



National Asthma and COPD Audit Programme (NACAP)

Primary Care Audit – Fair Processing Information/Privacy Policy

Version 7.2: September 2021

The [Healthcare Quality Improvement Partnership \(HQIP\)](#) are the data controllers for all data collected and reported on by the NACAP primary care audit. All data collected by the audit programme are processed to ensure patient confidentiality is maintained. Data processors include:

- **Secure Anonymised Information Linkage (SAIL) databank** – who provide access to anonymised data from general practices
- **Imperial College London** – who provide statistical data analysis services
- **Data Health and Care Wales (DHCW)** – who provide data reporting services for general practices
- **Royal College of Physicians (RCP)** – who run the audit and produce national and local reporting outputs

Approvals and legal basis

Common Law Duty of Confidentiality

This audit is not subject to Common Law Duty of Confidentiality as all data collected are pseudonymised at source and cannot be used to identify any individuals. Neither Confidentiality Advisory Group (CAG) approval nor patient consent is required. More information about the audit data flows (also outlined below) and the data queries (including the Read codes that will be used) is available via the [audit resources page](#). Patient information sheets and posters are also available via this link.

General Data Protection Regulation (GDPR)

The primary care audit's legal basis under GDPR is:

- **Article 6 (1) (e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.** This is justified through commissioning arrangements which link back to Welsh Government and other national bodies with statutory responsibilities to improve quality of health care services.
- **Article 9 (2) (i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.** This is justified as the primary care audit aims to drive improvements in the quality and safety of care and to improve outcomes for people with asthma and chronic obstructive pulmonary disease (COPD).

Specific approval for NACAP to conduct this audit via the SAIL databank was given under project **1371 – National Asthma and COPD Audit Programme**.

Data flows

Data will be collected in October 2021 for the period 1 April 2020 – 30 September 2021*. No patient identifiers are collected or held by any of the data processors, as the data are pseudonymised at source. The Royal College of Physicians (RCP) has engaged with the Secure Anonymised Information Linkage (SAIL) databank to access data required for this audit. SAIL holds agreements with individual GP practices in Wales to host their data for research purposes. Anonymised patient level data are held by SAIL on a secure server and only organisations who are given specific approval by the SAIL Information Governance Review Panel (IGRP) approval process can access it.

Imperial College London, on behalf of the RCP, access anonymised data via the SAIL secure server for analysis and processing. Aggregated/analysed data are then transferred to RCP to produce national and Local Health Board (LHB) level reports. Aggregated/analysed and pseudonymised practice level data are transferred to Data Health and Care Wales (DHCW) for production of the Primary Care Information Portal. These practice-level reports are made available to each individual practice via the DHCW Primary Care Information Portal, but are **not** made publicly available. Only aggregate data will be presented, and no information will be released that could be used to identify individuals.

* Previously, data has been collected for periods:

- 1 April 2017 – 30 September 2018 (published in March 2020), and
- 1 October 2018 – 31 March 2020 (published in March 2021).

Data for these rounds of the audit were extracted by Informatica Services Ltd.

Third party data requests

Third party organisations may also request to use aggregated/anonymised data, at Local Health Board (LHB) and/or cluster level, for research, audit and service evaluation purposes. The main use of data will always be to improve care and services for people with asthma and COPD. NACAP will not share any of these data unless the appropriate legal, ethical and security arrangements are in place to keep it safe and secure. Requests for individual practice level data may additionally require approval via the SAIL IGRP process.

Data retention

Data will be retained by NACAP over the period that the audit continues to operate. This will allow post-audit queries to be answered, outstanding longitudinal analyses to be completed and for third party data requests to be approved and completed. In addition, the [Information Governance Alliance \(IGA\)'s Records Management Code of Practice for Health and Social Care 2016](#) specifies that clinical audit records must be kept securely for a minimum period of 5 years after the audit has been completed and if the NACAP closes in the future, this requirement will be considered by NHS England and the Welsh Government and appropriate arrangements made as required.

Primary care audit fair processing information/Privacy Policy | V7: August 2021

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Saying 'no thank you'

National clinical audit works best when it includes information about as many patients as possible. Under GDPR, patients have the right to object to secondary uses of their personal data. If a patient does not want their information to be included in subsequent audits/equivalent activity, they are advised to speak to a member of their general practice team, who will record the patient's wishes using a specific code in the patient's record. Declining to have their information included in the audit will not in any way affect the care or treatment a patient receives. Patients should be aware that their data may be accessed via the SAIL system, aggregated and used in reports prior to them withdrawing their consent for secondary use of their data.

Any pre-existing opt-outs/objections that have been recorded will be honoured by this audit. Patient records will be excluded where either of the following scenarios exist:

- The patient has an instance of 'Informed dissent for national audit' – **except** where there is a more recent instance of 'Informed consent for national audit'
- The patient has an instance of 'Dissent from secondary use of general practitioner (GP) patient identifiable data' – **except** where there is a more recent instance of 'Dissent withdrawn for secondary use of GP patient identifiable data'

The codes for each of these entries are shown below:

- 9M1 – Informed dissent for national audit
- 9M0 – Informed consent for national audit
- 9Nu0 – Dissent from secondary use of general practitioner (GP) patient identifiable data
- 9Nu1 – Dissent withdrawn for secondary use of GP patient identifiable data
- 9Nu4 – Dissent from disclosure of personal confidential data by Health and Social Care Information Centre (HSCIC)
- 9Nu5 – Dissent withdrawn from disclosure of personal confidential data by HSCIC

Right to complain to a supervisory body

If a patient thinks that their information is being used inappropriately, they have the right to complain to the [Information Commissioners Office](#) (ICO).

If you have any queries regarding the processing of data as part of this audit, please contact a member of the audit team at nacap@rcp.ac.uk.