

ACKLAM MEDICAL CENTRE

CONFIDENTIALITY POLICY

Last review date	Next review date*	Author	Changes since last review
18.7.22	18.7.24	Catherine Thomas	

*(or sooner if there is an incident, complaint or a change in legislation or guidance).

1. POLICY STATEMENT

- 1.1 Patients trust the NHS and allow it to gather sensitive information relating to their health and other matters as part of their seeking treatment. They do so in confidence and have a legitimate expectation that staff will respect this trust. It is essential, if the legal requirements are to be met and the trust of patients retained, that the NHS provides, and is seen to provide, a confidential service.

2. PURPOSE

- 2.1 Confidential information can be held in a number of formats [eg electronic, hard copy, verbal]. Every member of staff, including agency, locums, volunteers, non-contract and student placements, will at some time in the course of their work have to handle and/or have access to confidential personal information.
- 2.2 This information may relate to:-
 - patients or their carers
 - family or friends
 - staff
 - Practice management [eg financial information]
- 2.3 The purpose of this Confidentiality Policy is to set out the principles that must be observed, together with individual responsibilities of all who work within Acklam Medical Centre and have access to such information.

3. APPLICABILITY

- 3.1 This policy applies to all employees and partners, and also applies *in principle* to other people who work at the Practice e.g. self-employed staff, temporary staff and contractors [collectively referred to herein as 'staff']
- 3.2 The Practice will ensure that staff who are not employees are aware of and agree to abide by this Policy in principle.

4. PRINCIPLES

- 4.1 Health records are made by the Health Service to support that patient's healthcare
- 4.2 All information about patients is confidential; from the most sensitive diagnosis to the fact of having visited the surgery or being registered at the practice
- 4.3 All patients can expect that their personal information will not be disclosed without their permission (except in the most exceptional circumstances when disclosure is required when somebody is at grave risk of serious harm). Consent to share information in the medical records with carers and next of kin will be recorded on our clinical system with a copy of the signed consent form attached. Vulnerable people can consent to share their information with Carers/next of kin.
- 4.4 The duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person
- 4.5 The unlawful disclosure or misuse of personal data [including staff accessing their own personal staff or health records or the records of colleagues, family, or friends] is a breach of Practice policy and may constitute a criminal offence. All incidents of this nature will be fully investigated through the disciplinary procedure, which may be treated as a serious disciplinary offence and may lead to dismissal.

5. RESPONSIBILITIES OF STAFF

- 5.1 Standards of confidentiality apply to all health professionals, administrative and ancillary staff - including receptionists, secretaries, practice manager, cleaners, and maintenance staff, who are bound by contracts of employment to maintain confidentiality. They must not reveal to anybody outside the practice, personal information they learn in the course of their work, or due to their presence in the surgery, without the patient's consent. Nor will they discuss with colleagues any aspect of a patient's attendance at the surgery in a way that might allow identification of the patient unless to do so is necessary for the patient's care
- 5.2 All health professionals must follow their professional codes of practice and the law. This means that they must make every effort to protect confidentiality. It also means that no identifiable information about a patient is passed to anyone or any agency without the express permission of that patient, except when this is essential for providing care or necessary to protect somebody's health, safety or well-being
- 5.3 All health professionals are individually accountable for their own actions. They should, however, also work together as a team to ensure that standards of confidentiality are upheld, and that improper disclosures are avoided
- 5.4 Staff must be aware of and conform to the requirements of the Caldicott recommendations
- 5.5 Confidential information must not be discussed on the telephone unless the identity of the caller is established
- 5.6 The electronic transfer of any confidential information, once approved by the Practice Manager, must be transmitted via the NHSnet. Staff must take particular care that confidential information is not transmitted in error by email or over the Internet
- 5.7 Staff must not take data from the Practice's computer systems [eg on a memory stick or removable drive] off the premises unless authorised to do so by the Practice Manager
- 5.8 Staff are under an obligation not to gain access or attempt to gain access to information which they are not authorised to have
- 5.9 Staff who suspect a breach of confidentiality must inform the Practice Manager immediately
- 5.10 Staff remain bound by the requirement to keep information confidential even if they are no longer employed at the Practice. Any breach, or suspected breach, of confidentiality after the member of staff has left the Practice's employment will be passed to the Practice's lawyers for action
- 5.11 Staff should seek advice from the Practice Manager if in any doubt about the disclosure of confidential information.

6. RESPONSIBILITIES OF ACKLAM MEDICAL CENTRE AS EMPLOYERS

- 6.1 The practice is responsible for ensuring that everybody employed by the practice understands the need for, and maintains, confidentiality
- 6.2 It has overall responsibility for ensuring that systems and mechanisms are in place to protect confidentiality
- 6.3 It has vicarious liability for the actions of those working in the practice – including health professionals and non-clinical staff (i.e., those not employed directly by the practice but who work in the surgery)

7. DISCLOSURE WITH CONSENT

- 7.1 When patients consent to disclosure of information about them, they must be made aware of what is being disclosed, the reason it is being disclosed and the likely consequences of that disclosure

8. DISCLOSURE WITHOUT CONSENT

- 8.1 If the patient withholds consent, or if consent cannot be obtained, disclosures may be made only where:
- They can be justified in the public interest (usually where disclosure is essential to protect someone from the risk of significant harm)
 - They are required by law or by a court order
- 8.2 If a patient or another person is at grave risk of serious harm which disclosure to an appropriate person would prevent, the relevant health professional can take advice from colleagues within the practice, of from a professional, regulatory or defence body, in order to decide whether disclosure without consent is justified to protect the patient or another person
- 8.3 Any decision to disclose information to protect health, safety or well-being will be based on the degree of current or potential harm, not the age of the patient
- 8.4 If a decision is taken to disclose:-
- the patient should always be informed before disclosure is made, unless to do so could be dangerous
 - only as much information as is needed for the purpose must be disclosed
 - the recipient of disclosed information must respect it is given to them in confidence
 - the decision must be justified and documented

9 DISPOSAL OF CONFIDENTIAL WASTE

To maintain confidentiality, it is important that any materials containing identifiable information are disposed of in a secure manner this includes audits, requests for repeat prescriptions, handwritten notes by staff or GPs, patient letters, portable memory devices etc. Paper materials should be disposed of in the confidential waste bins provided throughout the practice. This will be disposed of by our contractors for confidential waste. Any backup devices or electronic equipment containing patient identifiable information should be destroyed securely by appropriate personnel, IT Department, confidential waste specialists or commissioning staff employed to deal specifically with disposal.