

0. A day in the life of Dr. Black

08.00 Log on system and review e-mail messages

Dr. Jane Black arrives at the surgery, and switches on her computer. In order to prepare for the morning surgery, Dr Black logs on to the “National Programme”. [\[PRESS\]](#) She is asked to identify herself. [\[PRESS\]](#) Jane takes her [smartcard](#) from her purse and inserts it into the card reader, [\[PRESS\]](#) then enters her [password](#).[\[PRESS\]](#) She has three different [role profiles](#) within the NHS. (pause)

Dr. Black selects her role as general practitioner in the practice, which has been highlighted on the screen as her default role profile[\[PRESS\]](#):

08.30 Morning surgery

Within the role of GP Dr. Black is presented with a menu of [system functions](#) that are available to a user like herself, with a [Job Role](#) of General Medical Practitioner. Dr. Black’s [role profile](#) determines the type of system functions she can use, and therefore the type of data she can access. Dr. Black selects the system function “Record clinical encounter” [\[PRESS\]](#) and selects her first patient from the list presented: Roger Mustard.

When she selects the patient [\[PRESS\]](#) the system automatically checks that Colonel Mustard has not dissented from NHS CRS information sharing (which he has not), and that Dr. Black has a [legitimate relationship](#) with Colonel Mustard, which she does because he is currently registered as a patient of the practice.

A summary of Roger Mustard’s relevant details held by the practice is displayed on the screen: he has chronic back pain and is overweight. As with all system functions provided under the National Programme for Information Technology, it has been validated to ensure that the type of data displayed are relevant to the user’s purpose and not excessive. Most of the information displayed is retrieved from the detailed records, but an extract from the colonel’s national summary record showing his recent visit to a hospital out-patient pain clinic is also integrated within the screen display.

She greets Roger Mustard. Colonel Mustard explains that he is increasingly tired and lacking energy. After asking some further questions and examining him, [\[PRESS\]](#) Dr Black mentions his raised blood pressure and increasing weight.[\[PRESS\]](#) They discuss the possibility of stress as a cause for his symptoms and decide that he might benefit from reducing his alcohol intake, a weight reduction diet and some regular exercise. [\[PRESS\]](#) They agree to meet in a month to review the situation. The full details of the encounter are stored in the patient's detailed record,[\[PRESS\]](#) whilst a summary of the encounter is sent to the patient's national summary record in the [Personal Spine Information Service](#) (PSIS). [\[PRESS\]](#) (pause)

11.30 Mrs. White seals off sensitive medical details

[\[PRESS\]](#) Dr. Black sees a patient every ten minutes. Ethel White has been given a longer appointment at the end of the routine surgery session. Mrs. White has come in response to a recent publicity campaign about confidentiality in the NHS. She's heard that she can [hide some of her medical details](#), and explains she doesn't want anyone other than Dr. Black to know about the time when she was admitted to a mental health trust for psychiatric care. It was a voluntary admission, and Dr. Black considers that it is not against the public interest to conceal this information. She explains that there are risks in sealing off these data – it may be relevant to other medical conditions Mrs. White may suffer in future. Mrs. White confirms that she still wants to go ahead. Dr. Black urges Mrs. White to volunteer the information in future whenever she thinks it may be relevant to clinicians providing her with health care.

[\[PRESS\]](#) Dr. Black selects the system function "Patient sealing information" [\[PRESS\]](#) and invites Mrs. White to sit next to her so she can see her record on the screen; [the doctor had checked](#) before the appointment that there was no third party or harmful information in the record that the patient should not see. The two women review the information held about the psychiatric episode and agree what information should be sealed off. Dr. Black highlights the information and records that she alone now has explicit consent to view these data. [\[PRESS\]](#) [\[PRESS\]](#) [\[PRESS\]](#) They also discuss Ethel's termination of pregnancy [\[PRESS\]](#) and Ethel decides to seal it off. [\[PRESS\]](#) [\[PRESS\]](#) Dr. Black explains

that Ethel can in future give her explicit consent to other clinicians to view the information

[PRESS] Just before her admission for psychiatric care, Ethel had assaulted one of Dr. Black's partners. Ethel asks if this information could be sealed off too. Dr Black carefully considers this request but informs Ethel that she cannot agree to do this, as future staff safety depends on knowing which patients have been violent in the past. Although Ethel is initially upset by the refusal, she understands the explanation given. Dr Black records Ethel's sealing request, [PRESS] her reason for refusal [PRESS] as "justified in the public interest", and a free text explanation that she considered that access to the information was necessary for staff and patient safety.

Mrs White has heard about the national NHS computer system that maintains records about all patients. She is concerned that anyone will be able to get access to her records, and has heard that she can [opt out of information sharing across organisations](#) Dr. Black explains that:

- [PRESS] there is very [strong security protection](#) to prevent "hackers";
- [PRESS] the only people in the NHS who will gain access to Mrs. White's identifiable health information will be the teams of people providing care, or those with some other relationship with her because, for example, they are responding to her complaint;
- [PRESS] other than with her explicit consent, or where the law allows, only anonymised information will be used for other purposes like research and statistics;
- [PRESS] the benefit of consenting for Mrs. White is that NHS staff providing care will always be able to access relevant information in her health records when they need it, even if she is being treated whilst away on holiday or on business; and
- [PRESS] Mrs. White can withdraw her consent at any time.

Ethel accepts Dr. Black's reassurances and she decides to allow information sharing across organisations in support of her care.

12.00 Review Subject Access Request

[PRESS] James Green, the local vicar, is one of Dr. Black's patients. He has submitted a subject access request to Newtown Surgery which, under the Data Protection Act 1998, entitles the Reverend Green to a copy of his personal data held by the practice. To conform to the requirements of the Act, the practice should review the patient's electronic records in order to identify and withhold any information that the reverend should not see.

Dr. Black selects the system function within the practice clinical system "Review patient information for subject access request" [PRESS] providing access to all of the patient's information. [PRESS] She enters the Reverend's details and retrieves his records. [PRESS] An automatic check is made confirming that Dr. Black has a [legitimate relationship](#) with the patient. James Green is a registered patient of the practice, and so an "active" relationship exists.

Dr. Black reads quickly through the details held about the patient. [PRESS] She finds an entry made by one of her partners following a practice meeting with the health visitor documenting concerns that the Reverend Green may be physically abusing his wife. The doctor considers that such information is relevant to the medical records but should not be released to James Green as it could cause substantial harm to the family.

[PRESS] Dr. Black marks the information so that it is [sealed off](#) from the patient [PRESS] and records the reasons for sealing. The data does not appear in the response to the subject access request printed off by the doctor. Furthermore, these data will be initially withheld from future outputs from the system – a "clinician sealed envelope" icon will be displayed, and the hidden data revealed if the user requests it (thereby preventing inadvertent viewing by the patient).

Just before Dr. Black leaves the surgery, a member of the practice staff calls Dr Black to the telephone. [PRESS] Detective Inspector Brown has heard about the new NHS information systems and hopes that there may be a way for him to trace a number of individuals. Dr Black explains that all requests for access to data for non-care purposes are handled centrally and provides DI Brown with a contact number in the National Programme.

13.30 A session in Accident & Emergency

Dr. Black grabs some lunch and makes her way over to the local general hospital; she does a session every week in the Accident & Emergency (A&E) Service. [PRESS] Before her session, she logs on to the computer system using the same [smartcard and password](#) as she had in the surgery. However, this time she selects a different [role profile](#): [PRESS]

Mrs. Peacock has been brought into hospital, after feeling faint whilst shopping in the supermarket. She gives a history of a flu-like illness in the preceding few days. She is conscious on arrival and a nurse asks her for her name and date of birth in order to locate her clinical records. Mrs. Peacock becomes progressively more drowsy.

The nurse records the A&E attendance in the normal way. An attendance within A&E is a routine event which triggers a new [legitimate relationship](#) to be set up between the patient and the [workgroup](#) providing the A&E service. [PRESS] Because she works for the A&E service, Dr. Black is a member of that workgroup, and so is entitled to gain access to the clinical records of Mrs. Peacock and other A&E patients.

When examined by Dr. Black, Mrs. Peacock is unconscious and is showing signs of shock. She has a rash on her body and a dilated left pupil. Dr. Black recognises this as an acute medical emergency and calls for the medical registrar. In the interim she puts in an intravenous line. She is concerned about the possibility of a meningococcal infection and decides it would be prudent to give a dose of penicillin. [PRESS] Dr. Black accesses Mrs. Peacock's records to check her medical history and that there is no contraindication to giving penicillin. There is no contraindication, but the screen does highlight that potentially relevant information, which would otherwise have been displayed, has been "sealed off" by the patient.

Dr. Black chooses the function for over-riding the [patient's "sealed envelope"](#). [PRESS] She is warned that "breaking the seal" triggers an [alert](#), and can only be justified in exceptional circumstances. The system prompts her to select a justification for breaking the seal. [PRESS] Dr. Black selects: "access made in the best interests

of a patient who now lacks the mental capacity to give consent, either temporarily or permanently”, and adds a free text explanation for the access. [\[PRESS\]](#) She gains access to the “sealed off” information and discovers that Mrs Peacock is HIV positive. Dr. Black gives the penicillin and hands over Mrs Peacock’s care to the medical registrar when he arrives, giving details of the presenting problems, the action taken and also the clinically relevant additional information obtained within the sealed envelope.

Some days later, when Mrs. Peacock has stabilised and regained strength, a nurse explains that, in the emergency, her decision to seal away data had been overridden. Mrs. Peacock accepts the reasons given for access without her consent.

16.30 Caldicott Guardian Meeting on alerts and other issues

[\[PRESS\]](#) As Caldicott Guardian of Newtown PCT, Dr. Black has an appointment every Thursday afternoon with Miss Scarlett, the Newtown PCT Information Governance Officer, to discuss security and confidentiality incidents and issues that have arisen. Susan Scarlett is sitting in front of her computer reviewing the list of [alerts](#) automatically generated by the system in response to questionable user accesses in the past week. [\[PRESS\]](#) One was triggered by a partner of Dr. Black’s in the Newtown Surgery: he had treated a passer-by who had collapsed outside the practice premises. The system automatically triggered the alert when the GP had claimed a legitimate relationship with the unconscious passer-by in order to get access to the records of the patient (who was registered with another practice in Newtown). Dr. Black advises that no further action need be taken, [\[PRESS\]](#) and so Susan marks the alert as “closed”.

[\[PRESS\]](#) Another alert was triggered by Professor Plum, a GP and academic at the local medical school. The Professor had accessed, without the patient’s consent, sensitive data that had been sealed off by the patient, classifying the reason for access as “justified in the public interest”. The only free-text explanation recorded for the access was “necessary for clinical audit”. Dr. Black is doubtful that the public interest could justify use of sealed-off patient data without patient consent for clinical audit, [\[PRESS\]](#) and tells Miss Scarlett that she will investigate the incident.

Miss Scarlett and Dr. Black discuss other security issues arising. [\[PRESS\]](#) The assignment of staff to [Workgroups](#) by Miss Scarlett was generally progressing well, although one or two staff at Newtown Hospital had complained that Susan was often not available and it was necessary to add locum staff to workgroups at short notice in order to provide appropriate access to patient records. To remedy this, Dr. Black gives the names of two staff at the local hospital who should be given access to the “Maintain Workgroup membership” system function. [\[PRESS\]](#) Miss Scarlett, who has access to a range of system administration functions, adds the [Business Function](#) of “Workgroup Membership Administrator” [\[PRESS\]](#) [\[PRESS\]](#) to the role profiles of the staff concerned. [\[PRESS\]](#) (Pause) [\[PRESS\]](#)