

4W25 Quarry House
Quarry Hill
Leeds
LS7 2UE
tim.kelsey@nhs.net
0113 825 0674

Dr Sarah Wollaston MP, Chair
Health Committee
House of Commons
London
SW1A 0AA

30 July 2015

Sent via email

Dear Sarah

I was asked to provide an update on a *Daily Mail* article entitled 'Privacy storm over GP visits' which was published on 20 July 2015.

Since its launch, the Prime Minister's Challenge Fund (PMCF) has invested £175m across 57 schemes to help improve access to general practice and stimulate innovative ways of providing primary care services. This is benefitting over 18m patients across more than 2500 practices as GPs test extended opening hours, improve ways for patients to access services and design new services.

Currently data on patterns of access in general practice is not available nationally. This contrasts with other parts of the health service. Effective evaluation of the PMCF schemes is essential to ensure good value for money and help shape future service provision to improve access for everyone in the country.

There are three key areas required to measure the impact and benefits:

- The volume of appointments
- The type of appointments
- The utilisation of appointment slots

At the moment, General Practice staff are analysing patient data locally and providing aggregate returns for evaluation which are anonymous – a process which is slow, costly and gives rise to variation in data quality. As a result, NHS England was asked by some of those GPs participating in the PMCF schemes, if we could develop a simpler method - an automated extraction of data and subsequent aggregation through the Health and Social Care Information Centre (HSCIC) on their behalf.

In light of this request, NHS England approached the HSCIC to consider options and a letter was sent on 19 June 2015 to the four contractors who manage GP software systems inviting them to discuss the feasibility of such a data extraction.

The request, and an accompanying draft specification, was for de-identified data – including, for example, the first three letters of the postcode (in order to risk adjust for deprivation) and the year of birth. There was never any proposal to collect confidential data. In all cases, the GP – as data controller – would have had to authorise the extraction of data from the practice system and would have needed to manage the fair processing of their patients as necessary under the terms of the Data Protection Act.

On 10 July a decision was taken not to proceed with the proposal because, even though it had been requested by PMCF GPs, there was a risk it could be perceived as at odds with NHS England's public commitment that there will be no national extraction of patient data from general practice – even de-identified, as in this case – until after Dame Fiona Caldicott has reviewed the care.data pathfinders and the new standard of fair processing for secondary uses of this data has been clarified. In addition, the software suppliers said they did not have the technical capability to undertake the PMCF extraction.

No extraction ever occurred, nor was any formal direction made to HSCIC or the suppliers.

PMCF participants will continue to provide aggregate data returns directly. The National Information Board has made improvement of access to data assets in health and care – including for GPs - one of its key priorities and will be announcing a comprehensive implementation strategy later this year.

Please do not hesitate to come back to me if there are any further queries.

Yours sincerely

A handwritten signature in black ink, appearing to read 'TK', with a long horizontal stroke extending to the right.

Tim Kelsey
National Director for Patients & Information
NHS England

cc Rosamond Roughton