GP PRIVACY NOTICE

How Springfield Surgery uses, shares and protects patient information

Practice	Springfield Surgery, Springfield, Elstead, Godalming, Surrey, GU8 6EG
Telephone / website	01252 703122 | www.springfieldelstead.nhs.uk
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Next review	Proposed 12 months after formal approval, or earlier if legal or service arrangements change

At a glance

We keep health records to provide safe NHS care. We share relevant details only with people and services that have a lawful reason to use them. We also use information to run services, safeguard people, meet legal duties and, under additional rules, support planning and research.

We record communication and reasonable adjustment needs so that staff can make care more accessible. We explain below how the Reasonable Adjustment Digital Flag works and how to raise an objection.

You can ask for a copy of your information, tell us if something is wrong, raise concerns about sharing or make a complaint. Most requests can be made by contacting the practice.

1. Who we are and how to contact us

Springfield Surgery provides NHS general practice services and is a data controller for personal information it uses for its own healthcare and practice functions. Other NHS organisations may be separate or joint controllers for their own functions. A technology supplier processing data solely on our instructions is a processor; a recipient is not automatically our processor.

Contact the Practice Manager at Springfield Surgery, Springfield, Elstead, Godalming, Surrey, GU8 6EG, telephone 01252 703122. Our website is www.springfieldelstead.nhs.uk. For enquiries for our Data Protection Officer (DPO), contact the practice using these details and ask for the current DPO contact route.

2. What information we hold and where it comes from

We collect names, addresses, contact details, date of birth, NHS number, next-of-kin and carer details, appointments and correspondence, relevant preferences, and information needed for NHS registration, administration and payments.

Your clinical record may include symptoms, diagnoses, test results, prescriptions, referrals, letters, treatment plans, care needs, safeguarding information, photographs and consultation recordings or transcripts where clinically appropriate. It may include special category information about health, disabilities and other sensitive circumstances when necessary for care.

Information may be provided by you or your representative; recorded by practice staff; or received from hospitals, pharmacies, NHS 111, community and mental health services, social care, other GPs, national NHS services or people legitimately involved in your care. We aim to record only what is relevant, accurate and necessary.

3. Why we use information and the lawful basis

For NHS individual care and related administration, the usual UK GDPR lawful basis is Article 6(1)(e) (public task). If health or disability information is involved, Article 9(2)(h) (health or social care) applies, supported by Schedule 1, Part 1, paragraph 2 of the Data Protection Act 2018 and professional confidentiality protections under UK GDPR Article 9(3) and section 11 of that Act.

Other activities can require different legal grounds. Processing necessary to meet a legal duty may rely on Article 6(1)(c); particular public health, safeguarding, scientific research, claims, or legal disclosures must have their own appropriate Article 9 condition where special category information is involved. Where we rely on UK GDPR consent for a particular optional activity, we will explain this and how it can be withdrawn.

Our purposes include assessing and treating you, keeping records, coordinating referrals and prescribing, supporting accessible care, providing screening and vaccination programmes, managing appointments, assuring quality and patient safety, meeting NHS contractual obligations, handling complaints, protecting people from harm, and meeting statutory reporting requirements.

4. Confidentiality and when information is shared

We respect the common law duty of confidentiality as well as data protection law. For direct care, relevant confidential patient information may be shared with professionals involved in caring for you on the basis of implied consent under the common law, where sharing is within reasonable expectations and you have not objected. That implied consent is not our UK GDPR lawful basis. A different justification can be required when information is shared for purposes beyond your individual care.

We share the minimum reasonably necessary information with authorised recipients, such as NHS trusts, community nurses, pharmacies, NHS 111, ambulance services, GP networks, social care, care homes and specialist teams when they are involved in your care. Some recipients are independent controllers. Appropriate agreements, access restrictions and secure transfer arrangements apply.

Where information is required by law, or necessary to prevent serious harm or protect a child or adult at risk, limited information may be disclosed without seeking consent if the legal and confidentiality tests are met. Requests from police, insurers, solicitors, regulators and other third parties are assessed individually; they do not receive automatic access.

5. Reasonable adjustments, accessible information and the national digital flag

Under the Equality Act 2010 and NHS standards, the practice aims to ensure that disabled patients can access healthcare fairly. We identify, record, flag, share, meet and review individual requirements, including communication support, alternative formats, appointment arrangements, physical access needs or other reasonable adjustments. We discuss needs with you where possible and seek to keep the record accurate and up to date.

When relevant to direct care, an authorised professional may access or update information through the NHS Reasonable Adjustment Digital Flag (RADF), a national record designed to make required adjustments visible across health and publicly funded social care services. It can contain a flag and relevant details of needs or adjustments. Only the information necessary to arrange safe and accessible care should be recorded and shared.

The practice's normal UK GDPR grounds for this direct-care processing are Article 6(1)(e) and Article 9(2)(h), together with Data Protection Act 2018 Schedule 1, Part 1, paragraph 2, Article 9(3) and section 11 confidentiality

safeguards. Direct-care disclosures may meet the common law duty of confidentiality by implied consent when the conditions for that approach are met. Implied consent is separate from the UK GDPR lawful basis.

Please tell us if any recorded adjustment is wrong, no longer needed or not helpful, or if you object to information being shared through the national flag. We will record and consider your objection, explain any possible impact on care and apply the relevant objection procedure. An objection to the national flag does not mean necessary clinical notes are deleted from your GP record. In exceptional circumstances a separate legal justification may permit or require disclosure. We will consider capacity and representation in line with applicable law.

The national RADF standard is DAPB4019 version 2 (published 19 December 2025; full conformance date 30 September 2026). Communication needs are also addressed by NHS England's Accessible Information Standard DAPB1605 (updated in 2025).

6. National and local systems used for direct care

Summary Care Record (SCR)

The SCR makes important information from your GP record available to authorised NHS staff who need it for your care, particularly when your full record is not available. The record can include medicines, allergies and additional information such as significant conditions and communication requirements. You can ask the surgery to change your SCR preference or opt out of the SCR; this is separate from the National Data Opt-out.

GP Connect, shared care records and the Surrey Care Record

NHS systems can allow appropriate professionals caring for you to view relevant GP information securely. The Surrey Care Record is a local shared care arrangement used to support joined-up care in Surrey. Access should be limited to authorised users with a legitimate care relationship and recorded in audit logs. We consider objections in accordance with the applicable local arrangements and legal duties.

NHS Surrey Heartlands ICB and NHS Sussex ICB merged on 1 April 2026 into NHS Surrey and Sussex ICB. The new ICB is responsible for local commissioning and relevant functions previously carried out by the former organisations. Different services may have different data controller arrangements, which we can explain on request.

7. Appointments, messages, calls and digital tools

We use secure practice systems to administer appointments, prescriptions, care communications and referrals. Where you have supplied contact details, we may send appointment reminders, results or messages relevant to your health by text, NHS App messaging, telephone, post or email. We will take account of recorded communication needs and reasonable adjustments; please tell us if your details change or you prefer an alternative route.

Incoming and outgoing calls may be recorded through the practice telephone service for care, service administration, safety and quality assurance. Access and retention must be limited to what is justified and covered by the practice's approved retention schedule.

Accurx Scribe / ambient voice technology

Where the practice uses Accurx Scribe or another approved ambient scribe to help prepare consultation notes and correspondence, staff must tell patients at the start of the consultation, explain its purpose and respect a patient's request not to use it. It assists with drafting; a clinician reviews and corrects any output before placing relevant information in the clinical record. Clinical decisions remain with the professional and patient. You can ask the practice for information about the relevant supplier, processing location and how long temporary consultation material is retained.

8. Planning, research, audits and patient choices

Information can be used to plan services, monitor quality, manage population health, support public health and undertake research where lawful. Where possible we use anonymised or properly aggregated information that no longer identifies you. Pseudonymised data may remain personal information under data protection law.

Use or disclosure of confidential patient information for purposes beyond direct care needs an appropriate lawful and confidentiality basis, for example explicit patient consent or a statutory gateway such as support under the Health Service (Control of Patient Information) Regulations 2002 where applicable. Specific national directions may require some submissions. Relevant national and local opt-outs must be applied unless a recognised exemption applies.

Type 1 opt-out and National Data Opt-out

A Type 1 opt-out is recorded through your GP practice and, where applicable, restricts certain uses or disclosures of confidential information from GP records for research and planning. The National Data Opt-out is a separate NHS-wide choice about confidential patient information being used for research and planning. Neither is a general opt-out from information necessary for your individual care, and legal exceptions may apply. Contact us about a Type 1 opt-out or visit www.nhs.uk/your-nhs-data-matters/manage-your-choice/ for the National Data Opt-out.

9. How long we keep information

We retain and securely dispose of records in accordance with the current NHS Records Management Code of Practice and other legal or clinical requirements. The principal GP record normally follows the patient between practices and is retained throughout life and for at least ten years after death; other categories of record have different retention periods. Records subject to investigations, complaints, legal holds or other duties may need longer retention. We do not keep data indefinitely without a valid reason.

10. Security, suppliers and overseas processing

We use appropriate safeguards including access permissions, staff confidentiality obligations, secure communication systems, audit trails, training, technical protections and incident management. We seek to ensure that contractors have appropriate data processing and confidentiality arrangements. We assess and manage suspected personal information incidents and make notifications where legally required.

Some approved technology suppliers may process or store information outside the UK. Where international transfers occur, we must apply the relevant UK data protection transfer rules and safeguards. You may request further information about applicable suppliers, locations and transfer safeguards by contacting the practice.

11. Your rights and how to make a request

Depending on the circumstances and relevant exemptions, you can ask to be informed about use of your information, access information held about you, correct inaccurate information, restrict certain processing, object to processing, request erasure in limited cases, or request portability where it applies. Additional safeguards apply to certain decisions made solely by automated means that have a significant effect.

You can make a request verbally or in writing through the practice. We may need to verify your identity and authority, particularly when someone asks on your behalf. We normally respond to valid requests within one calendar month, subject to permitted extensions and exemptions. There is generally no fee for a first subject access request, though a lawful fee may apply in limited circumstances.

Medical records are not automatically erased on request where the practice must keep them for treatment, public interest, record-keeping or legal obligations. If information is factually inaccurate, please tell us; a correction or explanatory note may be added as appropriate.

12. Children, carers, representatives and capacity

Young people may exercise confidentiality and data protection rights in their own right when they have appropriate understanding. Requests by parents, carers or others are assessed according to capacity, legal authority, best interests, confidentiality and safeguarding considerations. An emergency contact or next-of-kin relationship does not by itself give a person full access to a patient's record.

13. Website, cookies and NHS online services

Our website may use essential cookies and other technologies to operate online services. Information about cookies, analytics and other website services should be available through the website's current cookie information, and choices are provided where the law requires them. Access to national services such as the NHS App is subject to the relevant NHS service privacy information as well as our own notice.

14. Complaints and further information

If you are concerned about use or sharing of your information, contact the Practice Manager at Springfield Surgery. You can also raise a data protection complaint directly with the organisation, which must have a process for responding to it. You can ask the practice for the current Data Protection Officer contact details.

You also have the right to complain to the Information Commissioner's Office (ICO), Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, telephone 0303 123 1113, website ico.org.uk. You may contact the ICO even if you have not resolved the issue with us.

We will review the notice after material changes in services, law, providers or information sharing. The date and version of the current notice will be updated when a revised notice is formally approved.

APPENDIX A

Information sharing and processing activities

This appendix sets out each of the 38 activities recorded in the practice's earlier Appendix A (V11), plus a new reasonable adjustments entry. Each activity has a separate Purpose, Legal basis and Recipients / patient choices statement. Current partners, contracts and final scheme-specific lawful bases must be checked before the notice is approved and published.

Important: the bases given below are proposed explanations for the named activities, not a single blanket authorisation to disclose patient data. Where an entry says a basis must be confirmed, the Data Protection Officer should check that arrangement before publication. Consent under the common law duty of confidentiality is a separate question from the UK GDPR basis.

Activity	Purpose, legal basis and sharing arrangements
01. Commissioning, planning, quality and performance	**Purpose:** The practice may use appropriate information to meet NHS contractual requirements, plan services, review quality, measure activity and enable commissioners to understand community healthcare needs. Where practical, datasets are aggregated or anonymised so individuals are not identified. **Legal basis:** Where information is genuinely anonymous, UK GDPR does not apply. For identifiable information used in NHS public-task commissioning or health-service management, the proposed bases are UK GDPR Article 6(1)(e) and, where relevant, Article 9(2)(h), with Data Protection Act 2018 Schedule 1, Part 1, paragraph 2. A mandatory national return may instead require Article 6(1)(c). The basis for each identifiable return must be confirmed. **Recipients / patient choices:** NHS Surrey and Sussex ICB (successor to the former NHS Surrey Heartlands ICB), NHS England and commissioned service partners where applicable. Type 1 and National Data Opt-out choices apply only to uses within their respective scope.
02. Summary Care Record (SCR), including additional information	**Purpose:** A national Summary Care Record allows suitably authorised healthcare staff to see relevant information from the GP record, particularly medicines, allergies and additional clinical information when it is needed for urgent or unplanned care. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. **Recipients / patient choices:** NHS England and authorised professionals involved in your care. You can discuss SCR preferences or opting out with the practice. The National Data Opt-out is not a choice about individual direct care.
03. Research	**Purpose:** The practice may support properly authorised health research. Projects may use anonymised information or, where the particular study justifies it, information that can identify patients. Each study should explain its purpose, recipients, safeguards and relevant patient choices. **Legal basis:** Truly anonymised information is outside UK GDPR. For identifiable research, the Article 6 basis must be selected for the particular project (for example Article 6(1)(e), or Article 6(1)(c) if a legal duty applies). Special-category processing may rely on Article 9(2)(j), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 4, with required safeguards; where valid consent is genuinely the chosen basis, Articles 6(1)(a) and 9(2)(a) may apply. The common law confidentiality requirement is separate and may require explicit consent or a specific legal gateway such as section 251 support. Confirm per study. **Recipients / patient choices:** Approved research organisations and NHS partners. Relevant national and Type 1 opt-outs are respected where applicable; neither opt-out covers every possible research activity.

Activity	Purpose, legal basis and sharing arrangements
04. Individual Funding Requests (IFRs)	**Purpose:** A clinician may need to provide relevant diagnosis, treatment history and clinical reasons for an individual funding request for treatment that is not routinely commissioned. Commissioners use this information to assess the request and reach a decision. **Legal basis:** Proposed bases for NHS assessment and management of care funding are UK GDPR Article 6(1)(e) and Article 9(2)(h), with Data Protection Act 2018 Schedule 1, Part 1, paragraph 2. Any additional statutory disclosure or consent requirement must be confirmed for the particular scheme. A patient agreement to an application is not automatically a UK GDPR consent basis. **Recipients / patient choices:** NHS Surrey and Sussex ICB or the current responsible commissioner. The patient should be told what will be provided, to whom, and how any objection might affect the application.
05. Safeguarding adults	**Purpose:** Where there are concerns that an adult may be at risk of abuse, neglect or serious harm, the practice may share relevant information with safeguarding services or other responsible agencies so risks can be assessed and protective action taken. **Legal basis:** For safeguarding within health or social care, UK GDPR Article 6(1)(e) and Article 9(2)(h) may apply. Article 6(1)(c) may apply to a specific statutory duty. Where reliance is placed on substantial public interest safeguarding, Article 9(2)(g) requires an appropriate Schedule 1 condition, potentially Part 2, paragraph 18 of the Data Protection Act 2018, and applicable safeguards. The exact basis must be decided for the disclosure. **Recipients / patient choices:** Local authority adult safeguarding, relevant NHS teams or police where justified. Sharing without patient consent may be lawful when necessary and proportionate; confidentiality, capacity and risk must be assessed.
06. Safeguarding children	**Purpose:** Information may be shared to identify, assess or respond to suspected abuse, neglect or risks to a child, or to support statutory child protection arrangements. **Legal basis:** Depending on the circumstances, UK GDPR Article 6(1)(e) (public task) or Article 6(1)(c) (a specific legal obligation) may apply, with Article 9(2)(h) for related health/social care or Article 9(2)(g) with an appropriate Data Protection Act 2018 Schedule 1 safeguarding condition, including paragraph 18 where applicable. Confirm case-specific grounds. **Recipients / patient choices:** Children's social care, health protection and safeguarding professionals, and police where justified. Consent is not always needed; the child's welfare, confidentiality and the minimum-necessary principle guide decisions.
07. Risk stratification and preventive care	**Purpose:** The practice may use clinical information to identify people at higher risk of illness, frailty or deterioration and offer assessment, monitoring or preventive healthcare before a condition becomes more serious. **Legal basis:** For case finding as part of direct care, UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. If datasets are combined for population analytics, commissioning or secondary uses, the legal basis and applicable confidentiality gateway must be assessed separately. Pseudonymised data may still be personal data. **Recipients / patient choices:** Practice clinical staff and approved analytical/commissioned teams as relevant. The original V11 notice refers to a risk-stratification objection code; confirm whether that particular option remains available before publishing it as a blanket right.

Activity	Purpose, legal basis and sharing arrangements
08. Public health, screening, notifiable diseases and vaccination programmes	**Purpose:** Data may be used to invite eligible people for national screening or vaccination, record participation and results, support smoking or sexual health initiatives and notify responsible public health bodies of legally notifiable diseases. **Legal basis:** Direct-care services may use Article 6(1)(e) with Article 9(2)(h). Statutory notification duties may rely on Article 6(1)(c), with Article 9(2)(i) (public health) and Data Protection Act 2018 Schedule 1, Part 1, paragraph 3 where applicable. Each screening, immunisation or reporting programme must identify its specific basis and gateway. **Recipients / patient choices:** NHS screening services, NHS England, NHS Surrey and Sussex ICB, UK Health Security Agency and appropriate local public health teams. People may decline many screening invitations, but statutory disease reporting cannot necessarily be opted out of.
09. Direct care: NHS trusts, community services, pharmacies and care providers	**Purpose:** The practice shares relevant medical and care information with professionals involved in referrals, diagnostics, treatment, hospital admissions, community nursing, urgent care, ambulance services, pharmacies or care-home services. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Necessary sharing of confidential patient information may also be supported by common law implied consent when it is within reasonable expectations and the patient has not objected; this is not the UK GDPR lawful basis. **Recipients / patient choices:** Only authorised professionals and services directly involved in your care should access the necessary information. Please raise any concerns about sharing with the practice so they can be considered.
10. Care Quality Commission (CQC)	**Purpose:** The CQC regulates healthcare services and may require records or other information for inspection, monitoring and enforcement in accordance with its statutory functions. **Legal basis:** Where the practice is subject to a valid statutory requirement to provide information, UK GDPR Article 6(1)(c) (legal obligation) is the proposed basis; Health and Social Care Act 2008 section 64 may be relevant. If special-category data is disclosed, an applicable Article 9 condition and any Data Protection Act Schedule 1 safeguards must be identified for the particular request, rather than assumed to be the same for every inspection. **Recipients / patient choices:** Care Quality Commission, acting in its own regulatory capacity (not automatically the practice's processor). Access is limited to the lawful scope of the requirement.
11. Population health management	**Purpose:** Partner organisations may study local disease patterns, inequalities and likely service needs to help target support and plan better care. Individual care needs and population planning must be distinguished. **Legal basis:** Anonymous aggregate statistics are outside UK GDPR. Where personal data is necessary for public-task healthcare management, proposed grounds may include Article 6(1)(e) and Article 9(2)(h), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2. Other analytical, research or public-health schemes require their own documented basis, confidentiality gateway and opt-out review. **Recipients / patient choices:** NHS Surrey and Sussex ICB and authorised commissioned analytical partners. The original notice names Optum; confirm current contracting, governance, identities, patient choices and the minimum identifiable data required.
12. NHS payments and contractual claims	**Purpose:** Registration details and activity/quality information may support NHS practice funding, capitation, Quality and Outcomes Framework payments, enhanced services, vaccination payments and other contractual claims.

Activity	Purpose, legal basis and sharing arrangements
	Legal basis: UK GDPR Article 6(1)(c) may apply where a payment return is required by law; otherwise Article 6(1)(e) may support a public NHS function. Health information, if needed, may be covered by Article 9(2)(h) and the relevant Data Protection Act 2018 condition. The legal basis must be checked for each mandatory return or commissioned payment scheme. **Recipients / patient choices:** NHS England and the relevant NHS commissioning or payment bodies. Only the information necessary for calculating and checking payments should be disclosed.
13. Patient record database and transfers	**Purpose:** The practice records clinical consultations, diagnoses, referrals, tests, prescriptions and other necessary information, maintains a secure electronic GP record, transfers records when patients change practices and arranges approved archiving of closed records. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Legal record-keeping and transfer duties may also engage Article 6(1)(c) for defined requirements, and must be documented in the practice record of processing. **Recipients / patient choices:** Clinical system suppliers, NHS England and Primary Care Support England (PCSE) as applicable. The original appendix named EMIS; confirm current system contracts, access arrangements and retention practices.
14. Medical reports and Subject Access Requests	**Purpose:** Patients can request access to personal records, and may instruct the practice to prepare or send reports to solicitors, insurers or other organisations. Patient access requests are a separate legal process from disclosure to third parties. **Legal basis:** For a Subject Access Request, the practice acts under UK GDPR Articles 12 and 15 and the legal duty of responding to an applicable request (Article 6(1)(c)); no UK GDPR consent is needed to exercise the access right. For an insurance or solicitor report, the lawful Article 6 basis and Article 9 special-category condition (potentially Articles 6(1)(a) and 9(2)(a) for valid explicit consent) must be assessed for the particular disclosure, together with confidentiality rules. **Recipients / patient choices:** The patient, an authorised representative, or specifically authorised third parties. Verify identity and authority, apply statutory exemptions, and send only the correct and requested information.
15. Medicines management and optimisation teams	**Purpose:** Authorised pharmacists and medicines optimisation clinicians may review prescriptions, interactions and medicine safety, suggest changes and support safe treatment and monitoring. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. **Recipients / patient choices:** The practice team, appropriate PCN/ICB medicines optimisation clinicians and commissioned pharmacy professionals. The original appendix named Surrey Heartlands ICB; confirm the service under NHS Surrey and Sussex ICB or another current provider.
16. GP federation, district nursing, extended access, phlebotomy and vaccination services	**Purpose:** Relevant information may be provided to GP federation services and partner clinicians who deliver extended access appointments, video consultations, minor illness services, blood tests, district nursing or vaccinations on behalf of or alongside the practice. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data

Activity	Purpose, legal basis and sharing arrangements
	Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. **Recipients / patient choices:** The former Appendix A names Procare and other partners; confirm the current service provider and whether it is a separate controller or processing on practice instructions.
17. Primary Care Network (PCN)	**Purpose:** The practice may work with its Primary Care Network to provide coordinated appointments, clinical pharmacy, multidisciplinary care and other directly commissioned services for registered patients. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. **Recipients / patient choices:** Current PCN clinicians and partner practices. V11 names East Waverley PCN and Binscombe, Wonersh, The Mill and Cranleigh; verify present membership, services and data-sharing agreements before publication.
18. Smoking cessation services	**Purpose:** Where a patient agrees to receive support, relevant referral details and clinical information may be shared with the smoking cessation service to deliver advice, treatment and follow-up. **Legal basis:** For an NHS care pathway, UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Any distinct public-health or commissioned programme may need a separately documented basis. A patient agreeing to take part is not automatically UK GDPR consent. **Recipients / patient choices:** An approved local smoking cessation service (the V11 provider name requires checking). Explain what is shared when offering the referral and respect relevant patient choices.
19. Social prescribing	**Purpose:** The practice may refer patients to social prescribing link workers for help with wellbeing, community support, practical needs and other non-medical services that support their health and care. **Legal basis:** Where social prescribing forms part of NHS direct care, UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. A referral to an independent community organisation that is not providing direct care may need a separate legal and confidentiality assessment. **Recipients / patient choices:** Current PCN social prescribing link workers or contracted partners. V11 names Procare; verify provider and restrict record access to the needs of the individual service.
20. Police	**Purpose:** Personal information may sometimes be provided to police where a properly assessed request, court order, statutory power or serious safety concern justifies the disclosure. The whole GP record is not routinely provided. **Legal basis:** There is no single basis for every police disclosure. Article 6(1)(c) may apply to a binding legal obligation; another lawful public-task basis may apply when properly justified. For sensitive information, Article 9(2)(g) plus a relevant Data Protection Act 2018 Schedule 1 condition, or a different appropriate Article 9 condition, must be assessed. Article 9(2)(j) is a research condition and is NOT a blanket police-disclosure basis.

Activity	Purpose, legal basis and sharing arrangements
	Recipients / patient choices: The relevant police force, only after checking identity, request, necessity, proportionality and common law confidentiality. Seek DPO/clinical senior advice as appropriate.
21. Coroner	**Purpose:** Where necessary for a death investigation, the practice may provide records or other relevant information to the coroner in response to lawful requests. **Legal basis:** UK GDPR does not protect the deceased person's personal information, although professional confidentiality remains relevant. For information about living relatives or other living people within the records, Article 6(1)(c) may apply where disclosure is legally required; an applicable Article 9 condition is also needed if their special-category data is included. **Recipients / patient choices:** The coroner and authorised coroner staff. Share only what the relevant legal power requires and apply safeguards for living people.
22. Medical Examiner Service	**Purpose:** The practice may make appropriate deceased-patient records available to an authorised Medical Examiner Service for independent scrutiny of deaths and to support accurate certification and patient-safety learning. **Legal basis:** UK GDPR does not apply to the deceased person's own personal data. Any details about surviving relatives or other living people must have a valid Article 6 basis (potentially Article 6(1)(c) for an applicable statutory duty) and an Article 9 condition if their special-category data is processed. The current statutory information-sharing route must be confirmed. **Recipients / patient choices:** The original V11 notice names the Royal Surrey NHS service; confirm the current Medical Examiner Service and information-sharing protocol.
23. Non-commissioned private healthcare providers	**Purpose:** At a patient's request or where another lawful justification exists, relevant information may be sent to a private specialist or other non-NHS healthcare provider to assist assessment, treatment or continuity of care. **Legal basis:** The correct basis depends on the arrangement. Where disclosure forms part of NHS direct care, Article 6(1)(e) and Article 9(2)(h) may apply. Where valid consent is genuinely relied on for separate disclosure, Articles 6(1)(a) and 9(2)(a) may be appropriate. The common law permission to disclose is a separate decision. Confirm each route rather than claiming all private referrals use UK GDPR consent. **Recipients / patient choices:** The named private clinician or authorised organisation only. Check the patient's request and any independent controller arrangements; the former V11 list of brands is illustrative, not an up-to-date provider register.
24. Messaging services: SMS, NHS App and secure communication	**Purpose:** Relevant details, including contact information and limited clinical content, may be processed for appointment reminders, care messages, test-result notifications, invitations and secure exchanges with patients. **Legal basis:** For direct-care and associated practice administration, UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Any separate marketing or non-care campaign activity requires its own lawful basis and applicable electronic marketing assessment. **Recipients / patient choices:** The NHS App and approved communication platform(s); V11 names Accurx. Check current suppliers, patient contact preferences, message security and inclusion of sensitive information.
25. Remote consultations, video and clinical photography	**Purpose:** Patients may be offered secure telephone or video consultations or asked to provide clinical photographs or relevant images for assessment, diagnosis and care. Images are recorded only where clinically appropriate.

Activity	Purpose, legal basis and sharing arrangements
	Legal basis: UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Seeking patient agreement to examination, a photograph or recording for clinical ethics/confidentiality is distinct from selecting the UK GDPR lawful basis. Additional uses, such as teaching or publication, require separate assessment. **Recipients / patient choices:** Current approved remote consultation systems; V11 lists Accurx and Livi. Explain how images are shared, stored and deleted, and apply safeguarding and capacity rules where relevant.
26. Multidisciplinary team (MDT) meetings	**Purpose:** Health and social care staff involved in a patient's care may discuss essential medical and social information to coordinate complex, palliative, long-term-condition or residential care plans. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Common law implied consent may support information sharing for individual care when the conditions are met. **Recipients / patient choices:** Only professionals involved in the care plan, including relevant hospital, community, palliative care or social care teams. The specific MDT participants and secure sharing method should be defined for each meeting.
27. General Practice Extraction Service (GPES) and mandated datasets	**Purpose:** National NHS data collections may include at-risk patient lists, cardiovascular prevention audit, severe mental illness physical health checks and obesity-related audit datasets. The existence and purpose of each extraction may change. **Legal basis:** Where a current lawful NHS England data provision notice or direction requires submission, Article 6(1)(c) may apply; the additional special-category condition (potentially Article 9(2)(h), (g), (i) or (j), depending on the programme) and any Data Protection Act 2018 condition must be identified from that particular current scheme. Do not assume every GPES collection has identical grounds. **Recipients / patient choices:** NHS England and formally authorised programme recipients. Check which named collections are live, which data are identifiable and which Type 1/National Data Opt-out arrangements apply.
28. Medication and prescribing	**Purpose:** Prescriptions and related care information are used by prescribers and pharmacists to supply medicines, support prescription nominations, medication review, urgent care and treatment safety. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. **Recipients / patient choices:** Your chosen pharmacy, NHS electronic prescribing services, authorised pharmacists and treating clinicians. Patients may change a nominated pharmacy through the appropriate NHS process.
29. Professional education and training	**Purpose:** Springfield Surgery trains clinicians and may offer supervised consultations or invite participation in professional education. Some training or assessment may involve making a consultation recording or sharing it with specified assessors. **Legal basis:** Routine care by a supervised clinician can use the direct-care Article 6(1)(e) and Article 9(2)(h) grounds. For a separately optional teaching recording or distribution, a distinct documented basis may be needed: where freely given and fully informed, Article 6(1)(a) and Article 9(2)(a) (explicit consent) may be appropriate. Anonymised teaching material is outside UK GDPR if people cannot reasonably be identified.

Activity	Purpose, legal basis and sharing arrangements
	Recipients / patient choices: Current approved training supervisors/assessment organisations. V11 lists the RCGP, HEE, iConnect and FourteenFish; check current legal entities, contracts and recording retention. Patients must have a genuine choice over optional recording.
30. Telephony and call recordings	**Purpose:** The surgery operates a telephone system that may record calls to help with clinical communication, appointment handling, patient safety, service administration and quality review. **Legal basis:** For a call recording used to support individual care or its administration, UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Broader quality assurance, workforce assessment or other secondary uses require their own documented necessity and lawful-basis assessment and safeguards. **Recipients / patient choices:** V11 names Surgery Connect / X-ON. Confirm which calls are recorded, caller notification, access restrictions, retention period and supplier contract before publication.
31. Learning Disability Mortality Review (LeDeR)	**Purpose:** The LeDeR programme reviews deaths of people with a learning disability and autistic people to identify health inequalities, preventable issues and improvements to care. Relevant information may be supplied to authorised reviewers. **Legal basis:** Records solely about a deceased person fall outside UK GDPR, but confidentiality obligations remain. Any personal information about living individuals must have an Article 6 basis and, where necessary, an Article 9 condition. The precise LeDeR confidentiality gateway, including any current section 251 support or statutory directions, must be checked before disclosure. **Recipients / patient choices:** Authorised LeDeR review teams and relevant NHS bodies. The legal powers, recipient roles and minimum information required should be confirmed for the case.
32. National shared care services, including GP Connect	**Purpose:** National NHS systems enable authorised healthcare professionals to securely access relevant parts of the GP record during direct-care episodes, including out-of-hours care and referrals. **Legal basis:** For individual direct care, UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Separate planning, research or analytics performed via other mechanisms require independent lawful-basis and confidentiality assessments. **Recipients / patient choices:** NHS England systems and authorised health and care services using approved access routes. Patient objections should be assessed under the specific service rules; access should be recorded and auditable.
33. Local shared care record / Surrey Care Record	**Purpose:** The local shared care record can make relevant information available to authorised clinicians and care professionals during emergency, routine or community care, reducing the need to repeat histories and improving coordination. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. A distinct secondary-use analytics purpose must be assessed separately and not treated as direct care. **Recipients / patient choices:** Appropriate local NHS, social care and commissioned partners. V11 names Graphnet, CSH Surrey, Phyllis Tuckwell and other partners; current participants, technical suppliers and objections process must be verified.

Activity	Purpose, legal basis and sharing arrangements
34. Anticoagulation monitoring	**Purpose:** Where patients take certain anticoagulant medicines, the practice may share relevant dose, blood test, monitoring and safety information with the provider running their anticoagulation service. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. **Recipients / patient choices:** The current anticoagulation provider or clinical monitoring system. V11 refers to LumiraDX and INRStar; confirm actual practice systems and any change in provider before publishing.
35. Digitisation of paper medical records	**Purpose:** Paper GP records, including Lloyd George files, may be scanned into secure electronic records so clinical staff can use information safely and the practice can support authorised record transfers and management. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Any legal requirements relating to record retention, transfer or destruction must also be met; digitisation does not by itself require UK GDPR consent where the direct-care basis applies. **Recipients / patient choices:** An approved digitisation supplier acting under appropriate contractual and security controls. V11 names NEC Software Solutions UK Limited; confirm live supplier, quality checks, secure destruction rules and retention arrangements.
36. Advice and Guidance / specialist consultation	**Purpose:** GPs may contact hospital consultants or specialist clinical teams with relevant questions and clinical information before referral. This can support shared decisions and help patients receive appropriate care closer to home. **Legal basis:** UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. **Recipients / patient choices:** Commissioned specialist advice and guidance services and treating clinicians. Only necessary information is transferred using approved NHS clinical channels.
37. NHS England OpenSAFELY data analytics	**Purpose:** OpenSAFELY allows approved analysis of protected GP data within secure technical environments to support authorised research, clinical audit, service evaluation and health surveillance. Approved analysts do not have ordinary unrestricted access to identifiable GP records. **Legal basis:** The current NHS England OpenSAFELY Data Analytics Service Pilot directions and data provision notice identify a legal obligation basis for practices (UK GDPR Article 6(1)(c)). NHS England's current service privacy notice specifies Article 9(2)(g) plus Data Protection Act 2018 Schedule 1, Part 2, paragraph 6, and Article 9(2)(h) plus Schedule 1, Part 1, paragraph 2 for its role. The practice must confirm its own relevant Article 9 condition and current directions before publication. **Recipients / patient choices:** NHS England and approved secure platform providers (the previous V11 appendix names TPP and EMIS, now Optum). NHS England advises that patients may register a Type 1 opt-out with the practice for this processing where applicable.
38. Accurx Scribe / ambient consultation documentation	**Purpose:** If the practice uses an approved ambient scribe, it can process speech during a consultation to produce a draft medical note or correspondence. The clinician checks and edits the draft before anything becomes part of the clinical record.

Activity	Purpose, legal basis and sharing arrangements
	Legal basis: UK GDPR Article 6(1)(e) (public task) and, where health or disability information is processed, Article 9(2)(h) (health or social care), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and the professional confidentiality safeguards. Informing patients and respecting an objection to use of the scribe is separate from the UK GDPR lawful basis for providing clinical care. Any reuse of recordings for other purposes requires additional review. **Recipients / patient choices:** Accurx or the approved supplier and authorised clinical staff. Before publication, confirm this service is active, the privacy notice supplied to patients, security, DPIA, retention, any overseas processing, and how patients can decline scribe use.
39. Reasonable adjustments and Reasonable Adjustment Digital Flag (NEW)	**Purpose:** The practice identifies, records, flags, shares, meets and regularly reviews each patient's reasonable adjustments and accessible communication needs. Relevant information may be recorded on the national Reasonable Adjustment Digital Flag so authorised care professionals can make appointments, information and services accessible. **Legal basis:** For reasonable adjustments supporting NHS individual care, UK GDPR Article 6(1)(e) and, where disability/health data is involved, Article 9(2)(h), supported by Data Protection Act 2018 Schedule 1, Part 1, paragraph 2 and Article 9(3)/section 11 confidentiality safeguards. Direct-care disclosure of confidential patient information may be supported by common law implied consent where appropriate; it is NOT the UK GDPR lawful basis. **Recipients / patient choices:** Authorised health and publicly funded social care professionals involved in the patient's care, including through the national RADF. Patients can ask to correct or review a recorded adjustment and raise an objection to national-flag sharing. Decisions must respect the current NHS DAPB4019 standard, the Accessible Information Standard DAPB1605 and applicable law.