Data Protection and Information Security Policy

This practice is committed to complying with the Data Protection Act 2018, the United Kingdom General Data Protection Regulation (UK GDPR), GDC, NHS and other data protection requirements relating to our work. We only keep relevant information about employees for the purposes of employment and about patients to provide them with safe and appropriate health care. This policy forms part of an Information Governance document suite and the other related policies and procedures are listed at the end of this policy. All data protection and information security policies procedures and risk assessments are reviewed annually in iComply.

The person responsible for data protection and information security is the Information Governance Lead, Rajinder Khela

Data protection officer (DPO)
NHS practices: Our DPO is the Information Governance Lead, Rajinder Khela

Pseudonymisation
Pseudonymisation means transforming personal data so that it cannot be attributed to an individual unless there is additional information.

- Pseudonymisation – the data can be tracked back to the original data subject
- Anonymisation – that data cannot be tracked back to the original data subject

Examples of pseudonymisation we use are:

- We never identify patients in research, patient feedback reports or other publicly available information
- When we store and transmit electronic data it is encrypted and the encryption key is kept separate from the data

Data breaches
We report certain types of personal data breaches to the relevant supervisory authority within 72 hours of becoming aware of the breach, where feasible. If the breach results in a high risk of adversely affecting individuals' rights and freedoms we also inform those individuals without undue delay. We keep contemporaneous records of any personal data breaches, whether or not we need to notify. For our data breach notification procedures see Information Governance Procedures (M 217C).

Your data rights

Right of Access
Individuals have the right to access their personal data and supplementary information. The right of access allows individuals to be aware of and verify the lawfulness of the processing. If an individual contacts the practice to access their data, they will be provided with, as requested:

- Confirmation that their data is being processed
- Access to their personal data
- Any other supplementary information about your rights as found below and in our Privacy Notices (M 217T), (M 217TS) and (M 217TC)

Right to erasure
The right to erasure is also known as 'the right to be forgotten'. The practice will delete personal data on request of an individual where there is no compelling reason for its continued processing. The right to erasure applies to individuals who are not patients at the practice. If the individual is or has been a patient, the clinical records will be retained according to the retention periods in the Record Retention Schedule (M 215A) and after the periods stated can be deleted upon request.

Right of rectification
Individuals have the right to have personal data rectified if it is inaccurate or incomplete.

Right to restriction
Individuals have a right to 'block' or suppress the processing of their personal data. If requested, we will store their personal data, but stop processing it. We will retain just enough information about the individual to ensure that the restriction is respected in the future.

Right to object
Individuals have the right to object to direct marketing and processing for purposes of scientific research and statistics.

Data portability
An individual can request the practice to transfer their data in electronic or in another format.

Data protection by design
We implement technical and organisational measures to integrate data protection into our processing activities. Our data protection and information governance management systems and procedures take data protection by design as their core attribute to promote privacy and data compliance.

Data Protection Impact Assessment (DPIA)
To identify the most effective way to comply with their data protection obligations and meet individuals' expectations of privacy, we undertake a DPIA for any projects likely to pose a risk to personal data, in line with our Information Governance Procedures (M 217C).

Information security
Information Governance Procedures (M 217C) includes the following information security procedures:

- Team members follow the 'Staff Confidentiality Code of Conduct', which clarifies their legal duty to maintain confidentiality, to protect personal information and provides guidance on how and when personal or special category data can be disclosed
- How to manage a data breach, including reporting
- A comprehensive set of procedures, risk assessments and activities to prevent the data we hold being accidentally or deliberately compromised and to respond to a breach in a timely manner
- The requirements and responsibilities if team members use personal equipment such as computer, laptop, tablet or mobile phone for practice business

Regular review
This policy and the data protection and information governance procedures it relates to are reviewed annually with iComply.

iComply related policies and procedures

M 215 - Record Retention Overview
M 216 - Data Protection Overview
M 216A - GDPR and Data Protection Action Plan
M 217C - Information Governance Procedures
M 217M - Physical Security Risk Assessment
M 217N - Business Impact Analysis
M 217S - Legitimate Interests Assessment
M 217T - Privacy Notice for Patients
M 217TS - Privacy Notice for Staff
M 217TC - Privacy Notice for Children
M 233-CON - Confidentiality Policy
M 233-REM - Record Management Policy
M 215A - Record Retention Schedule

M 255 - Disaster Planning and Emergency Procedures Arrangements

Further information
Information Commissioner www.ico.org.uk, GDPR Regulation