



London Ambulance Service **NHS**
NHS Trust

**Policy for Access to Health Records, Disclosure of Patient Information:
Protection and Use of Patient Information.**

DOCUMENT PROFILE and CONTROL

Purpose of the document To ensure that proper arrangements are in place concerning access to Patient Information held under the control of the LAS and maintaining the protection and disclosure of Patient Information to patients and others.

Sponsor Department: Information Governance

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Related documents or references providing additional information		
Ref. No.	Title	Version
	DH- Confidentiality: NHS Code of Practice	
	Information Commissioner:- Data Protection legislation Legal Guidance	
	IC - Use and Disclosure of Health Data	
	IC - Subject Access to Health Records	
	Data Protection legislation	
	Human Rights Act 1998.	
	Freedom of Information Act 2000.	

	Access to Health Records Act 1990	
	Law Society Civil Litigation Committee Protocol for Obtaining Hospital Medical Records.	
TP /012	Data Protection Policy	
TP /017	Procedure for Health Records Used, Generated and Stored by LAS	
TP /018	Suspected Cases of Child Abuse Procedure	
TP /019	Suspected Abuse of Vulnerable Adults Procedure	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

The London Ambulance Service NHS Trust (LAS) receives requests for access to and information about calls and other records (“Patient Information”) from, among others, patients, patients’ relatives, solicitors pursuing civil claims, solicitors defending criminal prosecutions, and the police. In addition requests for information about calls to patients are received from other groups including the press / media, other NHS bodies, local authorities, and members of the public.

The policy is modelled on the guidance from the Department of Health in ‘Confidentiality: NHS Code of Practice’ (July/November 2003), and in “Guidance for Access to Health Records Requests” (June 2003), and from the Information Commissioner in “Use and Disclosure of Health Data” (May 2002). It is also based on relevant statutory provisions contained in Data Protection legislation and (in respect of deceased patients’ records) the Access to Health Records Act 1990 (AHRA). The Freedom of Information Act 2000 and the Human Rights Act 1998 have also been taken into account.

The policy dovetails with the Trust’s other procedures for handling complaints and claims against the Trust.

Records retained by and held under the control of the LAS are held by Management Information (Accident & Emergency records except LA1s), NETS (NETS and PTS records) and on main stations (LA1s). NETS is considered to be a “data processor” and not a “data controller” under the terms of Data Protection legislation , and the records therefore belong to the organisation which provided the data. Where requests are received for access to this information we will co-operate with the data controller organisation in making the information available.

2. Scope

This policy covers access from any source to electronic data, paper forms, tape recordings and any other formats, containing patient information, completed, generated or handled by LAS staff.

3. Objectives

1. To ensure that proper arrangements are in place concerning access to Patient Information held under the control of the LAS and maintaining patient confidentiality.
- 2.To ensure that proper systems are in place concerning the protection and disclosure of Patient Information to patients, their relatives, personal representative, solicitors, police, healthcare providers, social services and the press / media.

4. Responsibilities

- 4.1** The **Medical Director** as Caldicott Guardian has responsibility for ensuring that patient confidentiality is maintained at all times and may determine when it is in the best interests of the patient to disclose their health records. This includes the decision to deny or restrict access to a patient's health records and to provide transcripts of recorded calls into/out of EOC.
- 4.2** The **Head of Legal Services** advises on legal requests for disclosure of patient information and other legal aspects of access to, and release of, health records and application of Data Protection legislation
- 4.3** The **Head of Management Information** is responsible for ensuring that staff in MI and Operational Information and Archives handle both internal and external requests for access to health records as detailed in the policy
- 4.4** The **Head of Patient Experiences** is responsible for ensuring that staff in PED manage requests for access to health records from patients and service users, solicitors other health and social care providers and other interested agencies as detailed in the policy.
- 4.5** The **Head of Communications** is responsible for ensuring that staff in Communications handle all requests for patient information from the media.
- 4.6** The **Head of Clinical Audit and Research** is responsible for ensuring that staff in CARU handle requests for information from other health care providers and social services for research purposes.
- 4.7** The **Information Governance Manager** is responsible for the management of records in the organisation and providing guidance and advice on their management and retention and information sharing.
- 4.8** **Ambulance Operations Managers** handle all urgent requests for patient information from the police outside office hours.
- 4.9** The **Information Governance Group (IGG)** has responsibility for reviewing the application of all aspects of this policy. The Group reports through to the Executive Management Team (EMT).

5. Definitions

5.1 Health Record

Information about the physical or mental health or condition of an identifiable individual made by or on behalf of a health professional in connection with the care of that individual.'

6. The Legal Framework

6.1 Duty of Confidence

There is a special relationship between a healthcare professional and his/her patient which means that the common law duty of confidence attaches to personal details (including his/her medical details) provided by the patient about himself/herself. The information is likely to be of a sensitive nature and passed on in the expectation that it will not be provided to any third party. It has long been accepted that information disclosed by an individual to a healthcare professional in the course of his or her work is covered by a duty of confidence. Consequently, Patient Information held by the LAS is covered by that duty.

6.2 Data Protection legislation

Data Protection legislation places obligations on the **data controller** (LAS) in respect of the processing of information about a living individual (the **data subject**) held either electronically or manually in a **filing system**.

“Filing system” means any structured set of personal data which is accessible according to specific criteria, whether held by automated means or manually and whether centralised, decentralised or dispersed on a functional or geographical basis

The legislation covers data from which a living individual can be identified: this is **personal data**. A subset of personal data consists of information relating to certain issues such as his or her physical or mental health or condition: this is **sensitive personal data**.

The legislation stipulates that disclosure of any personal data, including sensitive personal data, will only be lawful without the data subject’s explicit consent if certain conditions are met.

PART 1 - DISCLOSURE OF PATIENT INFORMATION TO THIRD PARTIES

1.0 Duty of Confidence

1.1 Patient information held by the LAS is covered by a duty of confidence. Under the duty of confidence, patient information may only be disclosed to third parties in the following limited circumstances:

- Where the disclosure is to health care providers / organisations and social services agencies, the details are set out in paragraph 5.4
- The patient has given their informed and explicit consent – i.e. the patient must understand to whom the proposed disclosure will be made, the reason for the disclosure, the extent of the information to be disclosed, and the potential consequences of disclosure.
- In the absence of the patient's consent, disclosure will only be lawful if it is in the substantial public interest. This is a matter of judgement but circumstances in which disclosure might be lawful include where disclosure is necessary for the detection or prevention of a serious crime or where disclosure is necessary to prevent serious harm coming to any individual.
- Where a court has ordered that the information should be disclosed. On receipt of a court document that appears to require disclosure of information without the consent of the patient, LAS staff should liaise with the Head of Legal Services to ensure that all the relevant formalities have been complied with prior to disclosure of the information.
- Where statute requires disclosure of the information.

1.2 In all cases, disclosure to a third party should be limited to the minimum information required to satisfy the purposes of disclosure.

1.3 Patient information should be anonymised whenever this would be sufficient for a particular purpose.

2.0 The DPA

2.1 The DPA must also be considered as in any disclosure it is likely that there will be processing of personal data. If a breach of confidence cannot be justified then disclosure under the DPA would not be lawful. However, if it has been determined that disclosure would be justified, it is necessary to consider whether the information in question is covered by the DPA and if so whether disclosure would be lawful under its provisions. However, merely because disclosure would be lawful does not mean that there is an obligation to disclose information (apart from disclosure to the data subject, see Part 2 of this document).

2.2 Much of the personal data collected as a result of an assessment is likely to be sensitive personal data. There are a number of conditions, one or more of which must be met if disclosure of such information is to be lawful under the DPA.

- Where disclosure is with the consent of the data subject (see 1.1 above). The consent must be 'explicit' and should be recorded in writing.

Without explicit consent of the patient, those conditions which are most likely to apply are where disclosure is necessary (i.e. not merely convenient):

- For the protection of someone's "vital interests".

This has been said to apply only to life and death situations but it can probably be relied upon to protect someone from a risk of serious harm, which has the potential to be life threatening.

- For the prevention or detection of any unlawful act i.e. disclosure to the police.

In this case it must be possible to justify the disclosure without the consent of the person because it would prejudice the purpose of the disclosure. For example, if you asked the person for permission they might destroy evidence or evade the Police. Furthermore, the disclosure must be in the substantial public interest.

- For medical purposes.

Medical purposes include preventative medicine, medical diagnosis, medical research, the provision of care and treatment and the management of health care services. For instance, where information needs to be disclosed from the

LAS to a doctor in order to allow that doctor to treat the patient.

Processing for medical purposes must be carried out by a health care professional or someone under the same duty of confidentiality to the patient.

2.3 Patients are entitled to give written notices to the LAS requiring the Trust within a reasonable period to cease processing (holding) their personal data. This will be on the basis that processing the data is causing, or is likely to cause, substantial, and unwarranted, damage or distress, either to the patient himself or to other people (section 10, DPA). The LAS must then reply, in writing, within 21 days of receiving such a notice to tell the patient either that we have complied, or shall comply, with his notice, or that the notice is regarded as unjustified (in which case our reasons must be given) and that we shall be complying with it only partially or not at all. The patient then has the right to apply to the Information Commissioner or the Court against the LAS's decision.

2.3.1 In normal circumstances it will be sufficient to add a note of the patient's comments to the LAS's records.

2.3.2 LAS records containing personal data about patients should not be amended or deleted without the prior approval of the Head of Legal Services.

3.0 Patient information capable of identifying third parties

3.1 Patient information relating to one patient may also be capable of identifying a third party other than the patient in question. In such cases, the LAS will also need to consider both any duty of confidence owed to the third party and its obligations under the DPA in respect of information capable of identifying the third party. These will include seeking consent, anonymising the information and removing information which could identify a third party. See also Part 2 paragraphs 8.3 and 8.7 for more information.

4.0 Special Cases

4.1 Adults lacking the capacity to consent

When a patient is unable to give consent to his / her health records being disclosed, due to his / her mental or physical condition, any decision to disclose the health records will be made only where the patient's treating doctor and the LAS Medical Director have determined that it would be in the best interests of the patient to do so. The views of their relatives or carers will inform that decision.

Please see also Part 2 paragraph 4.1.

4.2 Children

Patients of sixteen years and over may consent to disclosure of their records to a third party.

Patients under the age of sixteen who are capable of:

- understanding information about the proposed disclosure including its purpose, likely effects and consequences for them and any alternative routes of action; and
- are capable of weighing those factors in the balance and drawing a conclusion,

may consent to disclosure of their records without the need to consult with an adult with parental responsibility for them.

Individuals with parental responsibility for children under the age of sixteen may apply for their child's records. However, see Part 2, para 3.

5.0 Specific Examples

The scenarios in Appendix 6 describe some typical and unusual requests for patient information/records disclosures.

5.1 Disclosing Patient Information to solicitors.

Health records may be disclosed to solicitors with the consent of the patient or under the terms of an order from the Court or under s35 DPA.

All requests for access to health records from solicitors must be referred to the Patient Experiences Department.

Applicants will be encouraged to submit their written application and valid consent on behalf of a patient for health records when court proceedings are contemplated on an LA235 form (see Appendix 1) which is modelled on the Law Society Civil Litigation Committee Protocol for Obtaining Hospital Medical Records.

The replies will be given in accordance with the timetable in part 2, paragraph 6 and Charges in appendix 5.

5.2 Disclosing Patient Information to the police at their request.

In general, health records or any other personal information held by the Trust in relation to a patient should not be disclosed to the police when they are investigating or seeking to prevent a criminal offence or apprehend or prosecute offenders except with the patient's consent. There may be some circumstances when the police request information where it would be lawful to provide it to them, as set out below. Such requests should be considered in light of the general principles set out in Part 1 of this policy.

Request

If the request is not made pursuant to a Court Order, all requests for information from the police must be made by way of 'LA414 – Operational Information & Archives Request Form'.

Consideration

During 'office hours' (Monday – Friday 09.00 – 17.00) Operational Information & Archives deal with requests from the police for information held by the Trust. Outside 'office hours' all police requests will be referred to the Group Station Manager ('GSM') on Station or the Incident Delivery Manager ('IDM')

Consent

If the patient has consented to disclosure of their personal information this should be recorded on the LA414.

Legal duty to disclose (even without patient's consent)

In some circumstances the Trust is under a legal duty to disclose information even without the patient's consent. Some examples are:

- Court order – where the courts have made an order, you must disclose the required information or challenge the order. In these circumstances advice must be sought from the Head of Legal Services.
- Section 172 of the Road Traffic Act 1988 – where the driver of a vehicle is alleged to have committed a relevant offence the Trust must give information it has that may lead to the identification of the driver.
- Terrorism Act 2000 – the police must be informed if the Trust has information that may assist them in preventing an act of terrorism, or help in apprehending or prosecuting a terrorist
- Female Genital Mutilation Act 2003 – there is a statutory duty to report to the police where it appears that a female under the age of 18 has been subject to genital mutilation.

In other circumstances the Trust may still disclose information even without the patient's consent.

- Safeguarding – information that may be sought by the police in order to safeguard the welfare of vulnerable adults or children.
- Section 29 of the DPA – the police may seek personal information in order to prevent or detect crime or in order to apprehend or prosecute offenders. When doing so the Trust may be exempt from being prevented from disclosing personal information without consent under section 29 of the DPA. This provision allows the release of personal information for the given purposes if not releasing it would be likely to prejudice (that is, significantly harm) any attempt by the police to prevent crime or catch a suspect.
- Public interest disclosure – there may be circumstances when disclosure of confidential information is sufficiently in the public interest to warrant the disclosure, that is the public good arising from the disclosure is thought to outweigh both the duty of confidentiality to the individual and the public good served by the provision of confidential information.

Extent of disclosure

In all cases only the minimum or relevant information to satisfy the request and/or the consent given must be provided. This may mean that certain documents must first be redacted before being disclosed.

Advice

If there is any doubt whether to release the patient information, the advice of the Head of Legal Services should be sought.

Disclosure

It is vital that the provision of information to the police is done securely. If you have been asked to provide information either on a CD, DVD, USB or via digital media or email the files must be encrypted. Any emails must be sent using egress to a pnn.police.uk email account and attachments password protected. All paper copy transfers must be done in person or by way of courier service or Royal Mail special deliver

5.3 Disclosing Patient Information for a Criminal Court

When a request, or summons, is received for the disclosure of a patient's personal data for the purposes of a criminal trial, the patient should be contacted to enable them to consider whether to give consent or alternatively to obtain legal representation so that their views on disclosure can be taken into account by the Court before any order is made. If they do not have the opportunity to make representations, in respect of the confidentiality of the data, then any order for disclosure might be flawed as a breach of their human rights.

The LAS may need to make representations in respect of the confidentiality of such data if the patient concerned is unable, for whatever reason, to express a view on disclosure: this is because the confidential nature of such data is an important matter which must be taken into account in the litigation process.

5.4 Disclosing information to the press / media.

Information that identifies a patient must not be disclosed to the press/media unless the patient has given their consent in writing. The only situation in which information may be given without a patient's consent is where it is not possible to obtain consent (e.g. because the patient is unconscious) provided that disclosure could be justified as being in the patient's best interests.

Where an inquiry has been made about a deceased patient LAS staff should note that a duty of confidentiality to that person still exists. Consequently, information that identifies the patient should not be disclosed without the consent of the family. All requests for information from press/media will be referred to Communications Department.

5.5 Disclosing Patient Information to health care providers / organisations and social services agencies.

Information that identifies a patient needs to be disclosed to the health and social care agencies in order to deliver a 'seamless service' to patients. For instance, it is a requirement for LAS accident and emergency crews to hand a copy of the patient report form to the Accident and Emergency Department / other hospital department to which they have conveyed a patient.

The same principles as outlined earlier apply to this situation and a patient's consent to disclosure should be sought wherever possible. However, in routine situations such as when a patient consents to be conveyed to a unit by ambulance, he or she can be taken as agreeing to the disclosure of health information about them to the unit as part of that procedure.

If consent is refused, then it will be necessary to consider whether it would be in the substantial public interest for the proposed disclosure to go ahead despite that refusal. For instance, in cases of suspected abuse to children or vulnerable adults it may be appropriate to inform social services of the relevant facts in order to prevent serious harm (see TP/018 Safeguarding Children and Young People Policy and TP/019 Safeguarding Adults at Risk Policy). Disclosure without consent to the relevant statutory agency may be in the substantial public interest where the child or vulnerable adult is in need.

Requests for patient information from other health care providers / organisations and social services agencies will be dealt with by the Patient Experiences Department, Clinical Audit and Research or Management Information depending on the rationale for disclosing the information. The release of any bulk or regular transfer of identifiable patient data between the LAS and other Trusts and agencies will be controlled and monitored through an Information Sharing Protocol or Subject Specific Information Sharing Agreement (SSISA). In this situation the Information Governance Manager should be contacted for further advice.

PART 2 – A PATIENT'S RIGHT OF ACCESS TO THEIR RECORDS

1.0 Legal Framework

- 1.1 Under Data Protection legislation **Data subjects** (living patients) have a right of access to all data capable of identifying them that is held electronically, or in a relevant manual filing system (**personal data**), by the **data controller** (LAS). Data subjects do not have to give reasons for seeking access but the request for access must be in writing.
- 1.2 The information will be released to the patient or their representative when the LAS is satisfied that they have been properly identified, based on para 4.1.3 of the "Legal Guidance" published by the Information Commissioner. This is to avoid disclosure to an individual impersonating the applicant where this would cause damage or distress to the real data subject.
- 1.3 Patients are encouraged to submit their requests for access to health records in writing on a LA234 form (see example in Appendix 2) modelled on the guidance from the NHS Management Executive. Other written requests however will not be refused solely on the ground that the form in Appendix 2 has not been used, when a valid form of consent is submitted.

1.4 Assistance will be provided by PED staff for persons with disability, or who for any reason need assistance in reading information contained in their health record.

2.0 Applications on behalf of data subjects with capacity

2.1 The LAS responds directly to requests for Patient Information from patients, their parents, litigation friends or personal representatives. However, the right of access to personal data is that of the data subject (i.e. the patient) alone.

2.2 All other requests must therefore be made on behalf of the patient. Before disclosing any records to a third party (e.g. a parent or other relative) the LAS should be satisfied that the patient has agreed that disclosure should be made to the third party under his right of access. In the absence of evidence of this consent, a request for disclosure from any person other than the patient should be treated as a request for disclosure by a third party under Part 1 of the policy.

3.0 Applications on behalf of children

3.1 A person with parental responsibility for an under 16 year old can apply for access to their records. However, the person making the request should be asked to give permission in writing for prior contact to be made with the child's GP. Access can be denied if, in the opinion of the child's GP, this would be likely to cause serious harm to the physical or mental health or condition of the child or any other individual. Consideration should be given to asking the GP to discuss the disclosure with the child. Those with parental responsibility can also be denied access if the child gave the information contained in the records in the expectation that it would not be passed onto his / her parents or other holders of parental responsibility (e.g. teenage pregnancy / child abuse cases) or if they have expressly said they do not want the information to be disclosed. In this respect, it would be relevant to consider the Gillick competence test of whether the child has sufficient maturity and understanding to object to the disclosure. The GP would again be the person to provide this advice.

4.0 Applications on behalf of adults lacking capacity

4.1 In terms of health data (i.e. that relating to an individual's physical or mental condition), the following persons have a right under section 7 to receive information about an incapacitated person:

- Receivers appointed by the Court of Protection
- Persons exercising a Lasting or Enduring Power of Attorney over the affairs of the data subject.

5.0 Grounds for denying access to records.

5.1 The decision to deny access under section 7 of the DPA to all or part of the health record will be taken by the Medical Director or her nominee(s).

5.2 The grounds for denying or restricting access to the patient's health records will be:

- In the case of personal data relating to the mental or physical health of the patient, where access / disclosure is likely to cause serious harm to the physical or mental health or condition of the patient or any other individual;
- In the case of requests made on behalf of a child or incapacitated adult (see part 2 paragraphs 3.1 & 4.1 above) for health data, where that information was provided by the data subject in the expectation it would not be disclosed to the person making the request or was obtained as a result of any examination or investigation to which the data subject consented in the expectation that the information would not be so disclosed; or where the data subject expressly indicated should not be so disclosed.

N.B. where a request is made on behalf of a patient e.g. through a solicitor, this test should also be applied. If it is thought that the patient might not have expected the person making the request to receive the information the position should be confirmed directly with the patient.

5.3 In addition to the restrictions in paragraph 8.2 above, where information relating to the patient cannot be released without also disclosing information relating to and capable of identifying another person, (excluding a healthcare professional such as ambulance staff involved in the patient's care) there is no obligation to disclose that information:-

- unless that other person has consented; or
- unless it would be 'reasonable in all the circumstances' to do so. Relevant criteria to take into account are:-
 - whether any duty of confidence is owed to that person;
 - any express refusal of consent;
 - any steps taken by the LAS with a view to seeking that individual's consent; whether the individual is capable of giving consent.

It may be possible to delete references to another individual so that they cannot be identified. However, these decisions often require careful consideration and such cases should be referred to Legal Services.

- 5.4 Transcripts of the recorded calls into / out from the Emergency Operations Centre or a copy of the tape recording will not be provided unless specifically requested and such requests will be referred to the Head of Patient Experiences, or Head of Legal Services. In such circumstances the recipient of the copy will be required to agree to the terms set out in the letter at Appendix 7 of this Policy.
- 5.5 As a general rule, if a record includes information, some of which is disclosable and some of which is not, then that information which is disclosable should be provided and an explanation given as to why certain pieces of information have not been released. If a decision may be taken at some future point about releasing the withheld pieces of information, say because the consent of a third party is awaited, then the data subject should be told that as well.

6.0 Deceased Patients' Records

A duty of confidentiality is still owed to a deceased patient. However, the Access to Health Records Act 1990 entitles the patient's personal representative (i.e. an administrator or Executor) and any person who may have a claim arising out of the patient's death to have copies of the patient's health records relevant to any potential claim. However, access may be denied in the following circumstances:

- (i) If the health record includes a note made at the patient's request that he or she did not wish access to be given.
- (ii) If, in the opinion of the LAS the record would disclose information likely to cause serious harm to the physical or mental health of any individual.
- (iii) If, in the opinion of the LAS a person other than the patient or a health care professional could be identified from the record and they have not provided their consent to disclosure.
- (iv) Information must not be disclosed which, in the opinion of the LAS, would disclose information provided by the patient in the expectation that it would not be disclosed to the person making the application or it was information obtained as a result of any examination or investigation to which the patient consented in the expectation that the information would not be disclosed.

In all circumstances access shall not be given to any part of the health record which in the opinion of the LAS would disclose information which is not relevant to any claim which may arise out of the patient's death. The "Application for Access to Health Records" LA234 form (an example of which is in Appendix 2) provides space for the applicant to specify the grounds for their claim.

Deceased patient's records may also be requested on occasion by third parties who do not have a right of access to the notes. In these circumstances in addition to the points i-iv above the consent of the personal representative(s) must be obtained, in writing, prior to disclosure. In the event that the consent of the personal representative is not available the matter should be referred to the Head of Legal Services or Head of Patient Experiences.

7.0 Protecting the safety and welfare of staff

7.1 The Access to Health Records Act 1990 and Data Protection legislation do not permit the holder of health records to deny access to those health records on the grounds that they identify the health professional involved in the care of the patient. However, in the event that staff responding to requests for access to health records consider that providing access to the health record is likely to cause *serious harm* to the physical or mental health or condition of *any individual* access to the whole or relevant part of the health record may be denied. The decision to limit access on these grounds will be taken by the Medical Director who may delegate authority to her nominee.

8.0 Retrieval of Records

8.1 External Requests

Requests for copies of health records are made through the appropriate department depending upon the nature of the request and the originator. Requests from patients are made through PED and requests from solicitors and coroners are made through Legal Services.

Access to patient records is controlled through the MI Business Intelligence Portal through Windows log-in. The Windows log-in determines the level of access allowed. The level of access is determined by the IGG. All staff with access to patient records, regardless of the level of access, are required to complete an LA 416 (see Appendix 8) confirming that they will comply with the DP Act and provide a current appropriate Information Governance pass certificate. Access to patient records is logged providing an audit trail.

Copies of call records and patient report forms can be provided from the Portal. Requests for other patient information not available on the portal including copies of tapes of emergency calls are made from the LA413 form (Appendix 3) to Operational Information and Archives Department. These need to be countersigned by a line manager.

Copies of records can be printed for external requestors and the content, including special medical terms, acronyms and abbreviations, of the health

record will be explained to the applicant. Conditions of circulation and storage of individual records are covered by the LA416.

8.2 Internal Requests

Access to patient records internally is required for a number of purposes including investigation of complaints, performance management, and clinical research. This is provided via the MI Business Intelligence Portal as described above.

9.0 Timetable for providing access to health records

9.1 Department of Health policy is that provided sufficient information has been given to respond to the request for access to health records and where the fee, if appropriate, has been paid, the LAS should respond to external requests within 21 days. The limit set by the Data Protection legislation is within one month.(30 days) Accordingly each written application for access to health records will be logged and monitored to ensure that a response is sent in accordance with this timetable.

10.0 Charges

10.1 Following a request by an individual for access to health records, a copy should be provided free of charge. A 'reasonable fee' can be charged when a request is manifestly unfounded or excessive, particularly if it is repetitive. A reasonable fee may also be charged to comply with requests for further copies of the same information. The fee must be based on the administrative cost of providing information.

10.2 A charge will be payable by external agencies for interviewing staff agencies as stated in Appendix 5.

IMPLEMENTATION PLAN				
Intended Audience	All LAS Staff			
Dissemination	Available to all staff on the Pulse and to the public on the LAS website.			
Communications	Revised Policy and Procedure to be announced in the RIB and a link provided to the document.			
Training	Information Governance training will be given to all staff and more specific records management and data protection/patient confidentiality training will be developed for all staff in MI, PED and other departments which handle health records.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Applications for access to health records using LA413 and LA 414	Monthly. Logged by Operational Information and Archives Department to show that responses to requests have been made within 21days.	Head of MI. Variances will be reported to the Information Governance Group	EMT	Feedback provided by EMT.
Staff access	Ad hoc basis.	Head of MI		
Ref No: TP / 009	Title: Policy for Access to Health Records		Page 20 of 47	

<p>is monitored and feedback is given to staff. Any ongoing issues will be reported to IGG.</p>		<p>Information Governance Group</p>	<p>EMT</p>	<p>Feedback provided by EMT.</p>
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Application on Behalf of a Patient for Health Records for use when Court Proceedings are Contemplated

This should be completed as fully as possible and returned to:

Legal Services
London Ambulance Service NHS Trust
220 Waterloo Road
London
SE1 8SD

1(a)	Full name of patient (including previous surnames)	
(b)	Address now	
(c)	Address to which an ambulance was called to attend or other assistance sought	
(d)	Date of birth	
(e)	Hospital ref no. if available	
(f)	NI Number, if available	
2	This application is made because I am considering:	
(a)	A claim against your Trust as	YES/NO

	detailed in para.7 overleaf	
(b)	Pursuing an action against someone else	YES/NO
3	Name of the hospital	
(a)	You were conveyed to by ambulance	
(b)	Where treatment was received	
4	Name(s) of Consultant(s) at your hospital in charge of the treatment	
5	Whether treatment at your hospital was private or NHS, wholly or in part	
6	The reason for calling an ambulance/seeking assistance	
7	If the answer to Q2(a) is YES, details of the likely nature, and grounds for, such a claim, and approximate dates of the events involved	

8	If the answer to Q2(b) is YES insert: (i) the names of the proposed defendants	
	(ii) whether action yet begun	YES/NO
	(iii) if appropriate, details of Court and action number	
9	We confirm we will pay (i) reasonable copying charges (ii) a reasonable administration fee	YES/NO YES/NO
10	We request prior details of: Photocopying and administration charges for patient records	YES/NO
11	Any other relevant information, particular requirements, or any particular documents <u>not</u> required (e.g. copies of computerised records)	
	Signature of Solicitor	
	Name	
	Address	
	Ref	
	Telephone Number	
	Fax Number	

	Signature of patient: Signature of parent or next friend if appropriate:	<i>Please print name beneath each signature. Signature by child over 12 but under 18 years also requires signature by parent.</i>
	Signature of personal representative where patient has died:	
	Signature of solicitor	
	Name	
	Address	
	Ref	
	Telephone Number	
	Fax Number	
	Signature of patient: Signature of parent or next friend if appropriate:	<i>Please print name beneath each signature. Signature by child over 12 but under 18 years also requires signature by parent.</i>
	Signature of personal representative where patient has died:	

Note: This form is modelled on the Law Society Civil Litigation Committee Protocol for Obtaining Hospital Medical Records, August 1995, No. 6.

LONDON AMBULANCE SERVICE NHS TRUST

Application for Access to Health Records

LA234

This form should be completed as fully as possible and returned to:

London Ambulance Service NHS Trust
Patient Experience Department
Units 1&2 Datapoint Business Centre
6 South Crescent, London E16 4TL

Applicant's Name: _____

Applicant's Address _____

Please make available to me the records you hold in relation to events on:

Date _____

Location of incident that London Ambulance Service attended:

Which related to:[patient's name] _____

Who was subsequently conveyed to:[destination hospital] _____

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to access to the information referred to as above, because:

[delete as appropriate]:

- * I am the patient
- * I have parental responsibility for the patient
- * I am the patient's personal representative & attach confirmation of my appointment
- * I may have a claim arising from the patient's death as detailed overleaf. Please describe circumstances on reverse of this form

LAS may make available documents relating to the patient in circumstances other than the above. If none of the above criteria is relevant, please complete the following:

* I wish to access information concerning the circumstances of the patient's death for the following reasons:

I am the patient's next of kin (please confirm)

(If this does not apply, please detail relationship to the patient) _____

Signature of applicant:Date.....

Operational Information & Archives Request Form LA413
Telephone: 020 3069 0320 Fax: 020 3069 0308

Date of request.....Your ref:Our ref:

Date of call..... Time of call.....
Cad Number(s)..... Callsign(s).....
Patient name..... Sector.....
Location of incident.....
.....
.....

Conveyed
to.....

Type of incident.....
.....

Info required (e.g. origin time/ crew id)
.....

Copies required: PRF.....CAD.....Tape: 999 call(s).....All calls.....
Other.....
.....

Why do you need this information?
.....
.....
.....

Who is the information required for.....
.....
.....
.....

DECLARATION FORM FOR DATA USER

I confirm that the personal data requested is for the purpose stated above; it will only be used for that purpose and will be held safely and securely in compliance with Data Protection legislation.

Signed..... Job title.....
Print name..... Department.....
Phone number..... Fax number.....
Countersigned..... Job Title.....

INCOMPLETE FORMS WILL BE RETURNED

If enquiry is urgent – please state reason for urgency and when information is needed
by

LA414

This form is to be used when applying for disclosure of information from the London Ambulance Service NHS Trust.

Part 1 – THE DETAILS OF THE INCIDENT

The information requested relates to the following incident:

Date (DD/MM/YYYY): _____ Time (24 HOUR format)
 _____:_____

Location: _____

Nature of incident: _____

Part 2 – THE INFORMATION BEING REQUESTED BY THE METROPOLITAN POLICE SERVICE

Investigating officer to tick the boxes in relation to the information sought from the London Ambulance Service.

- The written and/or computer printed log of the calls to or from the London Ambulance Service
- The audio recording of the calls to or from the London Ambulance Service – please note that this should only be requested if specifically required
- The Patient Report Form written by the London Ambulance Service (medical form completed by the crew)
- The identification of the London Ambulance Crew who attended the call, to obtain witness statements

Part 3 – CONSENT BY THE PERSON TREATED BY THE LONDON AMBULANCE SERVICE TO DISCLOSE INFORMATION TO THE METROPOLITAN POLICE SERVICE

(If consent is not given, then Part 4 of this form MUST be completed)

I, _____ (insert name) confirm that I understand that the Police are making a request to the London Ambulance Service NHS Trust for information relating to me as set out above. I confirm that I agree to the disclosure of the same to the Police by the London Ambulance Service NHS Trust.

Signed _____ Date _____

Name in BLOCK CAPITALS

Age – *please delete as appropriate* 18 and over / 13 and over / Under 13

If person is under 13 – *please also provide consent of parent or person with parental responsibility:*

Parent or Parent responsibility details:

Signed _____

Print name

Date _____
patient _____

Relationship to

Part 4 – THE POWERS OF POLICE OR ACTS OF PARLIAMENT TO REQUEST THIS INFORMATION WHERE CONSENT IS NOT GIVEN

This request for personal data and other information is made under the powers invested in me as a Constable of the Metropolitan Police by the Police Act 1996 (section 30(1) which gives constable all the powers and privileges of a constable throughout England and Wales and Section 30(5) defines powers as powers under any enactment whenever passed or made). These powers include the investigation and detection of crime, apprehension and prosecution of offenders, protection of life and property and maintenance of law and order. Under the Police Reform Act 2002, the Commissioner can delegate certain powers to Police staff. Specifically:

- (i) Section 172 of the Road Traffic Act 1988. **You MUST specify here the alleged offence of the driver:** _____ -

- (ii) Terrorism Act 2000
- (iii) Female Genital Mutilation Act 2003
- (iv) Court order – you must enclose a copy
- (v) Other legislation– you must specify the Act of Parliament _____
- (vi) Under Schedule 11 (1) and (2) of the Data Protection Act 2018 – not processing /disclosing/sharing may prejudice the prevention and detection of crime or the apprehension and prosecution of offenders

If (v) or (vi) are ticked above please clearly state the offence being investigated and why the information is needed:

Part 5 – THE INVESTIGATING OFFICERS’ DECLARATION

I agree the personal data requested will only be used for the purposes stated above, will be held safely and securely and will only be disclosed to other parties, in accordance with the Police and Criminal Evidence Act 1984, the Data Protection Act 2018 or any other relevant provision.

Signed: _____ Date: _____

Name in BLOCK CAPITALS: _____

Warrant/Pay number: _____

Email: _____@met.police.uk

Station: _____

Telephone:

When completed, please send this form to:

London Ambulance Service NHS Trust, 169 Union Street, London SE1 0LL

Email: archive@londonambulance.nhs.uk

Tel: 020 3069 0320

=====
=====

LONDON AMBULANCE SERVICE NHS TRUST - FOR OFFICE USE ONLY

Archive Reference _____

i) Has informed consent been provided?

Please circle: YES/NO

ii) Is there a legal duty to disclose the information? (i.e. a court order)

Please circle: YES/NO

iii) Is there a legal power to disclose the information?

Please circle: YES/NO

Decision to disclose/withhold (please circle appropriately) this information is based on the following reason(s):-

Signed: _____
Dated: _____

Charges

Requests to interview staff are generally made by solicitors pursuing claims against third parties.

Charges are per hour:

▪ Ambulance Person (PTS)	£101
▪ Trainee Emergency Medical Technician	£105
▪ Emergency Medical Technician	£118
▪ Paramedic	£119
▪ Team Leader (Paramedic)	£122
▪ Area Controller	£124
▪ Emergency Medical Dispatcher (EMD)	£100
▪ Radio Allocator (EMD4)	£107
▪ Providing a transcript of the conversations with EOC	£50
▪ Providing a statement	£47

Court Attendance per Day (8hours)

▪ Trainee Emergency Medical Technician	£286
▪ Emergency Medical Technician (EMT1& 3)	£361
▪ Emergency Medical Technician (EMT2)	£301
▪ Emergency Medical Technician (EMT4)	£396
▪ Team Leader (Paramedic)	£438
▪ A&E Support	£328
▪ Apprentice Paramedic	£359
▪ Student Paramedic	£359
▪ Paramedic	£396
▪ Ambulance Person (PTS)	£286
▪ Area Controller	£515
▪ Emergency Medical Dispatcher (EMD 1&2)	£328
▪ Emergency Medical Dispatcher (EMD 3)	£351
▪ Radio Allocator (EMD4)	£435

For other staff charges will be made as appropriate.

A charge will not be levied for providing health records to the police for the prevention, detection, or prosecution of serious crime.

NB. These charges are subject to change at beginning of each financial year.

Departmental and operational examples of requests for patient information/ records disclosures

The scenarios below describe some typical and some unusual requests for:

- patient identifiable information from health records; or
- information about a particular patient's health

and the action taken by the receiving departments to act within the legal framework.

Patient identifiable information includes:

- Patient's name, address, full post code, date of birth;
- Pictures, photographs, videos, audio-tapes or other images of patients;
- NHS number and local patient identifiable codes;
- Anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.

Anonymised information is information which does not identify an individual directly, and which cannot reasonably be used to determine identity. Anonymisation requires the removal of name, address, full post code and any other detail or combination of details that might support identification.

(Definitions from Confidentiality: NHS Code of Practice published in November 2003)

PATIENT EXPERIENCES:

- 1) What information is someone allowed to be given who did not make the '999' call and was not the patient but is requesting times and information on the call? Answer:
 - Information that does not directly or indirectly identify the patient.
 - Information that the complainant already knows.

- 2) When the person on scene witnesses the crew actions and are unhappy with what they have seen what information can we give to them without the patient's consent?

Answer:

- Information that does not directly or indirectly identify the patient.
- Information that the complainant already knows.

- 3) If a patient is in hospital and unable to give consent (due to condition) for information to be passed to the person making the complaint on their behalf what information can be given? If the complainant is a relative what is the next course of action?

Answer:

- Ideally, a complaint should be made by a patient or by a person acting on the patient's behalf and with their consent. Discretion should however be exercised according to the circumstances of the particular case
- 4) If a person calls stating that they are the patient and gives the details of the complaint, should we be sending out a LA234 form which they have to sign to confirm they are the patient before any records/information are sent out?

Answer:

- Yes

- 5) Patients / relatives seeking a copy of the call records CRFs and PRFs – to follow-up a clinical enquiry with a hospital trust or sometimes without giving a reason.

- Action: The enquirer is asked to provide the signed consent of the patient (see part 2 para 1) or legal guardian if the patient is under 16 years (see Part 2 para 3), or advocate/representative; if the patient is deceased (see part 2 para 9) that the enquirer is the personal representative or a person who may have a claim arising out of the patient's death.

The notes may be released on receipt of the necessary consent in accordance with Part 2 para 8 or in the case of deceased patients para 9.

- 6) Requests from clinicians outside of A&E for: a) record of patient treatment (PRF) and b) for the investigation of an untoward incident.

Action: information may be shared in line with the obligations of the DPA. Sharing of information in relation to Safeguarding issues is further enabled under the Children's Act . The litmus test is always what is reasonable. Further advice can be sought from the Head of Patient Experiences.

- 7) Requests for information from :

- a) Social Services – about a client of Social Services to ascertain whether the care that was supposed to be provided had been.

Action: s30 DPA enables the sharing of information in these circumstances. Refer the matter to the Head of Patient Experiences for approval before disclosing any information. N.B. Reasonable efforts should be made to inform the patient/person with parental responsibility/personal representative what information has been requested, by whom and for what purpose.

- b) An NHS hospital trust about a deceased person for a review of the totality of care provided or a Serious Untoward Incident .

Action: Provide the information in accordance with the above

- c) A Local Authority Housing Department / Social Services Department about the frequency of calls to a particular patient.

Action: Ask Local Authority/Social Services Department to:

- Contact the patient to obtain their consent for the disclosure explaining what information has been requested, by whom and for what purpose.
- If the patient is a child under 16, contact the person with parental responsibility to obtain their consent for the disclosure.

- If the patient is deceased, contact the personal representative of the patient to obtain their consent for the disclosure.
 - On receipt of the relevant consent, the documents may be released in accordance with part 2 para 8 or para 9 if the patient is deceased.
 - If the relevant consent is not forthcoming for any reason, consider whether disclosure would be lawful in the absence of consent. Refer the matter to the Head of Patient Experiences for approval before disclosing any information. N.B. Reasonable efforts should be made to inform the patient/person with parental responsibility/personal representative what information has been requested, by whom and for what purpose.
- 8) Relatives / friends seeking information about the name of the hospital where their Parent / relatives / friends have been conveyed.

Action: In many cases it will not be possible to obtain consent of the patient for this disclosure. Staff should do all they can to verify the identity of the caller and to establish the existence of a close link with the patient. If no other person is aware of the patient's whereabouts then, in general, it will be appropriate to disclose to the caller the name of the hospital to which the patient has been taken, but no more. Staff should ask for the name of the caller and where possible the patient should be informed that their friend or relative has been told where they are being treated.

LEGAL SERVICES:

- 1) Can the police interview staff who attended a motor cyclist injured in a road traffic collision?

Answer: When the LAS attends a call it gathers a variety of information about the incident, some of which may be freely shared with the police. However, the crew must not divulge patient identifiable information or information about the patient's health to the police unless the patient has given his/her consent or unless the criteria in part 1 para 5.2 have been met. If the police insist on asking questions about such information in the absence of the patient's consent, staff should refer the police to the Head of Legal Services before

providing any such information. Otherwise there is no reason why staff should not assist the police in their enquiries.

- 2) When a request for records is received and the consent form attached gives consent to another Trust to disclose health records but does not give consent to the LAS to disclose the personal information it holds to a third party can the LAS rely on the consent to release a copy of the records held by the other Trust?

Answer:

- No. The consent must fully cover the information and the parties to whom it is to be provided.

- 3) The Independent Office for Police Conduct (IOPC) request the records of a deceased patient to assist with their investigation. Can the records be disclosed?

Answer:

On receiving a request for a deceased person's medical information from the IOPC, LAS must consider whether the necessary ingredients for a 'duty of confidence' are present, and, if so, only disclose if there is a 'public interest defence' to disclosure. If in any doubt, it would be best to seek the views of the family of the deceased, if possible. If there is no issue raised about this by the family, disclosure may be provided. Otherwise, if the family cannot be contacted, a public interest defence can be considered and legal advice should be sought.

The duty of confidence will prevail and disclosure should NOT therefore be given, unless it can be demonstrated/asserted that the public interest in disclosure of the information, outweighs the public interest in maintaining the confidence.

If a public interest defence cannot be asserted, the confidential information should not be disclosed. This should be communicated to the IOPC. In the response it may be stated that section 41 FOIA applies and therefore the confidential information cannot be disclosed.

The information that is not confidential and generated by the LAS itself (i.e. elements of the Call Log) may be disclosed . It is only the patient information that attracts the duty of confidence for this purpose.

In general medical information is confidential and can only be disclosed to the IOPC with the consent of the family or if a public interest defence can be asserted.

- 4) NHS England request the records of a patient who died in state detention in order to complete the clinical review as part of the Prison and Probation Ombudsman's report into the death. Can the records be disclosed?

Noting that the death has taken place in state detention it is highly likely that an Inquest will be opened. The first port-of-call will be to establish with the relevant Coroner whether an Inquest has been opened and to then provide records to assist the Coroner. In this situation NHS England should then be directed to the Coroner for disclosure of the records.

If no Inquest has yet been opened, LAS must consider whether the necessary ingredients for a 'duty of confidence' are present, and, if so, only disclose if there is a 'public interest defence' to disclosure. Consideration need be given to whether the family has consented to the disclosure of the records to NHS England as part of their review and this question put to NHS England. Given the remit of the Prison and Probation Ombudsman it is highly likely that that the request will meet the public interest defence but each case need be considered on its merits.

MANAGEMENT INFORMATION:

Provides information and audio tapes to other LAS departments and NHS bodies including Clinical Audit & Research for clinical research on the understanding that any research published **outside** the Service does **not** contain any personal information.

- 1) What steps should be taken to ensure that the sharing of information is in accordance with the Legal Framework?

Answer:

- Any use of information should comply with the Caldicott principles and necessary research ethnic's committee approval.
- Passing information to bodies or individuals outside the LAS can be done lawfully with the patient's explicit consent

- If consent has not, or cannot, be obtained it will be lawful to conduct the medical research if it is necessary (i.e. really required) to do so for that research and the patient was aware at the time that the information was obtained that it might be used for medical research purposes. In this case the research must be undertaken by a healthcare professional or someone who owes a similar duty of confidence.
 - There is no bar to carrying out research using truly anonymised data. This is data from which the patient cannot be identified:
 1. indirectly (for example because of unusual circumstances or information in the possession of others); and
 2. using a 'key' to break any code to the patient's identity.
 - There are other specific circumstances where research can be carried out and advice should be sought from Legal Services.
- 2) Other NHS Trusts for charging purposes, e.g. details of incubator journeys and journeys to private hospitals. Is this in accordance with the Legal Framework?

Answer: Yes. Patients should be aware in general terms that this sort of processing will occur. Only the minimum information necessary should be provided.

- 5) The Patient Experiences Department investigating a complaint may seek details of vehicle availability and whereabouts at a particular time of day (including incident locations) in order to confirm that there were no other vehicles which could have attended the call in the complaint. Is this in accordance with the Legal Framework?

Answer:

- If it is necessary to deal with a complaint, then yes. Any information concerning individual patients should be anonymised.
- 6) To a CCG or local authority conducting research on specific incident or illness types in their area. Is this in accordance with the Legal Framework?

Answer: see answer to 1 above. Call details may be provided if all personal related information is removed (including location co-ordinates). Note that

Management Information will not provide aggregated data for areas smaller than what is known as an output area (an area smaller than a ward but larger than an enumeration district).

- 7) To a local authority requesting information on incidents at a specific public house or nightclub for Crime and Disorder related research. Is this within the Legal Framework?

Answer:

- Yes.
- Only truly anonymised data should be disclosed.

OPERATIONAL INFORMATION & ARCHIVES:

- 1) Identifying ambulance crews so that the police can take witness statements from them on specific incidents the crew attended. Information provided can include vehicle call-signs, crew names and ambulance station telephone numbers.

Answer:

- Ambulance crews are aware that the LAS will release such information about them to enable the police to contact them at work in such circumstances.
- The LAS should provide support to LAS staff to assist them in helping the police while observing the obligations on them under the DPA/common law duty of confidence.

- 2) Identifying witnesses at fatal road traffic accidents. Information provided will be the names and telephone numbers of possible witnesses, i.e. the person(s) requesting an ambulance. This information is passed on via a specially designed form called an Informant Details Log.

Yes, unless the witness has specifically said in advance they do not want their details to be passed on.

- 3) An example of where Operation Information & Archives will **not** provide data is where the police have asked for call details for say all females of “child bearing age” in a particular area because they were trying to locate the mother of an abandoned baby. This request denied because it would have

affected patient confidentiality, putting unrelated patients under the scrutiny of a police investigation.

4)

EMERGENCY OPERATIONS CENTRE:

- 1) Requests from police for copies of 'call tapes' where serious crime may have occurred.

Action: The police must be referred to Operational Information and Archives as in the first scenario for Operational Staff.

- 2) Where enquiries are received from 'relatives' asking which hospital a patient has been conveyed, the precise name of the hospital is not given but suggested as a location to make further enquiries. Enquiries from social workers and other health and social care providers may be released as long as judgement is exercised that it is reasonable to do so under the legislation described. Verification of an enquirer's position and purpose can always be obtained by asking and contacting the local authority etc in question. See also 8 under Patient Experiences above.

OPERATIONAL STAFF:

- 1) The Police request a copy of a PRF from a crew at the scene - what actions should the crew take?

Action:

- Wherever possible the crew should either obtain the patient's consent to the release of any patient identifiable information or information about a patient's health or ask the Police to do so. If it is not possible to obtain the patient's consent or if the Police confirm that it would prejudice the purposes of their investigation to obtain it then the PRF may be released if it is necessary for the detection or prevention of a serious crime. The crew must make a record of the consent or confirmation given by the Police (including the name and number of the officer).
- If the request is not urgent then in office hours refer to Operational Information and Archives Officer or out of hours to the AOM EOC who will follow Part 1 para 5.2 of this policy using form LA414 – see Appendix 4.

2) Can the police insist on having the original PRF?

Answer:

- Once it has been decided to disclose information, original records should only be released if there are good reasons for doing so.
- Where disclosure of original documents is deemed necessary, the police should be asked to return the records as soon as they are no longer required. A copy should be kept and a record made of who holds the records, when it was disclosed and its location.

3) What information can be verbally given (to the police) about the patient name address date of birth, nature of injury etc?

Answer:

- Whether information is disclosed verbally or as copy documents is immaterial. The principles in (1) above should be followed.

NB Road traffic collisions are different. Under the Road Traffic Regulations Act 1984 when requested to do so by or on behalf of the chief officer of police, the Trust must disclose information it has which may lead to the identification of the driver who is alleged to be guilty of an offence covered under that Act. The police should be asked to put such a request in writing and to confirm that the Act is applicable

4) 'Outside office hours'- If a request is received for a current day copy of a PRF or for crew to give statements; should the Line manager be informed to ensure the Data Protection forms are completed?

Answer: Yes and to support the crew.

Dear [],

Further to your request to The London Ambulance Service NHS Trust for a copy of a 999 call made by [NAME] on [DATE], we are pleased to inform you that we will be able to provide you with a copy of the tape, subject to your agreement to the terms set out below.

As I am sure you will appreciate calls made to The London Ambulance Service are often of a sensitive and distressing nature. It is therefore necessary for us to require that you agree to the terms upon which a copy of the tape will be provided to you:

1. You will only use the recording for your own reference. It shall not in any circumstance be broadcast, copied, lent, disclosed, transferred or used in any other way, unless prior authorisation in writing is given by The London Ambulance Service NHS Trust or its successors.
2. The contents of the recording shall be kept private and confidential and shall not be disclosed to any third party without the written permission of The London Ambulance Service NHS Trust.
3. The London Ambulance Service retain all rights, title and interest in and to the tapes and the sound recording, including any and all copyright and other intellectual property rights in the tape and its contents.

We apologise for the formal nature of this letter, but I am sure that you will understand why it is necessary for us to ensure that recordings of 999 calls are used appropriately.

We should be grateful if you could sign and return a copy of this letter to demonstrate that you understand and are prepared to comply with the requirements set out above.

We look forward to hearing from you soon.

Yours sincerely

Telephone: 020 3069 0320 Fax: 020 3069 0308

This form is to be used by LAS staff to request read only access to Management Information datasets.

Data Protection legislation applies to all patient and call records.
Access to information must be in accordance with the legislation.

Data Protection legislation requires that all information must be:

1. lawful and fair
2. Purposes of processing be specified, explicit and legitimate
3. Adequate, relevant and not excessive
4. Accurate and kept up to date
5. Not kept for longer than is necessary
6. Processed in a secure manner

By law we must comply with these conditions at all times.

The Access to Health Records procedure (TP 009) applies to Management Information records / datasets including call log data. Personal information from any databases may be disclosed only in accordance with the Access to Health Records procedure. **Information from individual PRFs / call logs may be used for internal management purposes only. No information may be released to any individual / organisation outside of the LAS, unless this is a requirement of the post and job description.** Requests for information from external organisations (including NHS trusts, foundation trusts, CCGs, local authorities and the Police) must be directed to the appropriate department in accordance with TP009

Requests for copies of individual records should be made through Operational Information and Archives department

DECLARATION FORM FOR DATA USER

Reason for requiring access to the dataset.....

.....
.....

I confirm that any personal data accessed will be used to undertake the duties of my post only and will be held safely and securely in compliance with t Data Protection legislation. Any printed data will be disposed of securely.

Signed **Job**
title.....

Print name

Phone number

Department / Station

AUTHORISED BY DEPARTMENT HEAD /AOM

Signed

Job title

Print name

Phone number

Department / station