-74 years (referred hereafter to as the ‘NHS Health Check’). The NHS Health Check is aimed at adults in England aged 40-74, who are invited to attend at five-yearly intervals. The NHS Health Check is intended to check vascular and circulatory health, and it is used to calculate a person’s risk of developing certain preventable illnesses.

Collecting this information will allow PHE to monitor and evaluate the NHS Health Check programme and inform better decisions on its delivery. The purpose of the collection is to monitor access to and uptake of the programme by different populations, the quality of implementation and the impact on population outcomes. This will help to focus and optimise the programme locally and nationally. PHE wishes to use these data to:

- Understand the variation of uptake across areas; for example: by local authority, Clinical Commissioning Group (CCG) and across different demographic groups
- Understand the variation in implementation of the programme across different areas
- Assess the impact of NHS Health Checks and outcomes of patients following their interaction with the programme.

The analysis will be used to assess the performance and benefits of the programme, so that its future direction can be decided.

PHE may, in future, use this data to track how the NHS Health Check programme has made a difference to the long-term health of patients. To do this PHE will be required to seek approval from the Independent Group Advising on the Release of Data (IGARD) to link the information collected with other information such as hospital records. To allow the potential for linkage at a later stage NHS Digital will keep a copy of the patient identifiers. It is anticipated that the linkage, subject to approval, would be carried out by NHS Digital, with the data being pseudonymised before it is shared with PHE.

Benefits of the collection

PHE seeks to improve the overall effectiveness of the NHS Health Check programme, leading to improved health outcomes for patients.

Collecting data on key patient characteristics will allow PHE to identify any inequalities of access to the programme so that focus can be placed on targeting such groups of patients. This should improve the uptake in seldom reached areas, leading to an improvement in patient health in such communities.

The data collected will be analysed by PHE and reports of the main findings will be available on the NHS Health Check webpage. The data will also be analysed to inform PHE’s partners and other professionals involved in the programme, including the Department of Health and Social Care (DHSC), commissioners and professional groups who provide NHS Health Checks.

Legal basis for the collection, analysis, publication and dissemination

NHS Digital has been directed by PHE (on behalf of the Secretary of State for Health) under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the Direction is published here.

This information is required by NHS Digital under section 259(1) of the Health and Social Care Act 2012. In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS Digital 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 NHS Digital duty under section 259(8).

Duty of transparency

As NHS Digital is collecting patient identifiable data (that is: confidential / personal information is leaving the general practice), general practices, as data controller of their patients’ data, have a legal duty to provide patients with fair processing information. This is in line with the first principle of the Data Protection Act 1998[1], which requires organisations, including those in the NHS, to process personal data lawfully and fairly.

NHS Digital has issued a Privacy Notice[2] for this data collection. This Privacy Notice ensures that NHS Digital meets its legal duty in line with the Data Protection Act 1998 and supports general practices in meeting their legal duty in line with the Data Protection Act 1998. It is intended that general practices will be able to link to the information included in this Privacy Notice in performing their legal duty in providing adequate fair processing information to their patients.

To meet fair processing responsibilities for this data collection, general practices are required to:

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[1] http://www.legislation.gov.uk/ukpga/1998/29/contents

[2] https://digital.nhs.uk/services/general-practice-gp-collections/service-information/nhs-health-checks

- Inform their patients how their personal data will be used (including what type of data will be used) and for what purpose(s) their personal data will be used
- Reassure their patients that their personal data will remain safe and confidential and will be used only for its intended purpose
- Allow patients to opt-out of sharing their data should they choose to do so.

If patients do not wish their data to be collected, they can contact their GP to register a Type 1 opt-out. This is an objection that prevents an individual's personal confidential information from being shared outside of their general practice except when it is being used for the purposes of direct care, or in particular circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease.

Type 1 objections will be upheld in collecting the general practice data. The data that are disseminated to PHE will be pseudonymised, record level data with all patient identifiers removed. These data will be pseudonymised in line with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Type 2 opt-outs are not applicable to NHS Health Checks. This is because Type 2 opt-outs apply where patients have registered a wish that their patient identifiable data will not be shared by NHS Digital for purposes other than their own direct care. As NHS Digital will not be disseminating any patient identifiable data to PHE, there is no requirement to uphold Type 2 opt-outs.

Persons consulted

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

- The Standardisation Committee for Care Information (SCCI)[3], which included representatives from the UK Data Standards Panel, DHSC, the Medicines and Healthcare Products Regulatory Agency, the National Institute for Health and Care Excellence, NHS Employers, NHS England, NHS Improvement, the Care Quality Commission, NHS Northern Ireland, the Professional Records Standards Body (PRSB), techUK and NHS Digital
- The Joint General Practitioners Committee (GPC) [4] and Royal College of General Practitioners (RCGP) IT subcommittee (also referred to as the Joint GP IT Committee), which is part of the British Medical Association (BMA) GPC and the Royal College of General Practitioners (RCGP).
- The Data Coordination Board which includes representatives from DHSC, the National Institute for Health and Care Excellence, NHS England, NHS Improvement, PHE, Care Quality Commission, Local Government Association, Health Education England, Health Research Authority, Association of Directors of Adult Social Services and NHS Digital.

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[3] SCCI closed on 31 March 2017. The Data Coordination Board (DCB) took over responsibility from SCCI in assuring all data collections, extractions and standards; these new national governance arrangements came into effect from 01 April 2017.

[4] https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee

Scope of the collection

Under section 259(1) of the Health and Social Care Act 2012, this Notice is served on all General Practices in England in accordance with the procedure published as part of NHS Digital's duty under section 259(8) of the Health and Social Care Act 2012.

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

Form of the collection

This data collection will involve the collection of identifiable patient / record data for the following reasons:

1. **To improve the analysis:** Collecting patient / record data will allow a more in-depth analysis of the data in comparison to if only aggregate level indicators were collected. This will allow PHE to look more closely at the outcomes of patients following their interaction with the NHS Health Check programme.
2. **To perform data linkage:** PHE wishes to link the general practice data with secondary care HES data, and possibly Office for National Statistics (ONS) mortality data in the future, to track patient outcomes and determine what happens to patients before and after an NHS Health Check has been completed (or declined or if the patient did not attend).
3. **To simplify the collection:** The NHS Health Check covers a range of different areas and if General Practice Extraction Service (GPES) were to collect aggregated level indicators, as opposed to collecting patient / record data, there would be numerous (likely to be tens of thousands) indicators once any breakdowns (such as age, sex, ethnicity) were accounted for.

The collection will include patients aged 18 years or over, even though the NHS Health Check concerns adults aged 40-74 years. The reason for this is that there is evidence to suggest that some groups of patients are invited at a younger age than the average population and outside of the formal age group that the NHS Health Check is aimed at (that is: individuals aged 40-74 years).

By looking for patients over the age of 18 years, PHE can isolate where patients are being invited at a younger age than the formal age group that the NHS Health Check is aimed at. It will help PHE to understand if the NHS Health Check programme is being delivered appropriately, and if tailoring it to these groups would be an appropriate strategy.

There will be four patient cohorts for which data will be collected for:

- Cohort 1: registered patients aged 40-74 invited to an NHS Health Check only
- Cohort 2: registered patients aged 40-74 years who either commenced, completed (by a GP or third party), declined or did not attend an NHS Health Check
- Cohort 3: registered patients aged 40-74 years for whom an NHS Health Check was inappropriate
- Cohort 4: registered patients aged 18-39 years who have either been invited for an NHS Health Check and / or completed an NHS Health Check.

Manner of the collection

Data will be collected via GPES (see Appendix A: List of agreed metrics), which will involve the appropriate data being collected from general practices' clinical IT systems. The NHS Digital GP Collections webpage[5] provides further information on GPES.

The data that are disseminated to PHE will be pseudonymised patient / record data with the key patient identifiers (that is: postcode, date of birth and NHS Number) removed. PHE requires certain potential identifiers (for example: year of birth, gender, first language, ethnicity, indices of deprivation, and so on) in order to perform its analysis. Note that the data will be disseminated in the least identifiable form where possible (for example: year of birth will be used instead of date of birth and Lower Super Output Area (LSOA) will be used instead of postcode). A unique pseudonymised ID for each patient will be created by NHS Digital and provided in the data that are disseminated to PHE.

Period of the collection

The first extract is scheduled to take place in June 2018. This will cover data from 1 April 2009 up to 31 March 2018. PHE will evaluate the usefulness of the extraction prior to considering future collections of data.

The GP Collections Timetable 2018-19 provides further details of when this data collection will take place. Please note that this timetable is a live document and is frequently edited to reflect changes to the GPES collection schedule; users are advised to check this regularly for updates.

Data Quality

Data quality will be checked against the standard six data quality characteristics, which are: coverage, completeness, validity, default, integrity and timeliness, as per the requirements of the customer.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

NHS Digital 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 sections 253(2)(a) and 265(3) of the Act, NHS Digital 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 Data Standards and Assurance Service (DSAS) who carry out a Detailed Burden Assessment (DBA) and report findings and recommendations, as part of the overarching Data Coordination Board (DCB) (formerly Standardisation Committee for Care Information (SCCI)) process. The DCB oversees the development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

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[5] http://systems.digital.nhs.uk/gpcollections

Detailed burden assessment findings

Assessed costs

The associated burden of the data collection is:

Burden on providers	£34k £129k	Based upon 7,800 GP practices. 4 minutes per GP practice manager 15 minutes per practice for fair processing.
Set up costs for the data collection	£337k	Includes NHS Digital and supplier costs, representing a maximum estimate.
Other costs of the data collection	£50k	This covers the expected general practice system supplier costs as well as the GPES running costs.
Total costs	£550k	Overall, total burden of GPES collection.

Help us to identify inappropriate collections

NHS Digital's Challenging Burden Service (CBS) offers a Collection Referral Service which is a simple and confidential way to allow data providers to refer data collections they feel would benefit from further scrutiny.

For more details and information on how to refer a collection, please visit: http://content.digital.nhs.uk/article/6183/Collection-Referral-Service

Appendix A: List of agreed metrics

The patient / record data that will be included in the NHS Health Check Data collection may be found in NHS Health Checks for adults aged 40-74 years - Business Rules:

https://digital.nhs.uk/services/general-practice-gp-collections/service-information/nhs-health-checks

For further information

www.digital.nhs.uk

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