

Privacy Notice: NHS Health Check for adults aged 40-74 years

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.

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1. Introduction and overview

The NHS Health Check was launched in 2009. Since 2013, local authorities have been required to offer an NHS Health Check every five years to all adults aged 40-74 years (with some exceptions: people who have been diagnosed with vascular disease, prescribed statins or identified at high risk of cardiovascular disease (CVD) are excluded from the programme. This is because they should already receive appropriate management and monitoring of their condition).

The NHS Health Check is made up of three key components: 1) risk assessment, 2) risk awareness and 3) risk management. During the risk assessment, standardised tests are used to measure key risk factors and establish the patient's risk of developing CVD. The outcome is then used to inform a discussion between a health care professional and the patient to agree, lifestyle and medical approaches to help manage the patient's health risk. Although the NHS Health Check considers risk of non-communicable disease more broadly, the relationship between risk factors and CVD means this is inevitably a key consideration. The risk factors targeted include smoking, high blood pressure, obesity, physical inactivity, excess alcohol consumption, poor diet, raised blood glucose and high cholesterol. These are the leading modifiable risk factors identified in global and national epidemiological studies, resulting in premature death and ill health.

The NHS Health Check is a major public health programme, which offers the opportunity to prevent many thousands of avoidable events, such as heart attacks, strokes, Type 2 diabetes and premature death. An economic model on which the Department of Health & Social Care (DHSC) based its policy for the programme suggested that a prevention programme such as this could be cost effective and generate significant health benefits. It was estimated that the programme could prevent 1,600 heart attacks and strokes, at least 650 premature deaths, and over 4,000 new cases of diabetes each year. At least 20,000 cases of diabetes or kidney disease could be detected earlier, bringing opportunities for positive impacts on patient management and quality of life. The estimated cost per quality adjusted life year (QALY) was approximately £3,000.¹

Public Health England (PHE) is responsible for national oversight of the NHS Health Check programme, providing support and guidance to help local implementers maximise reach and deliver high standards.

PHE (on behalf of the Secretary of State for Health) has [directed](#) NHS Digital to establish and operate a system for the collection and analysis of data on the NHS Health Check programme; specifically, this will concern health data on the 'NHS Health Check for adults aged 40-74 years' (referred hereafter to as the 'NHS Health Check'). [The Local Authorities Regulations 2013](#) underpin the NHS Health Check programme.

Although the NHS Health Check is targeted at adults in England aged 40-74 years of age, an additional group for patients aged 18-39 years will also be included in the collection and analysis of data. The reason for this addition is that there is evidence to suggest that some groups of patients are invited at a younger age than the formally targeted age group for the NHS Health Check.

¹ Department of Health. Economic Modelling for Vascular Checks: Department of Health, 2008.

NHS Digital will collect clinical and lifestyle advice data for a given set of metrics to provide sufficient robust evidence concerning the performance of the NHS Health Check.

Each metric will contribute to monitoring the access to the NHS Health Check programme for different populations, as well as the number of people in different communities who are attending an NHS Health Check when they are invited. It will also help to measure how well the programme is being run across England and whether it is having an impact on the health of people at a local level.

Before the information is received by PHE, all patient information will be made pseudonymised in line with the Information Commissioner's Office (ICO) Anonymisation Code of Practice. This means that the identifying fields within the data - date of birth, NHS number and postcode details will be replaced with an artificial identifier. In this case a unique number. Therefore, PHE will not receive personal data.

The data will be analysed to inform PHE partners and other professionals involved in the programme, including the DHSC, commissioners and professional groups who provide NHS Health Checks, such as those working in general practice, nurses and pharmacists.

There will be one collection of data due to take place in June 2018. This is a retrospective collection of data and will cover data from the programme's commencement in 2009 up to the date that collection of data is made. The scheduling of future collections is to be confirmed. PHE will receive one report for this collection.

As this work involves NHS Digital collecting personal information, fair processing principles set out in the Data Protection Act 1998 apply. This is the reason why NHS Digital has issued this Privacy Notice.

2. Purpose of this Privacy Notice

This Privacy Notice serves two purposes:

Firstly, it **ensures that NHS Digital meets its legal duty** in line with the Data Protection Act 1998.

NHS Digital and PHE, as joint Data Controllers of the personal information that is collected, must issue information to patients, in accordance with the Data Protection legislation, to advise how their information is being used. This information clearly sets out how, and why it is using patients' personal information, as well as what personal information is being used.

Secondly, it **supports general practices in meeting their legal duty** in line with the Data Protection Act 1998.

General practices, as Data Controller of their patients' personal data before these data are collected, must provide adequate fair processing information to their patients regarding the purpose(s) for which, and the manner in which, their patients' personal data will be processed.

It is intended that general practices will be able to refer to the information included in this Privacy Notice to assist in meeting their legal duty in providing adequate fair processing information to their patients.

3. Purpose(s) for which, and manner in which, these personal data are processed

The Health and Social Care Act 2012 gives NHS Digital statutory powers to require data from health or social care providers in England where NHS Digital has been directed to do so by PHE (on behalf of the Secretary of State for Health) or NHS England.

PHE (on behalf of the Secretary of State for Health) has directed NHS Digital to perform this work. **Therefore, the collection of these data is mandatory.**

General practices must comply with this data collection and provide these data in the form, manner and period as specified in the Data Provision Notice issued by NHS Digital; this Data Provision Notice will be issued at least six weeks before the first data collection takes places.

4. NHS Digital and PHE as Data Controllers

NHS Digital and PHE become joint Data Controllers of the patients' personal data once these data have been collected.

(Please note that these personal data are still held by the general practices as NHS Digital collecting these data involves an extract (a copy) of these data being provided to NHS Digital via the third-party IT system suppliers. These data are not physically moved from general practices to NHS Digital and therefore general practices also remain as Data Controller of their patients' personal data.)

5. General practices as the Data Controller

General practices are the Data Controller of their patients' personal data that they hold as they have overall control of these data.

Most general practices will have data processing arrangements with third-party IT system suppliers. However, general practices are Data Controller for the data they hold about their patients and it is the Data Controller that retains responsibility for compliance with the Data Protection Act 1998.

6. What are general practices required to do?

As Data Controller of their patients' personal data, general practices have a legal duty to provide patients with fair processing information. To meet their legal fair processing duty for this data collection, general practices are required to:

- 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 personal data should they choose to do so.

The information included in this Privacy Notice will help general practices to meet their fair processing duties.

7. What personal data are being collected?

NHS Digital will collect data at the level of the patient (that is: record level health data). This will involve a separate row of data being returned for each patient.

NHS Digital will collect personal data in the form of patients' NHS numbers.

The NHS number is a unique number used to identify patients and match them to their health records. It is an identifiable, personal data item.

Data will be collected from general practices in England about the following four groups of patients:

1. Registered patients aged 40-74 years invited to an NHS Health Check only.
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.
3. Registered patients aged 40-74 years for whom an NHS Health Check was inappropriate.
4. Registered patients aged 18-39 years who have either been invited to an NHS Health Check and/or completed an NHS Health Check.

The key patient identifiers that will be included in the data extract (that is: NHS number, date of birth and postcode) will not be included in the data that are disseminated to PHE.

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 made pseudonymised before it is shared with PHE.

8. How are these personal data being used?

NHS Digital is working with PHE to generate a robust evidence base on which to help shape the future of the NHS Health Check programme. PHE wish to extract general practice data on the NHS Health Check programme in order to monitor access to and uptake of the programme by different populations, the quality of implementation and the impact on population outcomes. Currently, only data of offers and uptake for the NHS Health Check are recorded nationally and there is insufficient granularity of data to allow informed decision making.

Data for this evidence base will be extracted at a patient / record level from general practices and processed by NHS Digital. NHS Digital will then supply PHE with pseudonymised data allowing analysis to:

- understand the variation of uptake across areas; for example: by local authority, 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 also be used to assess the performance and benefits of the programme, so that its future direction can be decided.

Patients' NHS numbers will only be used by NHS Digital for the reasons stated above. **No other organisation will have access to these personal data.**

9. What should patients do if they wish to opt-out of this data collection?

Patients who wish to opt-out of this data collection should contact their general practice in order to register a Type 1 opt-out. This is an objection that prevents a patient'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.

NHS Digital will uphold Type 1 opt-outs in collecting these data from general practices (that is: any patients who have registered a Type 1 opt-out prior to the point in time at which this data collection takes place will not be included in this data collection).

A Type 2 opt-out is an objection that prevents a patient's personal confidential information from being shared outside of NHS Digital, except when it is being used for the purposes of direct care. Type 2 opt-outs do not apply to this data collection as no personal data will leave NHS Digital.

Further information on personal information choices is available on the [NHS Digital website](#).

10. How will NHS Digital collect these data?

These data will be collected via NHS Digital's [General Practice Extraction Service \(GPES\)](#). This will involve an extract (a copy) of these data that are held by general practices being provided to NHS Digital via the third-party IT system suppliers.

The existing third-party IT system suppliers act as the Data Processors on behalf of the general practices.

11. Data activities performed by NHS Digital

The process of NHS Digital collecting these data will involve one data file per general practice being sent to GPES. These data files will be checked as part of the data collection process and, once this checking is complete, they will be loaded into the Data Management Service (DMS), which is NHS Digital's single, standardised, secure method for capturing, storing, managing and distributing data. Data will not be held in GPES as this is only the mechanism for collecting these data; instead, these data will be held within DMS.

Further data checks, including checking whether or not patients' NHS numbers are valid, will be performed within DMS. A report will be produced on any data checking failures and this information will be included in the information that is provided to PHE. All invalid data will be removed from the data set before any analysis takes place.

12. Data activities performed by NHS Digital

The process of NHS Digital collecting these data will involve one data file per general practice being sent to GPES. These data files will be checked as part of the data collection process and, once this checking is complete, they will be loaded into the Data Management Service (DMS), which is NHS Digital's single, standardised, secure method for capturing, storing, managing and distributing data. Data will not be held in GPES as this is only the mechanism for collecting these data; instead, these data will be held within DMS.

Further data checks, including checking whether or not patients' NHS numbers are valid, will be performed within DMS. A report will be produced on any data checking failures and this information will be included in the information that is provided to PHE. All invalid data will be removed from the data set before any analysis takes place.

PHE require patient / record level data, this means one row of data per patient record. Data that are disseminated to PHE will include a unique NHS Health Check ID created by NHS Digital and will not contain your patient NHS number, date of birth or postcode.

The data that are disseminated to PHE will be pseudonymised in line with the [ICO Anonymisation Code of Practice](#). This means for each patient NHS Digital will use the:

- NHS number to create a unique NHS Health Check ID, this will be used instead of the NHS number so that patients are not identifiable
- date of birth to produce the year of birth, it is the year of birth that will be used in the analysis of the data
- postcode data to produce the data at the Lower Super Output Area (LSOA). The LSOA is a way of grouping information by a geographic area.

PHE wish for these NHS Health Check data to eventually be linked to HES data and ONS mortality data. This data linkage would be performed by the NHS Digital following PHE making a successful application to Data Access Request Service (DARS) to access these data. This application will need to be approved by the Independent Group Advising on the Release of Data (IGARD).

This data linkage would follow the NHS Digital standard model for linking data. Using the data linkage of the NHS Health Check data and HES data as an example, this would work in the following way:

If their future request for linked data is approved PHE will be sent three files:

1. NHS Health Check data – this will comprise the NHS Health Check data items that are extracted via GPES (with appropriate identifiers removed). Each patient will have a unique ID (that is: an NHS Health Check ID), which will be created by NHS Digital.

2. HES data – this will comprise the necessary HES data items that PHE require (with appropriate identifiers removed), which will be made clear in the DARS application. Each patient will have a pseudonymised ID (that is: a HES ID), which will be created by NHS Digital.
3. Bridging file – this will determine the link between the NHS Health Check IDs and the HES IDs. This file will also contain something called a Match Rank, which gives a confidence of the match between the NHS Health Check IDs and the HES IDs and signifies how these matches have been made. The linkage between these NHS Health Check data and HES data will be performed using the following data items: NHS number, date of birth and postcode.

In summary, the data linkage that PHE require would be performed by NHS Digital, but the joining together of relevant data files (for example: the joining of the NHS Health Check data to the HES data) would be performed by PHE via the use of the bridging file.

The [HES-Diagnostic Imaging Dataset Linkage Report](#) provides details how this type of data linkage has worked for linking HES data to Diagnostic Imaging data. The linkage of the NHS Health Check data to the HES data and ONS data is intended to follow this same methodology.

13. How will NHS Digital ensure that patients' data are kept safe and confidential?

NHS Digital is the trusted national provider of high-quality information, data and IT systems for health and social care. Information is the core business of NHS Digital and it is NHS Digital's duty to keep information safe.

NHS Digital will hold these data as an information asset within DMS. As with all other information assets created and held by NHS Digital, the information asset for this data collection will be assigned an Information Asset Owner (IAO). An IAO is a senior member of NHS Digital staff who is responsible for the management of the information asset created and utilised by their team. The [IAO role](#) is mandatory across all government departments.

The information asset for this data collection will be managed by the DMS team. Access to this information asset will be provided on a restricted basis and only the appropriate NHS Digital staff members (that is: information analysts working within the IAO's team) will be given access to these data. Each NHS Digital staff member who does access these data must agree to only using these data for their intended purpose by signing a clear data access request form. This form will require the approval of the IAO before the appropriate NHS Digital staff member can be granted access to these data. This restricted access will be audited monthly so as to ensure only the necessary NHS Digital staff members have access to these data.

All patient data regarding this data collection will be kept safe and confidential at all times.

14. How long will patients' personal data be held by NHS Digital?

In line with the Data Protection Act 1998, NHS Digital will hold patients' personal data for no longer than is necessary to fulfil the purposes of this work. NHS Digital will delete these

personal data once they have shared the appropriate pseudonymised, non-personal data with PHE and both parties (NHS Digital and PHE) are content that these data are correct and accurate.

Once the first extract of data has taken place PHE will perform a Post Implementation Review. This review will “*check that all data items served the purposes described, that leaner alternatives would not deliver the required outputs, and that the purposes of the extraction were met*”. This review, together with ensuring conformance with the General Data Protection Regulations and in line with NHS Digital Records Management Policy, will inform the retention period for the extracted data and set the retention period for future data collections.

15. When will these data be collected?

The first extract is scheduled to take place in June 2018. This will be a retrospective collection covering data from 1 April 2009 up to 31 March 2018.

Further details of when these data will be collected will be listed in the Data Provision Notice issued by NHS Digital. This document will be issued on the [NHS Digital Data Provision Notices gov.uk webpage](https://www.nhs.uk/consult/noticepublications/nhs-digital-data-provision-notice-gov-uk-webpage).

16. What information will be shared and reported back to Public Health England?

This work will involve NHS Digital collecting patients’ personal data (in the form of patients’ NHS numbers, date of birth and postcode), yet the information that is reported back to PHE **will not** include any personal data.

The data that are disseminated to PHE will be pseudonymised in line with the [ICO Anonymisation Code of Practice](https://www.ico.gov.uk/what-we-do/our-principles-and-standards/our-principles-of-practice).

PHE require patient / record level data. To avoid any ambiguity, this means that the data that are disseminated to PHE will include a unique ID for each patient and there will be one row per patient record.

The key patient identifiers that will be included in the data extract (that is: NHS number, date of birth and postcode) will not be included in the data that are disseminated to PHE. These key patient identifiers are being extracted for data linkage purposes and to determine other information that PHE require. For each patient: date of birth will be used to calculate year of birth and postcode will be used to calculate Lower Super Output area (LSOA) and deprivation level, NHS number will be used to create a unique ID.

17. What will Public Health England do with the data?

Data for this evidence base will be extracted at a patient / record level from general practices and processed by NHS Digital. NHS Digital will then supply PHE with pseudonymised data allowing analysis to:

- understand the variation of uptake across areas; for example: by local authority, 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.

18. Will the data be used by anyone else?

The analysis of the pseudonymised data will also be used to inform PHE partners and other professionals involved in the programme, including the Department of Health & Social Care, commissioners and professional groups who provide NHS Health Checks, such as those working in general practice, nurses and pharmacists.