



Care.data

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Care.data is a system being introduced by NHS England and the [Health and Social Care Information Centre](#) (HSCIC) to extract and link large amounts of patient data collected as part of NHS care in order to improve the delivery of healthcare and to benefit researchers inside and outside the NHS.

Concerns have been expressed in the media about the confidentiality of extracted data, about lack of public awareness and patient consent, and about the extent of information sharing. This note provides information on how data can be used, and how patients' can opt out of having information from their medical records shared, through care.data.

Following an intervention by the Information Commissioner in September 2013, the start date for extraction of patient data from GP practices, which was initially planned for autumn 2013, was delayed to spring 2014, to allow GPs more time to notify their patients and for NHS England to conduct a public awareness campaign. A further 6 month delay was announced on 18 February 2014, with the start date for extraction now expected in autumn 2014. NHS England has said this further delay is to ensure patients have “more time to learn about the benefits of sharing information and their right to object to their information being shared.”

NHS England made an announcement on the progress of the care.data project on 7 October 2014 and announced a list of clinical commissioning groups taking part in the care.data pathfinder stage; the clinical commissioning groups are Leeds North, West and South and East, Somerset, West Hampshire and Blackburn with Darwen. Further details can be found at:

<http://www.england.nhs.uk/2014/10/07/ccgs-care-data-programme/>

The Government tabled an amendment to the *Care Act 2014* that places additional restrictions on the dissemination of information by the Health and Social Care Information Centre. This was agreed during the Bill's Report stage on 11 March 2014.

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1 The introduction of care.data

Care.data is a system being introduced by NHS England and the [Health and Social Care Information Centre \(HSCIC\)](#)¹ to extract and link large amounts of patient data collected as part of NHS care in order to improve the delivery of healthcare and to benefit researchers inside and outside the NHS. More information is available on the [NHS England website](#) and from the HSCIC website.

NHS England has described the aims of the care.data system as follows:

“...its purpose will be to provide timely, accurate information to citizens, clinicians and commissioners about the treatments and care provided by the NHS.

The aims of the care.data programme are six-fold: first, to support patients’ choice; second, to advance customer services; third, to promote greater transparency; fourth, to improve outcomes; fifth, to increase accountability; and finally to drive economic growth by making England the default location for world-class health services research. The underlying data within care.data will all be collected routinely as part of the care process. For the first time, these data will be linked for patients nationwide along their entire continuum of health and social care.

Because most NHS consultations occur in primary care, it is vital that data from GP systems be incorporated into care.data as soon as possible. One of the first goals of the care.data programme, therefore, will be to expand HES. Hospital Episode Statistics (HES) will become *Care Episode Statistics* (CES) by incorporating and linking individual-level data across all care settings. This expansion will ensure that commissioners obtain a more complete and balanced picture of the care being delivered to patients, since information will now be linked across care settings at a

¹ The Health and Social Care Information Centre (HSCIC) is a public body based in Leeds. The HSCIC is the central source of health and social care information in England. The role of the HSCIC is to ensure that high quality data are used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. The HSCIC is legally required to ensure that patient’s confidential information is protected and that access to information is strictly controlled. Further information about the HSCIC is available at www.hscic.gov.uk

person-level. Since the analysis of linked data underpins the commissioning of integrated care, CES will play vital role in supporting commissioners to reduce unnecessary fragmentation in care.²

NHS England has produced a [Guide for GP Practitioners](#), which sets out the sorts of data being extracted:

The dataset to be extracted from GP systems for the care.data service includes personal confidential data such as referrals, all NHS prescriptions and other clinical data. Identifiers (DOB, postcode, NHS number and gender) are required by the HSCIC to link the GP data with [personal confidential data] PCD from other care settings, e.g. hospitals, in order to analyse patient care across pathways. Free text will not be extracted for care.data. A technical specification has been published which provides full details of the data to be extracted. The extraction will be on a monthly basis, prospective from April 2013, using the General Practice Extraction Service (GPES). Once linked, the data will be stored at the HSCIC in a secure environment with the highest standards of information governance and technical expertise to protect the data.

The 'technical specification' document mentioned above can be found [here](#). The data extraction service that is intended to obtain clinical data from all GP practices in England is called the General Practice Extraction Service (GPES). Information about how GPES will support care.data can be found on the [GPES Independent Advisory Group pages](#) of the Health and Social Care Information Centre (HSCIC) website. GPES is managed on behalf of the NHS by the HSCIC with the sponsorship and support of the Department of Health.³

Further information

NHS England and the HSCIS have also produced a booklet, [How information about you helps us to provide better care](#), which explains how the information about individual patients will be used.

Further guidance for GPs and patients has been produced jointly between the Health and Social Care Information Centre, [British Medical Association](#), the Royal College of General Practitioners and NHS England which can be found [here](#).

2 How will patient data be used for research?

As noted earlier, the information extracted from GP records will include coded information, NHS numbers, postcodes, dates of birth and gender; names and addresses will **not** be extracted in order to help protect individual's identity. The Health and Social Care Information Centre (HSCIC) will then link the information from GP records with records from other NHS care providers, such as hospitals, to create a new record. Once this has been done, all of the information that directly identifies a patient such as NHS number, postcode, and date of birth will be replaced with a code.

This anonymised data can then be used by medical researchers, and where approved by HSCIC, this could include use by non-NHS organisations. There will also be limited circumstances where researchers, including those outside the NHS, may be given access to patients' "identifiable data". A frequently asked questions document for patients issued by

² NHS England, [Care Episode Statistics: Technical Specification of the GP Extract](#) (29 May 2013), p6

³ <http://www.hscic.gov.uk/gpes>

NHS England and HSCIS includes information on the use of identifiable data, and how data can be passed on to third parties:⁴

FAQ 9. What research will be carried out on data that identifies me?

In most cases, researchers can carry out their studies using information that does not identify you. Occasionally, however, medical researchers need to use information that does identify you. Only researchers who have obtained your permission or who have been granted special approval are allowed to access your identifiable data. This special approval is granted following advice from an independent panel called the *Confidentiality Advisory Group (CAG)*. This group grants approval to a small number of research projects each year, which it considers to be in the public interest and for the benefit of the health service. The CAG approves requests where it is not possible to use information that does not identify you and it is not possible to ask you. There are a variety of reasons why it might not be possible to ask people; for example, where there are extremely large numbers of patients. Access to the information is restricted to the specific information necessary for the research.

Examples of projects approved by the CAG include a national study into people who have had a heart attack, and a study of the time people had to wait for treatment for cancer and the effect of these waiting times on survival.

FAQs 10, 11 and 12 address concerns about patient data being used by non-NHS organisations, such as drug and insurance companies:

FAQ 10. Will information that identifies me be used by marketing or drug companies?

Marketing and drug companies will not have access to information that identifies you unless you give your specific permission, such as if you have been contacted by your GP practice and you agreed that researchers could contact you about a clinical trial.

While there are some limited circumstances when the NHS needs to carry out medical research using information that identifies you, this type of research requires

special approval (see FAQ 9). You will not be contacted by a third party unless you have specifically agreed to this.

FAQ 11. Will my information be shared with insurance companies or solicitors?

The HSCIC will not share information about you with insurance companies or solicitors. If an insurance company or solicitor wanted information about you they would approach your GP practice directly and you would need to give your explicit consent before any of your information could be shared with them. If you do not agree to their specific request for your information then it will not be shared with them.

FAQ 12. Will you sell data?

No. The HSCIC does not charge for data. Sometimes, the HSCIC may charge an administrative fee (for example, to link the data) but there is no commercial sale of NHS data.

Further information about patient confidentiality and data protection, penalties for misuse of data, and patient rights to opt-out, can be found in section 4 of this note.

⁴ [NHS England FAQs document about *care.data*](#) (August 2013)

3 Recent developments

It was reported that following an intervention by the Information Commissioner in September 2013 the start of extraction of patient data from GP practices was to be delayed from autumn 2013 to March 2014, allowing GPs more time to notify patients about the programme and NHS England has also announced plans for a public awareness campaign.⁵ Further information on the publicity campaign can be found [here](#).

On 16 October 2013 the *Independent* reported that:

Kingsley Manning, Chair of the Health and Social Care Information Centre, the new organisation that will manage the data, said: “The duty on the HSCIC to preserve and protect confidentiality and privacy is clear and we are determined to uphold it. The huge benefits offered by the development of care.data are also clear but can only be delivered in the context of public understanding and trust.”

Following repeated concerns about lack of public awareness and the confidentiality of data in the media, a further 6 month delay was announced by NHS England on 18 February 2014, with the start date for extraction now expected in autumn 2014. NHS England has said this further delay is to ensure patients have “more time to learn about the benefits of sharing information and their right to object to their information being shared.”

Concerns about the confidentiality of extracted data, about lack of public awareness and patient consent, and about the extent of information sharing have also been raised in Parliament.⁶ On 25 February 2014 the Health Select Committee took evidence from ministers and officials responsible for care.data and witness’ from organisations representing medical research charities and groups concerned about confidentiality of data. Care.data has also been referred to in Westminster Hall debates on patient records and data on 27 February⁷ and 4 March 2014.⁸

During the Report stage of the *Care Bill [HL Bill 93 2013-14]*, on 11 March 2014, the Government introduced a new clause that would place additional restrictions on dissemination of information by the Health and Social Care Information Centre (HSCIC).⁹ The Commons agreed the new clause, which would amend sections 253, 261 and 262 of the *Health and Social Care Act 2012* to insert a general duty for the HSCIC “to respect and promote the privacy of recipients of health services and of adult social care in England”. Apart from in limited circumstances where there is a statutory requirement to disclose data, the new clause would ensure that HSCIC could only disseminate information to requesting organisations if “disseminating the information would be for the purposes of the provision of

⁵ NHS England press notice, [NHS England sets out the next steps of public awareness about care.data](#) (16 October 2013)

⁶ See for example [this link](#) to a selection on Parliamentary Questions on care.data.

⁷ [HC Deb 27 February 2014, c173WH](#)

⁸ [HC Deb 4 March 2014, c240WH](#)

⁹ [Notices of Amendments, 3 March 2014; Commons Amendments](#), 13 March 2013.

health care or adult social care.”¹⁰ It would also require HSCIC “to have regard to any advice given to it by a committee appointed by the Health Research Authority”.¹¹

On 6 March 2014 HSCIC announced that records of the data it had released would be made public on 2 April 2014 and that it would also launch an audit into all the data releases made by the NHS Information Centre, its predecessor organisation, by the end of April.¹²

The HSCIC report detailing all the data it has released from 1 April 2013 (when HSCIC was established) to 31 December 2013, including the legal basis on which data was released and how it is being used, is available [here](#) (and this report will be updated quarterly).

A selection of further press coverage can be found at the end of this note.

4 The legal basis for data extraction, penalties for misuse, and opting out

4.1 Data extraction

Under the *Health and Social Care Act 2012*, general practitioner (GP) practices are required to provide information to the Health and Social Care Information Centre (HSCIC) in circumstances specified in the Act. Patients do not have any legal right to prevent this but the Secretary of State has directed that any objections raised by patients should be respected as a matter of policy.

Patients can let their GP practice know if they want to object to confidential information held in their GP's system from being shared or used for any other purpose other than providing their care, except where required by law. Patients can also object to information collected nationally by the HSCIC from being shared with others where it identifies them.¹³

In October 2013 NHS England and the HSCIS issued additional guidance for GP practices intended to clarify GPs' obligations to provide data under the *Health and Social Care Act 2012* and their fair processing obligations under the *Data Protection Act 1998*; and summary of some of the key points from the guidance can be found below:

- GPs are legally required, under the Health and Social Care Act 2012, to provide data to the Health and Social Care Information Centre (HSCIC) for the care.data programme.
- GPs have fair processing responsibilities under the Data Protection Act 1998 and it is important that you understand the extent to which you are required to raise patient awareness as described in the examples below.
- NHS England and the HSCIC have been liaising closely with the Information Commissioner's Office (ICO) to help provide clarity and advice to GP practices on fair processing requirements.

¹⁰ The *Health and Social Care Act 2012* sets out powers for the Health and Social Care Information Centre (IC) to collect, analyse, publish or disseminate information.

¹¹ This refers to the Health Research Authority's (HRA's) Confidentiality Advisory Group (CAG), which provides expert impartial and independent advice to the HRA (for research applications) and the Secretary of State for Health (for non-research applications) on whether applications to access patient information without consent should or should not be approved. The following articles have commented on the proposed changes: [“NHS legally barred from selling patient data for commercial use”](#), *Telegraph*, 28 February 2014
[“DH: New care.data safeguards will not affect research or commissioning”](#), *Health Service Journal*, 7 March 2014

¹² <http://www.hscic.gov.uk/article/3952/HSCIC-agrees-improvements-to-how-information-is-shared>

¹³ [HL Deb 10 Dec 2013 WA104-5](#)

- NHS England and the HSCIC are supporting awareness raising at a national level - this includes sending a leaflet about information and data sharing to every household in England, starting in January 2014.
- No data will be extracted from GP systems for care.data until Spring 2014. It is important you use all available time to raise patient awareness.
- GP practices will be notified prior to any data being extracted for the care.data programme.¹⁴

The Information Commissioner's website provides further information on care.data, and FAQs about GPs' obligations; some sections are set out below:

It is a fundamental principle of the Data Protection Act that people are aware of how organisations may use or disclose their personal information. We expect all of the organisations involved to use the time between now and the spring to make sure patients are aware of these changes, how their information will be used and how they can object to this if they wish to do so.

As the organisation with primary responsibility for their patients' data, GP surgeries have an obligation to ensure that information about the use of their data is actively communicated to patients. They should satisfy themselves that the national and regional awareness programme organised by NHS England, along with the GP practice proactive communication at a local level, ensures that, as far as practically possible, all patients are aware of these changes.

(...)

Q. What should I do if a patient wants to opt out of the extraction process?

The right to object to the extraction process is given to patients through the NHS constitution (the right does not fall under section 10 of the Data Protection Act).¹⁵

GPs must therefore code patient's records accordingly if they indicate that they wish to object to the extraction process. Further information about how to initiate this process should be sought from the HSCIC or by reading the GP guidance available.

GP practices can call the HSCIC Contact Centre on 0845 300 6016 (open from 9am to 5pm, Monday to Friday)

Information for patients is available at: www.nhs.uk/caredata

Q. What are my obligations in relation to fair processing and the Data Protection Act?

It is the Health and Social Care Act 2012 (HSCA) that gives NHS England permission to extract the data. However, as data controllers, GPs still have the obligation, under the DPA, to process data fairly and lawfully. In terms of the care.data programme, this means actively providing information to patients, including the basis and process of the objection process.

The posters, leaflets and additional guidance provided by NHS England on their website are all useful tools to help you do this, but it is your responsibility to ensure that

¹⁴ NHS England and HSCIS, *Additional guidance for GP practices on care.data* (October 2013)

¹⁵ *Section 10 of Data Protection Act 1998* refers to the "right to prevent processing likely to cause damage or distress".

you are satisfied that, as far as practically possible, all patients are aware of these changes.

Further information on fair processing can be found in our 'Privacy notices code of practice'.

Q. What should I do if my practice uses a third party supplier to manage IT solutions?

GPs must give instruction to third party suppliers or contractors to allow, or provide the HSCIC with access to extract the data (when required). Without this instruction the contractor would not be able to pass the information on.¹⁶

4.2 Penalties for misuse of data

Tim Kelsey, National Director for Patients and Information and others at NHS England have referred to criminal and civil penalties for misuse of data obtained from care.data.¹⁷

NHS England's [privacy impact assessment for care.data](#) (15 January 2014) states there will be data sharing contracts with all organisations that are approved to receive data and that sanctions could be applied to organisations that do not comply with the terms of their contract. It states that all disclosures must be in accordance with robust information governance controls, which include potential contractual penalties if data recipients breach the conditions placed on them. Furthermore it states that attempts to re-identify patients maliciously by combining the pseudonymised data with other available datasets would be illegal and would be subject to sanction by the Information Commissioners Office (ICO), the UK's independent authority on information rights.

There are various tools available to the ICO for taking action to change the behaviour of organisations and individuals that collect, use and keep personal information. As well as having the power to serve a monetary penalty notice, other options available to the Information Commissioner include criminal prosecution under the *Data Protection Act 1998 (DPA)*, non-criminal enforcement, and audit.

There are no custodial sentences in respect of DPA offences and no powers of arrest; all offences are punishable only by a fine. On summary trial (magistrates' court) this can be a fine up to the statutory maximum (£5,000); on indictment (Crown Court) the fine can be unlimited (Section 60). Search warrants are available to the Information Commissioner by virtue of section 50 and the powers outlined at schedule 9 of the DPA. The *Criminal Justice and Immigration Act 2008* (section 77) amended the DPA to give the Secretary of State the power to order that offences under section 55 be capable of leading to imprisonment. However, no such order has been made.

The *Data Protection Act 1998 (DPA)* applies to personal data held in all formats, whether electronic, paper, audio, visual or digital records. Processing, under the terms of the DPA, covers all conceivable manipulations of personal data including collection, use, storage, disclosure and amendment. Personal data is any recorded information about a living

¹⁶ http://www.ico.org.uk/for_organisations/sector_guides/health/care_data

¹⁷ See, for example, this article quoting Tim Kelsey speaking penalties for re-identifying patient data: "Re-identifying care.data illegal", *eHealth Insider*, 7 February 2014. A blog post on the [NHS England website](#) states: "Any attempt to re-identify an individual is strictly prohibited and there is a range of criminal and civil penalties for any infringements."

individual that can be identified from that data and mere possession of such data amounts to processing under the DPA.¹⁸

The Information Commissioner's Office (ICO) has issued guidance on the application of the DPA to health data: [Use and Disclosure of Health Data](#) (May 2002).

The HSCIC and contractual penalties:

Regarding the Health and Social Care Information Centre (HSCIC), there are dedicated pages on the [HSCIC website](#) regarding patient confidentiality. Rules on the legal basis for the use and sharing of confidential information can also be found in the HSCIC [Guide to Confidentiality in Health and Social Care](#) and further details of the legislation that controls confidential information disclosures can be found in section 16 of the reference document accompanying the guide.

In summary, there are different rules for “anonymous or aggregated data”, “pseudonymised data”, and “personal confidential data”, sometimes referred to as *green*, *amber* and *red* data. While green data is published and freely available, customers accessing amber or red data through HSCIC's data linkage and extract service are required to sign a data sharing contract before any data is supplied. This contract regulates how the data is shared, used and managed and includes storage security requirements and restrictions on onward sharing or publication. The data sharing contract states that customers must not attempt to link the data with other data sources such that individuals might be re-identified.¹⁹

4.3 Opting out

There is no standard ‘opt out’ form or process for care.data. Patients should contact their GP for information on their data and to discuss opting out of having their personal information shared if they wish to do so. The [NHS Choices website](#) provides information on opting out of the data sharing arrangements:

If you are happy for your information to be used then you do not need to do anything. But if you have concerns you should talk to your GP.

If you do not want information that identifies you from being shared outside your GP practice, talk to a member of staff at your practice. They will make a note of this in your medical record. This will prevent your information being used other than where necessary by law, such as in case of a public health emergency. You will also be able to restrict the use of information held by other places you receive care from. However, this will not affect the care you receive.

You can change your mind at any time and as many times as you wish. Just speak to your GP practice and ask them to record your wishes. For example, if you state that you are happy for your information to be used then you later decide that you object, tell your GP and the HSCIC will then ensure that any information they have from your GP practice and that could identify you is removed.

¹⁸ See the ICO's [Guide to Data Protection Act](#) for further information.

¹⁹ Further information on application and approval of requests to access data from the HSCIC can be found here: <http://www.hscic.gov.uk/dles>

The [NHS Choices website](#) also sets out the types of information sharing that patients can object to:

- You can object to information containing data that identifies you from leaving the GP practice. This type of objection will prevent the information held in your GP record from being sent to the HSCIC secure environment and also by those who have gained special approval to use health information for research.
- You can also object to any information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive care such as hospitals. If you do not object, information that identifies you will only leave the HSCIC in limited circumstances and only with special legal approval. If you object, confidential information will only leave the HSCIC in very rare circumstances, such as in the event of a civil emergency.

GP concerns about opt out procedures

Online GP magazine *Pulse* reported on 12 November 2013 that a GP in Oxford had written to his patients to inform them that they would need to opt *in* to care.data because of the concerns he had about the use of data under the scheme despite being told that it would be illegal to do so.²⁰ The article said that:

Setting out his reasons for adopting this stance, the GP told *Pulse*: “I don’t think there has been any publicity at all about the Government’s plan to go fishing in everyone’s computers. There’s been nothing in the national newspapers at all about it. But I think it’s a great shame that this is being brought in through the back-door as it were, without anyone doing anything about it.”

“I understand entirely the requirements for [good, solid data] from living in this town and having been involved in research in the past myself.”

“But the difficulty with the Government’s plan is two-fold: one, it thinks there is a way of anonymising data and no-one will be able to put it back together and that just isn’t true; two, once you give the Government information, it’s liable to be misused somewhere or other.”

The GP said he hadn’t consulted with anyone else about this yet, and he was well aware of the potential legal conflict. He said: “The Health and Social Care Act seems to be in direct conflict with [the Data Protection Act and the GMC’s *Duties of a Doctor*], so either way doctors are going to be left with a decision ‘Which law do you break?’”.

On 19 November 2013, *Pulse* reported that a second GP had taken the decision to opt out their patients.

5 Policy background

In December 2011 the previous Health Secretary Andrew Lansley made a statement on plans for collaboration between the NHS and the life sciences industry and said the Government would consult on changing the NHS constitution “so that there is an assumption, with the ability to opt out, that data collected during a patient’s care by the NHS may be used for approved research.”²¹

The Government’s [Life Sciences Strategy](#) confirmed that it would:

²⁰ *Pulse*, *GP takes ‘unlawful’ decision to opt patients out of care.data system* (12 November 2013)

²¹ [HC Deb 5 Dec 2011 c25](#)

“...support patients to have access to novel treatments, and be part of the development of wider patient benefits by consulting on an amendment to the NHS Constitution so that, whilst protecting the right of an individual to opt out, there is a default assumption that:

> data collected as part of NHS care can be used for approved research, with appropriate protection for patient confidentiality; and

> patients are content to be approached about research studies for which they may be eligible, to enable them to decide whether they want a discussion about consenting to be involved.”

In December 2012 NHS England published planning guidance to the NHS for 2013-14 that included a commitment for a core set of clinical data to be collected from GP practices.²² Current NHS pledges relating to patient confidentiality and consent can be found in the most recent version of the [NHS Constitution](#), updated in March 2013:

6 How does care.data relate to other electronic health records?

Information from NHS England and the HCSIS notes there has been some confusion between care.data and another centrally administered electronic health record, the Summary Care Record. They highlight that the two schemes are separate and there are therefore separate opt-out procedures:

How does care.data relate to the Summary Care Record?

We are aware that there has been some confusion about the Summary Care Record (SCR) and the primary care data extract for care.data. The two initiatives are quite different. The SCR is an electronic health record that provides healthcare staff with rapid access to essential information about an individual patient in order to provide them with direct care and treatment. In contrast, the care.data programme will use data for purposes other than direct care. The programme will extract coded data from all care settings to ensure that commissioners and providers obtain a more complete and balanced picture of the care being delivered to NHS patients. Without joined-up information it is impossible to commission joined-up care or to address variations in the quality, efficiency and equity of health service provision.

Information for care.data will be extracted into the secure environment of the HSCIC as a series of codes together with the NHS number, postcode, gender and date of birth. These data are then processed in an automated way. The information released by the HSCIC will not identify individuals unless there is a legal basis e.g. approval under Section 251 of the NHS Act 2006.

It is important to note that if a patient has opted out of having a SCR then this preference will NOT automatically apply to care.data extractions. To make this clearer we have included a sentence in the patient leaflet, which will be sent to households.

Consent sought for the SCR was for that specific purpose only. If a patient wishes both to opt out of the SCR and to prevent confidential data from being used for wider purposes beyond their care, then GPs should apply both the SCR dissent code and the objection code(s) detailed in the care.data guidance.

Further information about the Summary Care Record can be found [here](#).

²² NHS England, [Everyone Counts: planning for patients 2013/14](#) (December 2012)

7 Media coverage:

There has been widespread media coverage, with the following selection of articles including online GP magazine *Pulse*, reporting on care.data:

Pulse, [GPs to contact patients individually to explain care.data opt-out](#), 7 October 2014

Pulse, [NHS England looks at expanding care.data extractions to include 'sensitive' patient information](#), 19 August 2014

BBC News online, [Giant NHS database rollout delayed](#), 18 February 2014

Telegraph, [NHS admits new medical records database could pose privacy risk](#), 16 February 2014

BBC News online, [Adults 'unaware of NHS data plans'](#), 14 February 2014

British Medical Journal, [Government must do more to explain benefits of centralised database](#), 14 February 2014

The Guardian, [NHS patient data to be made available for sale to drug and insurance firms](#), 19 January 2014

Pulse, [Biggest risk to care.data scheme is potential loss of GP confidence in benefits of scheme](#), 3 December 2013

Pulse, [NHS England bows to confidentiality concerns and launches £2m national publicity campaign on care.data](#), 16 October 2013

E-health Insider, [£1m national leaflet drop on care.data](#), 16 October 2013

Health Service Journal, [Care.data will 'reduce flow of confidential data around NHS'](#), 16 October 2013

BBC News online, [Data sharing 'good for patients'](#), 26 April 2013