



Understanding Patient Data

Guide to explaining how patient data is used

October 2023



This is a guide to help explain how health data is used in UK health services and beyond. It includes **key messages** and **references** to help you respond to questions and concerns about the use of patient data.

UPD believes patients and publics should not just be informed, but should be part of meaningful conversations around how health data is used.

To get the most from this guide, we encourage you to consider your own audiences and how best to provide the information they'd want.

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If you have any feedback or comments to help us improve this guide, please let us know at hello@understandingpatientdata.org.uk

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01

WHEN EXPLAINING WHAT PATIENT DATA IS

It's important to be clear what kind of data you mean.

For example, whether it's data:

- about one person or many
- that is identifiable, pseudonymised or anonymised
- what information it includes

Try to include examples of what information is collected such as diagnosis, medication, age range, region.

To learn more about health datasets [here](#).

Consider that the phrase “patient data” can be about many things

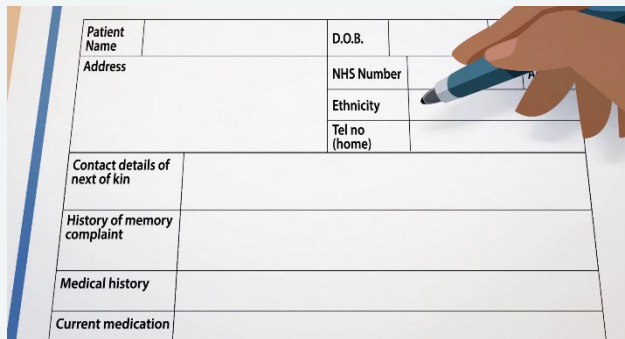
For example:

It can mean data about many people

Patient data can be made up of data extracted from the health records of many different people that has been pooled together, for example to produce statistics.

Or it can be about one person (“individual level data”)

Patient data can be about individual people, whether they are identifiable from the data or not.

An illustration of a hand holding a blue pen, writing on a patient data form. The form has several sections with labels: Patient Name, D.O.B., Address, NHS Number, Ethnicity, Tel no (home), Contact details of next of kin, History of memory complaint, Medical history, and Current medication.

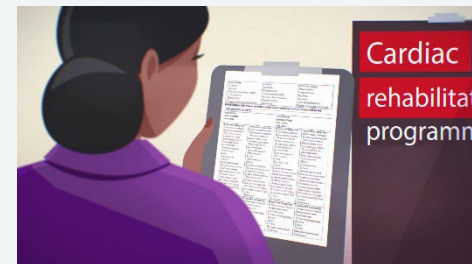
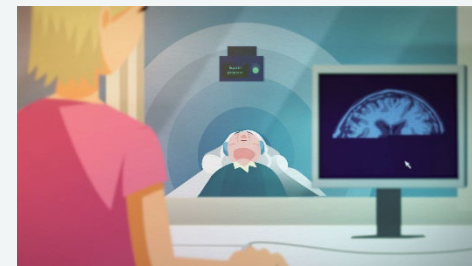
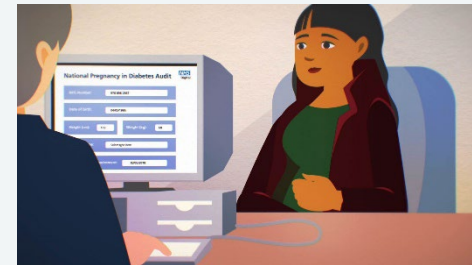
Patient data becomes **Confidential Patient Information** when it combines something that identifies a patient with information about their health. For example, information about the medication someone is taking together with their name, contact information, date of birth, or next-of-kin information.

Consider that patient data may be included in:

- **GP records**
- **Clinical audits** e.g. the National Diabetes Audit
- **Disease registries** e.g. the cancer registry
- **Council records** e.g. number of people receiving care at home
- **Diagnostic imaging datasets** e.g. MRI scans
- **Prescribing databases** e.g. antibiotic prescription rates
- **Commissioning reporting and evaluation** e.g. service improvement measures
- **Patient surveys** e.g. Patient Reported Outcome Measures (PROMs)
- **Secondary care (hospital) datasets** e.g. A&E admissions and outpatient appointments

Other specialists like dentists, physiotherapists and psychologists also create records. Sensitive information is also collected in social care settings.

Other types of data include information collected during clinical trials and cohort studies. Data generated by people might also be considered patient data, for example data from health apps, fitness trackers or patient surveys.



02

WHEN EXPLAINING WHY IT IS IMPORTANT TO USE PATIENT DATA

Remember, most people are comfortable with patient data about them being used by health and care professionals as part of their individual care.

But, people are less familiar with the benefits of using patient data for improving health, care and services through research and planning.

Where possible use examples and case studies to describe how public benefits can arise from using data.

Remember that patient data should be used to help people get the best individual care

Good quality information is essential to inform our clinical care. A person's whole care team, whether in a GP practice, a hospital or a care home, need to have access to up-to-date information to inform their treatment, and to provide the best care.

Every patient should have access to information about their own healthcare, to check information is accurate and to use it to help manage their health.

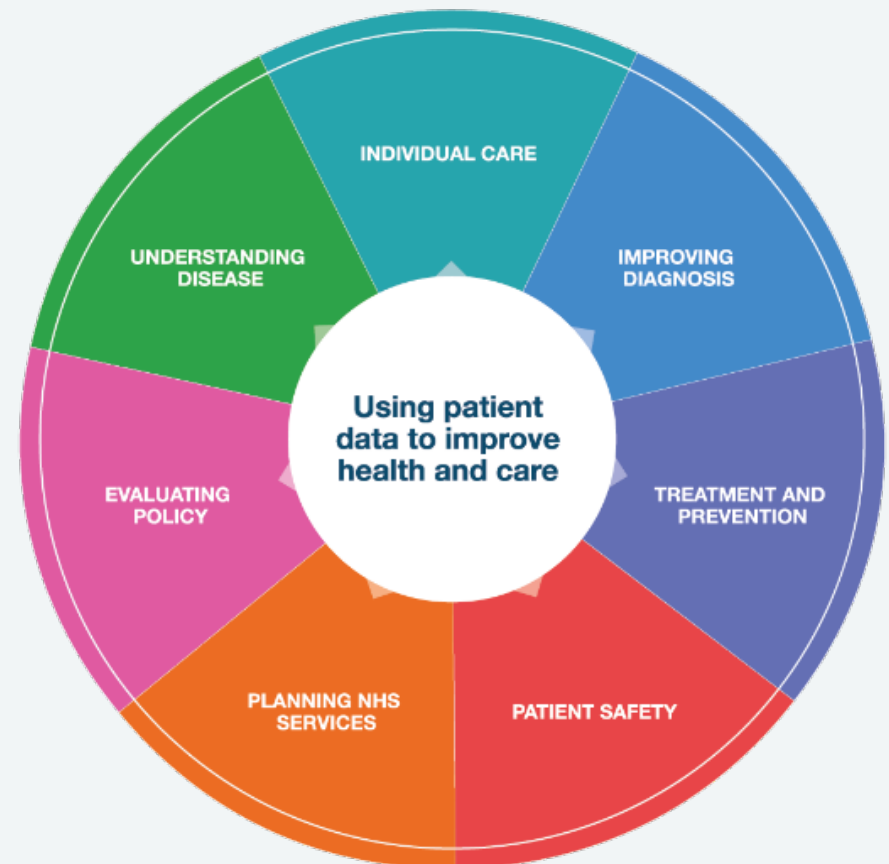


Remember that:

There is low awareness of how data is used to improve health, care and services through research and planning.

People don't necessarily relate the benefits of research and planning to themselves, their health or the health of their loved ones.

Where possible use examples to describe in clear, accessible ways how data can be used for public benefit, and how data could save lives.



For more information see: 1. [Why it's important to use patient data](#) including a printable summary of the [different types of benefits](#) shown in the wheel above. 2. [Case studies](#) describing a range of ways patient data can be used. 3. [Patient journey animations](#) showing a range of ways data is used to improve care.

03

WHEN EXPLAINING WHAT HAPPENS TO PATIENT DATA AND WHO SEES IT

Be open. People are unlikely to know about the different types of organisations that use patient data, why they use patient data, or how access to data works.

Be aware people may want reassurances, including that:

- a patient's full record will only be seen by healthcare professionals who are directly involved in their care.
- there are strict controls on how anyone else can access patient data.
- patient data can only be used beyond individual care if there is a public benefit.

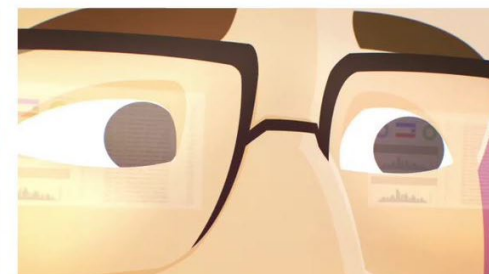
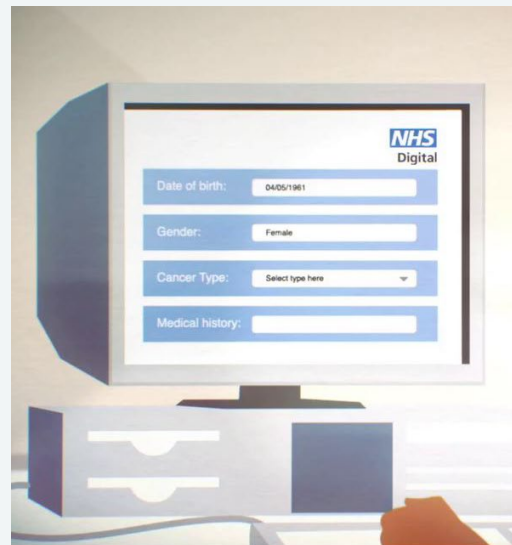
Remember the types of organisations that can use patient data include:

Providers (e.g. hospital trusts) and commissioners who use data to monitor trends and patterns in population health, hospital and care activity, to assess how care is provided, and to support local service planning.

Academic researchers who use data to understand more about the causes of disease, to develop new ways of diagnosing illness or to identify ways to develop new treatments.

Charities who use data to evaluate services, advocate for patient communities and identify ways to improve care.

Private sector organisations who use data for many reasons, for example if they are partnering with the NHS, developing medicines or devices or providing services.



For more information see: 1. [What data is used by researchers](#). 2. Examples of different organisations using patient data in our [case studies](#). 3. What to consider when explaining why [private sector organisations](#) access patient data.

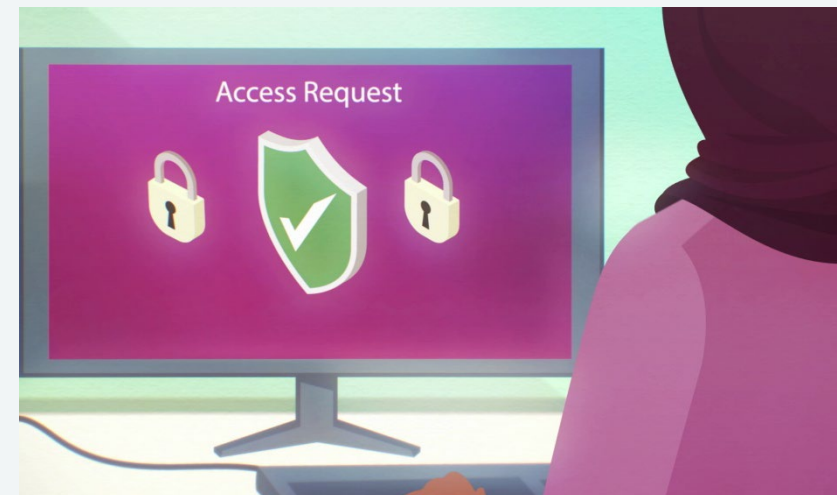
Consider that most people are unlikely to know how access to data works and how decisions are made

Most people want to know that:

- someone has responsibility for oversight about the purposes for which data can be used.
- there are strict controls on who can access patient data for research and planning, especially when it may be possible to identify someone from the data.

Remember to talk about the controls, including:

- Patient data uses can only be approved where there is potential for public benefit.
- The purpose must be approved before anyone can use the data. Try and provide information about who makes these decisions and how.
- That only the minimum amount of data necessary for the stated purpose will be used.
- It is an offence to re-identify someone from the data accessed.



For more information see: 1. [How decisions are made](#) including information about the organisations who make decisions about data access. 2. [Patient journey animations](#) describing stories of what happens to data and who sees it.

04

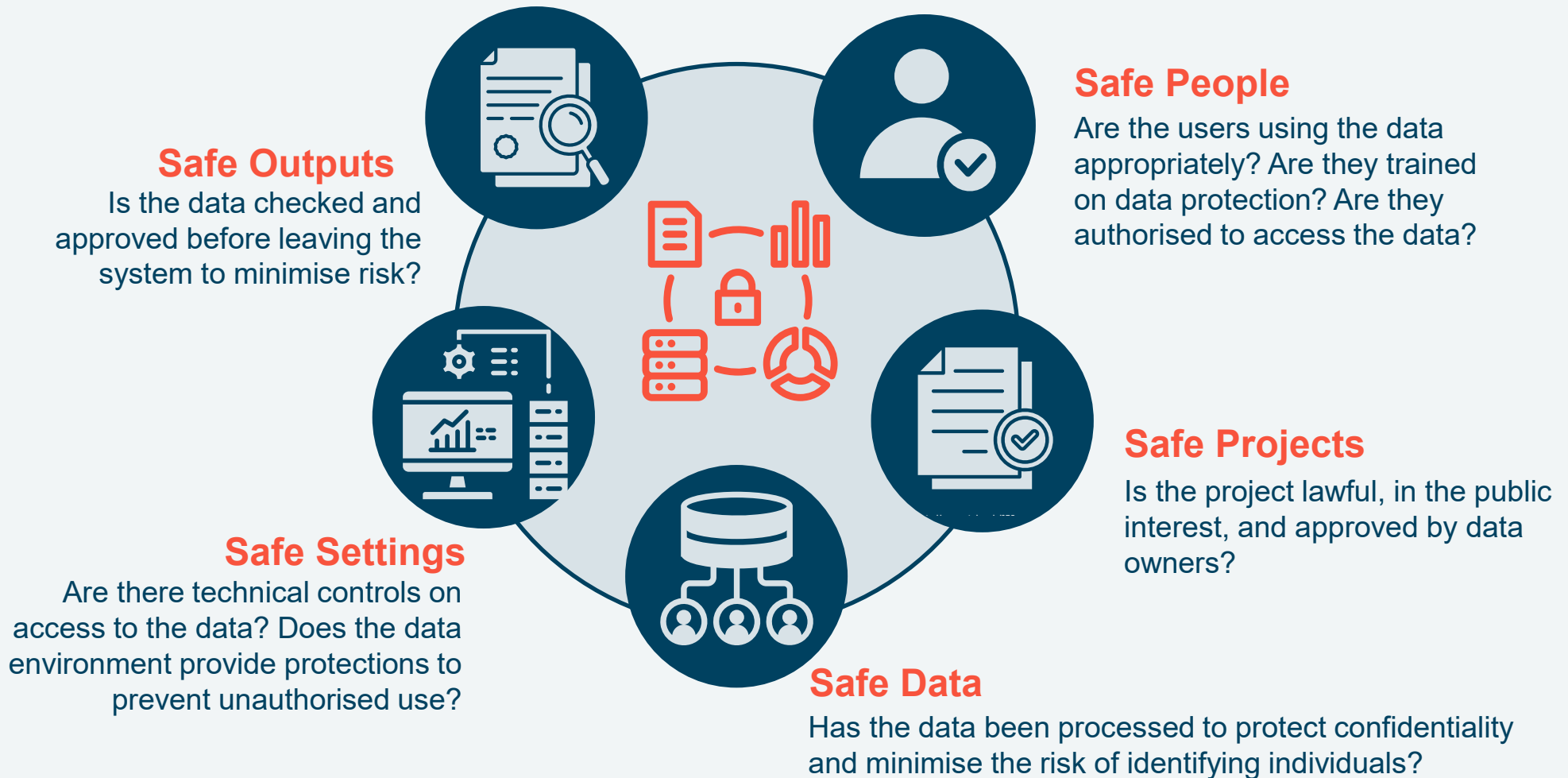
WHEN EXPLAINING WHAT SAFEGUARDS ARE IN PLACE TO PROTECT PATIENT DATA

Always mention how patient data is kept safe and secure to protect confidential information.

Consider explaining this through the lens of the Five Safes framework:

- Safe People
- Safe Projects
- Safe Data
- Safe Settings
- Safe Outputs

A common framework for assessing and explaining how data is kept safe is the Five Safes framework



05

WHEN EXPLAINING THE RISKS OF USING PATIENT DATA

It is important to acknowledge that using patient data will never be totally risk-free. There must be robust measures in place to reduce the risks as much as possible.

There are also risks around not using data. Providing balanced and honest information allows people to weigh up the benefits and risks.

Patients' concerns typically include:

- Loss of privacy, or information about their medical history being revealed to others.
- Loss of control if data is passed outside the NHS (including data being used to discriminate and for targeted marketing).
- The possibility of cyber attacks or hacking.

Risks from not sharing patient data include:

- NHS resources are not used as efficiently as possible and are potentially wasted.
- The safety and effectiveness of medicines and other treatments are not monitored.
- Less is known about how to improve the health of some groups of patients.



Remember that what is an acceptable balance between benefit and risk will vary from person to person. People may accept greater risks if they are more likely to benefit directly.

06

WHEN EXPLAINING IF PATIENT DATA BEING USED IS “PERSONAL DATA”

Be aware that people are often concerned about whether they could be identified from data.

When describing identifiability, it's important to use words that are easy to understand while still being as accurate as possible.

Be aware that the words used to describe whether a person is identifiable from data can be technical and complicated

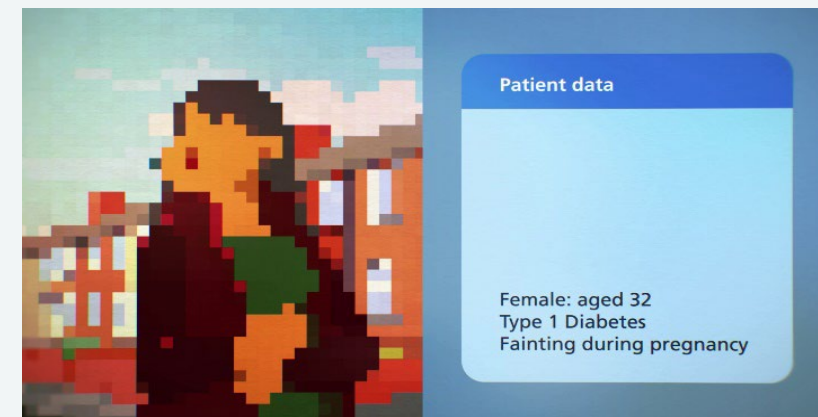
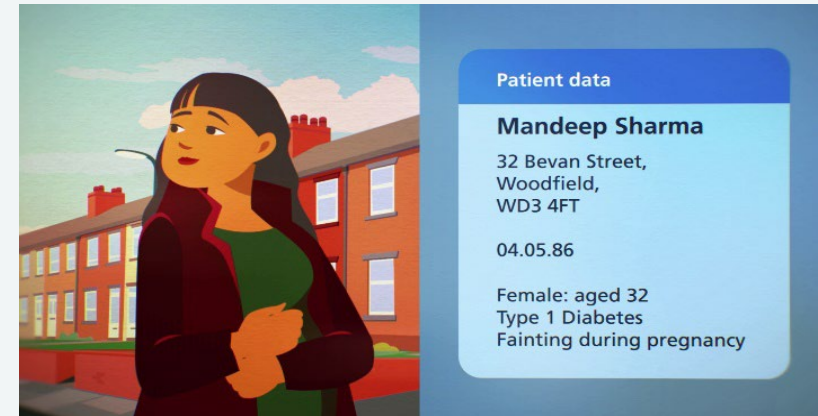
It is important to clearly explain:

- whether data is “personal data” as defined by the law.
- what steps have been taken to remove identifiers.
- the risk of re-identification when different types of data are used.

When talking about whether data counts as “personal data”, it’s important to consider the environment in which data is being used, as well as what’s in the data itself. Depending on the risk of re-identification, different controls are needed.

Bear in mind that it may also be possible to work out who someone is by combining information from different sources — like joining together different pieces of a jigsaw puzzle.

Find out more about how to explain identifiability [in our guide to large datasets](#), which also defines key terms like anonymisation and pseudonymisation.



07

WHEN EXPLAINING WHAT'S ALLOWED AND NOT ALLOWED

Remember that people want an idea of any 'red lines' and often don't know about strict rules protecting the use of patient data.

For example, it's important people are made aware:

- That patient data uses can only be approved where there is potential for public benefit.
- That there are strict rules (and where there are exceptions to those rules).

Consider that people may not know that there are strict rules on what's allowed and not allowed, and that there are can be exceptions too

Public benefit

People may not know that patient data can only be accessed if there is a potential for public benefit. This rule applies to everyone.

Consent

People may be familiar with the idea of providing explicit consent for research projects or trials, but in some cases consent is not required for data to be used. It's important to provide clear information about any exceptions that are allowed by law.

Marketing and insurance

When asked about the acceptability of patient data uses, people are often concerned that information about them will be used by marketing and insurance companies.

Your personal information will only be shared with authorised persons where there is a legal basis to do so and for individual or public benefit, which does not include marketing and insurance. In England, NHS guidelines specify that organisations providing health and care services must not use data for marketing or insurance purposes, unless this is requested by the patient.



08

WHEN EXPLAINING WHAT CHOICES PEOPLE HAVE ABOUT HOW PATIENT DATA IS USED

It's important to make people aware of their rights and choices in a way that is easy to understand and act upon.

Information should also be provided about:

- any impact their choice might have.
- how choices at local or regional level relate to choices that can be set at a national level.

People need accessible information to make an informed decision

If people do have a choice about how data about them is used, you should provide information on:

- The type of data the choice applies to. For example in England, the national data opt-out applies to the use of **confidential patient information** for research and planning purposes. Give examples where possible.
- Any exceptions when a person's choice won't be upheld. For example, if there are legal exceptions that could override a person's choice.
- The possible impact of their choices. For example, setting a national data opt-out in England will **not affect patients' individual care**. But having patient data about as many people as possible ensures that the NHS has the most complete information for making decisions about how to provide care.
- **Be careful when describing what type of choice it is: opt-out, opt-in or consent. Each type has a different legal or policy basis and public expectations.**
- Only use the word **consent** if you explicitly ask people's permission in order to use the data. **Do not use 'consent' to refer to broad public acceptance or support for using patient data.**
- **Remember** there are different national policies in England, Scotland, Wales and Northern Ireland.

09

WHEN EXPLAINING WHY PRIVATE SECTOR ORGANISATIONS ACCESS PATIENT DATA

Remember there is low public awareness of private sector organisations being involved in providing care and research across and beyond the NHS.

People tend to support data being used for research, but they:

- are uncomfortable with private sector organisations accessing health information.
- have little understanding of why private sector organisations may access patient data.

Be open about why private sector organisations use data and provide examples where possible.

Be prepared that people may have lots of questions about private sector organisations using patient data

People have high trust in the NHS, but are less trusting of the private sector and their **motivations** given their commercial interests. People may have heard about scandals involving private sector organisations using health data.



Be ready to talk about:

- People's concerns around whether the NHS sells patient data, and private sector organisations using patient data for marketing and insurance purposes.
- Why the NHS partners with the private sector (for example, for the expertise or technologies private sector organisations provide).
- The safeguards in place to protect privacy.

Remember to highlight:

- The NHS works in **partnership** with private sector organisations in many ways to deliver care and research across the NHS.
- What the **public benefit** is.
- That personally identifiable patient data can only be used if there is a **health benefit**.



How to find out more

This guide does not cover the breadth of issues we work on. Visit our website and social media pages for more information.

hello@understandingpatientdata.org.uk

www.understandingpatientdata.org.uk

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