



GP Health Service

NHS General Practitioner Health Service (GPH) Confidentiality Policy

Commitment to confidentiality for practitioners using the NHS GPH

Doctors should be assured that the NHS General Practitioner Health Service (GPH) is a confidential service and that those being treated in the service can expect the same level of confidentiality as all other patients. This means that the GPH will not disclose information to any third party without the consent of the practitioner, unless required by a legal obligation. Medical practitioners will not be subject to a more or less stringent interpretation of the law than the general population.

This document sets out the commitment of the NHS General Practitioner Health Service (GPH) to confidentiality and the necessary limits to confidentiality. More information is provided in the Memoranda of Understanding with the General Medical Council and the General Dental Council which are available on the GPH website, www.gph.nhs.uk.

The NHS General Practitioner Health Service (GPH) is a national, England wide service and GPH treating clinicians and GPH practitioner patients will be located across the country. To enable a centralised patient record and appointment system and coordinating policies and processes agreed confidentiality principles are essential.

The NHS General Practitioner Health Service (GPH) will use a cloud based patient record system and a Booking App to securely store all patient information, including appointments, treatment, and consultations.

Security of patient records

All information (paper-based and electronic) about a practitioner will be kept in the GPH secure clinical system and accessed only by GPH staff. All paper records will be scanned into a secure electronic record and the paper version destroyed, except where required by law to retain originals.

Records will not be available through any record sharing arrangements such as the NHS Spine. Copies of electronic records will be held in the Cloud based patient record system.

Information will be shared between GPH staff and preferred providers only through secure systems.

Providing identifying information

Where an individual contacts the service to seek information or advice, this will be provided regardless of whether they provide identifying information about themselves or the practitioner about whom they call.

Where a practitioner needs to be seen by the GPH for assessment or treatment, identifying information must be provided.

Contact with employers

The GPH will seek consent from the practitioner if they wish to make contact with their employer/contracting organisation to gather information or where liaison with local health services is required.

There will be no requirement on the practitioner to disclose to their employer (or a prospective employer) that they have attended the GPH unless they have been referred by the employer. In that case, consent for information to be disclosed will be sought.

Evaluation of GPH and activity reporting

Evaluation of the GPH will be vital to assess the effectiveness of the service and consider how it can be improved. The GPH will be required to provide high level anonymised information about patterns of activity, types of cases seen, onward referral and outcomes. As part of this evaluation the views of practitioners using the service will be sought. No information that may be attributed to named individuals will be included in any activity reporting or evaluation.

Exceptions to the duty of confidentiality

There are exceptions to the duty of confidentiality that may require the use or disclosure of confidential information. Such exceptions are very rare and should not undermine the trust that the practitioner can place in the service.

Public interest

Rarely, disclosure in the public interest may be required. This will be in those circumstances where the practitioner's health raises serious concerns about their own safety or the safety of their patients or the public. This will normally be limited to those cases where they are not complying with assessment, treatment or monitoring, or heeding advice to remain on sick leave.

In these cases GPH will seek consent from the practitioner but where consent cannot be achieved and the public interest is paramount, disclosure may be made without consent. In such a case the practitioner will be informed that disclosure has occurred and the reasons for doing so. Disclosure will be kept to the minimum required for the purpose and passed only on a "need to know" basis.

Other requirements for disclosure

Other circumstances where disclosure may be required include cases where

- a. there is a legal requirement to disclose
- b. a formal referral has been made to the GPH by an employer or contracting organisation, the National Clinical Assessment Service or the regulatory body, or
- c. where the regulator requires reports from the GPH about a practitioner's health.

Again, the practitioner's consent will be sought and disclosure kept to a minimum to satisfy the requirements.