

## **Covid-19 and your information - Updated on 24<sup>th</sup> January 2023**

### **Supplementary privacy note on Covid-19 for Patients/Service Users**

This notice describes how we may use your information to protect you and others during the Covid-19 outbreak. It supplements our main Privacy Notice which is available on our website.

The health and social care system is facing significant pressures due to the Covid-19 outbreak. Health and care information is essential to deliver care to individuals, to support health and social care services and to protect public health. Information will also be vital in researching, monitoring, tracking and managing the outbreak. In the current emergency it has become even more important to share health and care information across relevant organisations.

Existing law which allows confidential patient information to be used and shared appropriately and lawfully in a public health emergency is being used during this outbreak. Using this law the Secretary of State has required NHS Digital; NHS England and Improvement; Arms Length Bodies (such as Public Health England); local authorities; health organisations and GPs to share confidential patient information to respond to the Covid-19 outbreak. Any information used or shared during the Covid-19 outbreak will be limited to the period of the outbreak unless there is another legal basis to use the data. Further information is available on gov.uk [here](#) and some FAQs on this law are available [here](#).

During this period of emergency, opt-outs will not generally apply to the data used to support the Covid-19 outbreak, due to the public interest in sharing information. This includes [National Data Opt-outs](#). However in relation to the Summary Care Record, existing choices will be respected. Where data is used and shared under these laws your right to have personal data erased will also not apply. It may also take us longer to respond to Subject Access requests, Freedom of Information requests and new opt-out requests whilst we focus our efforts on responding to the outbreak.

In order to look after your health and care needs we may share your confidential patient information including health and care records with clinical and non clinical staff in other health and care providers, for example neighbouring GP practices, hospitals and NHS 111. We may also use the details we have to send public health messages to you, either by phone, text or email.

During this period of emergency we may offer you a consultation via telephone or video-conferencing. By accepting the invitation and entering the consultation you are consenting to this. Your personal/confidential patient information will be safeguarded in the same way it would with any other consultation.

We will also be required to share personal/confidential patient information with health and care organisations and other bodies engaged in disease surveillance for the purposes of protecting public health, providing healthcare services to the public and monitoring and

managing the outbreak. Further information about how health and care data is being used and shared by other NHS and social care organisations in a variety of ways to support the Covid-19 response is [here](#).

NHS England and Improvement and NHSX have developed a single, secure store to gather data from across the health and care system to inform the Covid-19 response. This includes data already collected by NHS England, NHS Improvement, Public Health England and NHS Digital. New data will include 999 call data, data about hospital occupancy and A&E capacity data as well as [data provided by patients themselves](#). All the data held in the platform is subject to strict controls that meet the requirements of data protection legislation.

In such circumstances where you tell us you're experiencing Covid-19 symptoms we may need to collect specific health data about you. Where we need to do so, we will not collect more information than we require and we will ensure that any information collected is treated with the appropriate safeguards.

At the request of the Deputy Chief Medical Officer (DCMO), an advisory group, supported by the NHS England RAPID-C19 team, was constituted to identify a set of patient conditions (or cohorts) that were deemed to be at the very highest risk of an adverse COVID-19 outcome, namely hospitalisation and death. The recommendations are to support the deployment of approved medications for treatment or prophylaxis, potentially across a range of scenarios, but the group was tasked to focus on those in the community with clinically proven COVID-19.

The advisory group sought to generate a list of conditions or cohorts of greatest risk of adverse outcome following COVID-19.

Our approach is described in detail below.

Briefly, we evaluated risk of poor outcome using QCOVID3 and ISARIC (International Severe Acute Respiratory Infection Consortium – Coronavirus Clinical Characterisation Consortium) data since these large population studies gave indicative risk groups based on community data relevant to our specific commission.

Next, we gathered an extensive literature of (mainly immunological) studies that examined the immunologic efficacy of vaccines in the context of either primary disease or therapeutics that might compromise immune competence. By this means we addressed:

1. knowledge gaps
2. lack of granularity when evaluating QCOVID3 and ISARIC datasets to determine who may be at greatest risk of hospitalisation and death despite vaccination

For more information go to [Defining the highest-risk clinical subgroups upon community infection with SARS-CoV-2 when considering the use of neutralising monoclonal antibodies \(nMABs\) and antiviral drugs: independent advisory group report - GOV.UK \(www.gov.uk\)](#)

We may amend this privacy notice at any time so please review it frequently. The date at the top of this page will be amended each time this notice is updated.

