

# Access to Records Policy

Under  
Access to Health Records Act 1990  
Data Protection Act 2018  
General Data Protection Regulation 2018

**November 2020**

Version:	4.2
Policy Number:	CO030/11/2021
Date ratified:	12 February 2021
Name of originator/author:	Gershon Nubour / Sandie Buchan
Name of Sponsor:	Deputy Director of Performance, Information, Performance and PMO
Name of responsible committee	Governance Sub-committee
Date issued:	February 2021
Review date:	November 2021
Target audience:	All staff working within or on behalf of NHS Sheffield CCG

To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:

<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>

## Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

<b>Please give status of Policy:            New/Revised</b>		
<b>1.</b>	<b>Details of Policy/Procedural Document</b>	
1.1	Policy Number:	CO030/11/2021
1.2	Title of Policy/document:	Access to Records Procedure
1.3	Sponsor	Deputy Director of Information, Performance and PMO
1.4	Author:	Gershon Nubour / Sandie Buchan
1.5	Lead Committee	Governance Sub-committee
1.5	Reason for policy/document:	To provide a formal structure and framework for how the organisation complies with its access to records obligations under the General Data Protection Regulation 2018 and promoting it throughout the organisation.
1.6	Who does the policy affect?	All CCG staff
1.7	Are the National Guidelines/Codes of Practice etc issued?	
1.8	Has an Equality Impact Assessment been carried out?	Yes
<b>2.</b>	<b>Information Collation</b>	
2.1	Where was Policy information obtained from?	Previous Policy and Information Governance expertise. GDPR and other national guidance.
<b>3.</b>	<b>Policy Management</b>	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	
<b>4.</b>	<b>Consultation Process</b>	
4.1	Was there external/internal consultation?	Internal
4.2	List groups/persons involved	Information Governance Group
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	
<b>5.</b>	<b>Implementation</b>	
5.1	How and to whom will the policy be distributed?	CCG Intranet
5.2	If there are implementation requirements such as training please detail.	Training on Subject Access Requests will be given to all SAR Leads throughout the organisation

5.3	What is the cost of implementation and how will this be funded	n/a
<b>6.</b>	<b>Monitoring</b>	
6.1	How will this be monitored	IG Training completed by all staff. Specific SAR training for SAR Leads Completion of Data Security and Protection Toolkit on an annual basis. Data Security and Protection Toolkit requirements are met. Number of SARs reported and responded to within timescale.
6.2	Frequency of Monitoring	Monthly, Quarterly, Annually dependent on the type of monitoring.

## Version Control

Version	Date	Author	Status	Comment
0.1	15 September 2014	IG Specialist YHCS	Initial Draft	
1.0	17 November 2014	M.Wilkinson, CCG	IGG approved version	Intranet, CHC, HR, Safeguarding
2.0	June 2015	G.Nubour	Changes to processing of clinical service SARs	
3.0	Aug 2016	G.Nubour	Changes to SARs in light of in-housing of clinical services	IG Group/Intranet
4.0	Sep 2018	G. Nubour / S. Buchan	Updated in line with DPA 2018 and GDPR 2018	IG Group / Intranet
4.1	Aug 2019	G. Nubour / S. Buchan/ A Eames	Updated in line with DPA 2018 and GDPR 2018 guidance	IG Group / Intranet
4.2	Nov 2020	G. Nubour / A Eames		

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## **1 Introduction and Purpose**

### **Access to Records Procedure under Access to Health Records Act 1990, Data Protection Act 2018 and General Data Protection Regulation 2018**

#### **Rights of Access to Personal Data**

Individuals have the right, under the Data Protection Act 2018 to make a request verbally or in writing for a copy of any information an organisation holds about them. This information may be held on computer or in a manual paper system, video, digital image, photograph, x-rays, email, text message or by any other new or existing medium or media. This is called a subject access request (SAR).

Anyone making such a request is entitled to be told the following things:

- What the organisation is using their data for.
- Who the organisation is sharing their data with.
- How long the organisation will store their data, and how it made this decision.
- Information on their rights to challenge the accuracy of their data, to have it deleted, or to object its use.
- Their right to complain to the ICO.
- Information on where their data came from.
- Whether their data is used for profiling or automated decision making and how it is doing this.
- If the organisation has transferred their data to a third country or an international organisation, what security measures it took.

The Data Protection Act 2018 (the Act) applies only to living individuals but there are limited rights of access to personal data of deceased persons under the Access to Health Records Act 1990.

## **2 Scope**

### **Personal Data held by a Clinical Commissioning Group**

Personal data is information that relates to an individual who can be identified, either directly or indirectly, and includes:

- i) any expression of opinion about the individual
- ii) any indication of the intentions of the information holder or any other person in respect of the individual.

The Clinical Commissioning Group is a commissioning organisation and does not hold individual medical records except with consent as part of processes such as Continuing Care, Individual Funding Requests, and Complaints, or where there is a specific legal basis for doing so (e.g. Section 251 of The NHS Act 2006).

The organisation holds personal data relating to employees and contractors

## **Subject Access Requests under DPA**

- 2.1 All Subject Access Requests come under the responsibilities of the Senior Information Risk Owner (SIRO) who is an Executive Director within the CCG.
- 2.2 All requests for access to personal data can be made verbally or in writing.
- 2.3 The CCG has provided a form for applicants to use which ensures all the relevant information is collected and recorded to assist the applicant and the CCG but there is no requirement in law to use a specific form.
- 2.4 There is no obligation for a subject to explain why they wish to access their own personal data.
- 2.5 Proof of identity will be required for access requests.
- 2.6 A copy of the personal data should be provided free to the requester. A fee can be charged if the CCG considers the request is 'manifestly unfounded or excessive'. If so, the CCG can ask for a reasonable fee for administrative costs associated with the request.
- 2.7 The subject access requirements of the Act are for the subject to receive personal data, rather than necessarily the documents that contain the data, although the provision of document copies is usually the best response.
- 2.8 Requests should be dealt with within a maximum of one calendar month (28 days in practice) NHS Best practice recommends disclosure within 21 calendar days where a record has been added to in the last 40 calendar days.

## **Requests under Access to Health Records Act 1990**

- 2.9 The Common Law Duty of Confidentiality extends beyond death.
- 2.10 Certain individuals have limited rights of access to deceased records under the Access to Health Records Act:
  - The patient's personal representative (Executor or Administrator of the deceased's estate)
  - Any person who may have a claim arising out of the patient's death
- 2.11 A Next of Kin has no automatic right of access but professional codes of practice allow for a clinician to share information where concerns have been raised.
- 2.12 Guidance should be sought from the Caldicott Guardian or Senior Information Risk Owner (SIRO) in relation to requests for deceased records.

## **Charging Fees for Access**

### 2.13 Health Records

A copy of the personal data should be provided free to the requester. A fee can be charged if the CCG considers the request is 'manifestly unfounded or excessive'. If so, the CCG can ask for a reasonable fee for administrative costs associated with the request.

2.14 The Clinical Commissioning Group reserves the right to waive all fees at its own discretion on the advice of the SIRO

2.14 The requester will be advised of any fees as soon as possible after the request is received and this will be payable before the request is further processed.

### **Access Requests for Minors**

2.15 A child may make a Subject Access request in relation to their own personal data as from the age of about 12 they are considered competent enough to do so. This is referred to in law as the 'Fraser ruling' or 'Gillick competence'.

2.16 Those with parental responsibility for a child under 12 years may make an access request on their behalf but the information holder must consider whether it is in the best interests of the child to disclose information held.

### **Access Requests for those who lack capacity to consent**

2.17 In certain circumstances a person acting as an advocate can seek access to personal information in so far as it is necessary or relevant to their role. This includes;

- Persons appointed by the Court of Protection
- Persons holding a registered Power of Attorney for specified purposes
- Persons appointed as Independent Mental Health Advocates under the Mental Capacity Act 2005

### **Third Party Requests for Access to Personal Data**

2.18 There are a number of organisations concerned with law enforcement, crime prevention, fraud and taxation who have a right to request information from NHS Organisations under the provisions. These requests should be dealt with on an individual basis which balances the public interest against the confidentiality rights of the subject. Any request under Schedule 2 Part 1 Paragraph 2 of the Data Protection Act 2018 and GDPR Article 6(1)(d) (formerly Section 29 of the Data protection Act 2008) should be authorised by an appropriately senior enforcement officer (an Inspector of Police or equivalent rank in other services) and should be accompanied by sufficient information to enable an informed decision to be made within the Clinical Commissioning Group either by the Caldicott Guardian or SIRO (To state a serious crime is not sufficient and more detail must be given). For further information see the CCGs Confidentiality Code of Conduct.

If the police do not have a court order or warrant they may ask for a patient's health records to be disclosed voluntarily under section 35 of the DPA 2018

2.19 The Coroner may request access to medical or staff records and is deemed to be acting in the public interest.

2.20 The Clinical Commissioning Group should take a pro-active approach to the sharing of information relevant to the safeguarding of children and vulnerable adults.

2.21 A number of other organisations including the Health and Safety Executive, Health Service Ombudsman and the Care Quality Commission may have rights of access in relation to enquiries being conducted. Advice should be sought from the Caldicott Guardian, SIRO or Information Governance Support.

2.22 Follow any locally agreed Information Sharing protocols and National Guidance.

- 2.23 Information may be shared with Local and National Counter Fraud Specialists in relation to actual or suspected fraud in the NHS.

### **Access to Corporate Information**

- 2.24 The Clinical Commissioning Group is a public authority and is subject to the provisions of the Freedom of Information Act 2000 and the Environmental Information Regulations 2004. Personal Data is usually exempted from public disclosure but in certain circumstances some personal data may be disclosed in the public interest, but still subject to the individual's rights under the Data Protection Act 2018.

### **Procedure**

#### **2.25 Receipt of an Access Request**

- The CCG Information Governance (IG) Lead can advise who is the trained lead, for a specific service who will oversee and be the point of reference for the processing of the request. The CCG has trained leads for HR, Safeguarding, and Continuing Healthcare.
- Requests received for the service handling *Previous Unassessed Periods of Care* (PUPOC/Retrospective-CHC) will be forwarded onto the service (which is hosted by Doncaster CCG) by the IG Lead.
- Requests for other areas will be guided by the IG Lead.
- Check that the request relates to personal data of a type likely to be held by the Clinical Commissioning Group.
- Consider whether the requester has supplied sufficient information to identify the data required, if not seek clarification before processing further.
- Consider whether you have sufficient evidence of identity of either the subject themselves or a third party authorised to act on their behalf.
- In the case of a third party, consider whether they meet the legal criteria to make a request and whether they have supplied evidence to that effect. (See 6,7 and 8 above)
- Consider whether the request is likely to be subject to a fee.
- Record the request in the CCG's Subject Access Request Log and complete the corresponding checklist. (see **Appendix A**) to include date of receipt and due date for a reply.
- Arrangements should be in place for the safe and secure storage of access requests and responses with appropriate limited access provision.

#### **2.26 Acknowledgement of request**

- If the request meets the criteria above send an acknowledgement letter advising the requester of the expected timescale.
- If further clarification, information, documentation or fees are required then request these as soon as possible.
- Make a record of your actions.
- If the CCG do not hold the information notify the requester in writing as soon as possible and give advice and assistance where possible as to the possible location of the record.
- A template acknowledgement letter is provided at **Appendix C**

#### **2.27 Establishing Identity**

To help establish identity the application must be accompanied by photocopies of **two** official documents which between them clearly show the **name, current postal address, date of birth and signature**, for example: birth certificate, driving licence, passport, medical card, bank statement, utility bill, rent agreement. It will assist with

processing the application if one of the proofs is a photographic identity document such as a passport or driving licence.

Additional documents may be required from third parties to establish their legal right to make an Access Request.

## **2.28 Collating the data**

- Consider where the information may be held and ask the relevant staff to conduct a search within the parameters of the request details
- Ensure both electronic and manual filing systems are considered along with email, digital records, CCTV Images, telephone recordings and other media options
- There is no exemption for potentially embarrassing information to be redacted nor for the removal of personal comments from records. It is a criminal offence to alter, block or destroy information after receipt of a Subject Access Request.
- Information must be in an intelligible form and explanations should be provided for pseudonyms, abbreviations etc.

## **2.28 Potential Redactions or Refusals**

- All clinical data should be reviewed by a clinician and consideration should be given to redacting any information likely to cause serious harm to the mental or physical health of any individual
- Information supplied by third parties e.g. family members should usually be redacted
- Data and information held from other agencies will be disclosed but the originating body should be informed first.
- Any information subject to Legal Professional Privilege should not be disclosed
- Information should not be disclosed where there is a statutory or court restriction on disclosure e.g. adoption records
- References written for current or former employees are exempt (but not those received from third parties)
- In the case of deceased records, information should not be disclosed where the entry in the records makes it clear that the deceased expected the information to remain confidential
- A personal record may also contain reference to third parties and redaction should be considered by balancing the Data Protection rights of all parties

## **2.29 Responding to the Request**

- Check that you have received any fees or additional supporting documentation requested at the time of acknowledgement
- Send a holding letter with an explanation of why if it seems likely that the target date will be breached.
- Send the response to the requester explaining the information supplied
- Make a record of the response, including any redactions or exempted information and ensure that you have a clear record of documents disclosed including copies of any redacted documents.
- Ensure that the requester is advised of his right to complain about the response given to his request and the way in which he can do this.
- Be prepared to facilitate a meeting to explain the records if necessary.

## **2.30 Summary of procedure**

- Determine if it is a subject access request
- Confirm the requester's identity
- Ensure that you have sufficient information to find records wanted

- Record the request
- Inform of any fee to be charged
- Is information held on this person?
- Will the information change from receiving to responding to the request?
- Remove any 3<sup>rd</sup> party information
- Is the information exempt?
- Explain any codes, complex terms, and or abbreviations
- Have a health professional check the record before disclosure
- Keep a record of exact information disclosed

### **3 Definitions**

CHC	Continuing Health Care
CCG	Clinical Commissioning Group
GDPR	UK General Data Protection Regulation
PUPOC	Previous Unassessed Periods of Care
SAR	Subject Access Request

### **4 Process/Requirements**

See Appendix D.

### **5 Monitoring effectiveness of the policy/procedural document**

All SAR Leads will undergo specific training outlining the process, policy and timeframes.

All CCG staff will be aware of SARs through their mandatory Information Governance training and Information Governance updates within central communications.

All SARs will be reported to the Governance Sub-Committee as to compliance to the timeframes as stated within GDPR.

### **6 Review**

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or when a change in legislation dictates.

### **7 References and links to other documents**

This procedure is in place to ensure the organisation's compliance with legislation and guidance including, but not limited to, the following:

- The General Data Protection Regulation 2018
- The Data Protection Act 2018
- The Data Protection Act 1998
- The Health and Social Care Act 2012
- The Human Rights Act 1998
- Caldicott 2 Principles –To Share or Not to Share? The Information Governance Review April 2013

- The Caldicott principles: A Manual for Caldicott Guardians 2020
- Common Law Duty of Confidentiality
- NHS Care Records Guarantee for England
- HSCIC Guide to Confidentiality in Health and Social Care
- Access to Health Records Act 1990
- Freedom of Information Act 2000
- The Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- NHS Records Management Code of Practice
- NHS Act 2006
- Public Records Act 1958
- Bribery Act 2010
- Fraud Act 2006

The procedure should be read in conjunction the CCG's other information governance policies and procedures including;

- Information Governance Policy and Framework
- Records Management Policy
- Confidentiality and Data Protection Policy
- Information Sharing Protocols
- Information Security Policy
- Disciplinary Policy and Procedure
- Anti-Fraud and Bribery Policy
- Whistleblowing Policy

## **8 Equality and Diversity Statement**

In applying this procedure, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. A single Equality Impact Assessment is used for all policies and procedures. This document has been assessed to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups.

NHS Sheffield CCG aims to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

NHS Sheffield CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

## **9 Disability Confident**

NHS Sheffield CCG has been accredited with the Disability Confident Award – level 1. This is in recognition of meeting the commitments regarding employment of disabled people and permits the organisation to use the Disability Confident logo on all of its stationery. The Disability Confident symbol should be added as a footer to all policies / procedural documents.

**Appendix A**  
**Data Protection Act and Access to Records Procedure:**

<b>Checklist - please complete</b>					
<b>1</b>	<b>Receipt of Request</b>	<b>Y</b>	<b>N</b>	<b>Date Comp:</b>	<b>Comments</b>
1.1	Is this a request under DPA (or Access to health records)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1.2	<ul style="list-style-type: none"> <li>Allocate a Subject Access request number and add to SAR log</li> <li>Set up a file for all documents</li> <li>Date stamp all documents and correspondence.</li> </ul>				
<b>2</b>	<b>Identify Data Subject and Obtain Authorisation</b>				
2.1	<ul style="list-style-type: none"> <li>Is the request valid? e.g.</li> <li>Sufficient information to identify the data subject?</li> <li>Sufficient information to locate required data?</li> <li>Approval of SIRO or Caldicott Guardian where third party request has been received</li> </ul>				
2.2	Send acknowledgement with appropriate form <ul style="list-style-type: none"> <li>to establish authorisation of Data Subject</li> <li>to inform of any fees required.</li> <li>Is the request made by the data subject?</li> <li>or representative?</li> <li>is authorisation attached?</li> </ul>				
2.3	If the Data Subject is a child are they capable of making a request on their own behalf? <i>If not ....</i> Are the parents / guardians acting in the best interest of the child? (check with health/social care professional)				
2.4	Has the SIRO waived any fees due				
<b>3</b>	<b>Receipt of Valid Request</b>				
3.1	When request is valid: <ul style="list-style-type: none"> <li>Raise invoice (where appropriate)</li> <li>Check the appropriate fee has been paid</li> <li>Record date and start to monitor the <b>21 working</b> days to max <b>40 calendar</b> days</li> <li>Send an acknowledgement to the Data Subject that the request is being processed</li> </ul>				

<b>4</b>	<b>Review of Information</b>				
<b>4.1</b>	Check if any exemptions apply				
<b>4.2</b>	Check third party identification and remove where necessary.				
<b>4.3</b>	When replies have been received: <ul style="list-style-type: none"> <li>• Check for intelligibility</li> <li>• All codes must be decoded.</li> </ul>				
<b>Cont./..</b>		<b>Y</b> <input type="checkbox"/>	<b>N</b> <input checked="" type="checkbox"/>	<b>Date Comp:</b>	
<b>5</b>	<b>Issue to Data Subject</b>				
<b>5.1</b>	If no problem with release of Data: <ul style="list-style-type: none"> <li>• Request that the Data Subject or their representative collects the information or</li> <li>• Information is sent Recorded Delivery to the Data subject or their representative</li> </ul>				
<b>5.2</b>	If information has been withheld under exemptions send out what is allowed to be disclosed and/ or arrange an interview (if necessary) between health or social care professional and Data Subject to discuss the issues.  If there is a delay send a Holding Letter				
<b>6</b>	<b>Completion</b>				
<b>6.1</b>	Keep copies of all requests securely.				
<p><b>Comments: Log any phone calls/ emails/ post / personal visits you have had referring to this SAR, Record time, date and recorder's initials. Any reasons for delays:</b></p>					

This request has been actioned by:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Site/ Building/ Location: \_\_\_\_\_

Completion date: \_\_\_\_\_

**Appendix B - REQUEST TO ACCESS PERSONAL RECORDS**

SAR Reference No. :

**SAR  
1**

**Subject Access Request under the Data Protection Act 2018**

Please note:

1. The form should be filled out in block capitals or in type.
2. **For health records requests:** NHS Sheffield CCG is a commissioning organisation and not a healthcare provider. Health records will be held by the healthcare providers in Sheffield and you would need to contact them directly to request records (contact details are shown in section 7 (page 4 of this application form).

**Section 1: Details of person whose records are being requested**

**Surname:** .....

**Former Surname:** .....

**First names:** .....

**Title:** **Mr/Mrs/Ms/Miss** .....

**Date of Birth:** .....

**NHS Number:** .....

**Current Address:** .....  
.....  
.....

**Former Address :** .....  
**(if applicable)** .....

**Section 2: Applicant details** (if making a request on behalf of the person above)

**Name:** .....

**Address:** .....  
.....  
.....

**Relationship to person in section 1:** .....

**Section 3: Further Information**

Please try and tell us what specific information you wish to see and provide as many details as possible so that we can identify your records as quickly as possible e.g. dates, department, location

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Section 4: Consent**

Please tick **one** of following boxes and sign below:

I confirm I am the person mentioned in section 1 and I require access to my personal records.	
I confirm I am the person mentioned in section 1 and I authorise the release of copies of my personal records (described in section 3) to the person mentioned in section 2.	
I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in section 1.	
I confirm I am the person mentioned in section 2 and have been authorised to an act as an agent/power of attorney for the patient in section 1.	

Print Name:

.....

Signature:

.....

Date:

.....

**Section 5: Evidence**

Evidence of the patients and/or the patient’s representative identity will be required; this will require **two** items of documentation, examples of which are given below:

<b>Type of applicant</b>	<b>Type of documentation required</b>
An individual applying for their own records.	Two copies of identity required e.g. copy of birth certificate, passport, driving licence, medical card etc.
Someone applying on behalf of an individual.	One item of proof of the patient’s identity and one items of proof of the patient’s representative identity (examples above).
Person with parental responsibility applying on behalf of their child.	Copy of birth certificate, correspondence addressed to the person with parental responsibility relating to the patient.
Power of attorney/agent applying on behalf of an individual.	Copy of court order authorising power of attorney/agent plus proof of the patient’s identity (examples above).

**Section 6: Return completed form**

Please return the completed form to the:

Information Governance Lead, Sheffield CCG, 722 Prince of Wales Rd, Darnall, Sheffield, S9 4EU

Please note:

- A completed form will contain confidential information, therefore where sending by letter - to provide more security during the transit of a letter it is advisable that the form is sent by recorded or special delivery and the envelope marked "private and confidential".
- If you are intending to send the form via email, the transit of the email (if sending from a home email address or company email) will be in most cases be via insecure email domains and therefore 100% security of the information cannot be assured during transfer.

### **Section 7: Contact details for Health providers**

Please note: this application form is for NHS Sheffield CCG only. The other trusts below will all have their own application processes.

#### **Secondary Care (Adults) - Sheffield Teaching Hospitals NHS Foundation Trust**

This covers the Northern General Hospital, Royal Hallamshire Hospital, Jessop Wing, Weston Park Hospital and Charles Clifford Dental Hospital. They provide outpatient attendances; inpatient stays, day care, Accident and Emergency attendance all which usually take place at the hospital. They also provide community services such as district nursing, speech and language therapy, audiology, podiatry etc

Address: The Medical Records Manager, Sheffield Teaching Hospitals NHS Foundation Trust, The Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF

Website: <http://www.sth.nhs.uk/patients/your-medical-record>

#### **Secondary Care (Children) - Sheffield Children's Hospital NHS Trust**

Address: Sheffield Children's Hospital, Western Bank, Sheffield, S10 2TH

Website: <http://www.sheffieldchildrens.nhs.uk/about-us/contact-us.htm>

#### **Mental Health and Learning Disability – Sheffield Health & Social Care NHS Trust**

Address: Corporate Affairs, SHSC, Fulwood House, Old Fulwood Road, Sheffield S10 3TH

Website: <http://shsc.nhs.uk/contact-us/>

#### **Primary care (GP records)**

Records from visits to the GP or practice nurse will be held by the practice itself. Requests for these types of records should be made direct to the practice.

## Appendix C – Draft Acknowledgement Letter

Note: SECTIONS IN ITALICS TO BE DELETED IF REQUEST IS ALREADY ON FORM OR IF IT IS COMPLETE IN ANOTHER FORMAT

SAR Ref: (Unique ID)

Name  
Address  
Date

Dear Name,

### **Access Request under Data Protection Act 2018 or Access to Health Records Act 1990.**

Thank you for your request for information under the Data Protection Act / Access to Health Records Act received on date

This letter is to acknowledge receipt of the request addressed to Sheffield CCG on date. *In order to process your request I would be grateful if you could complete and return the attached form.*

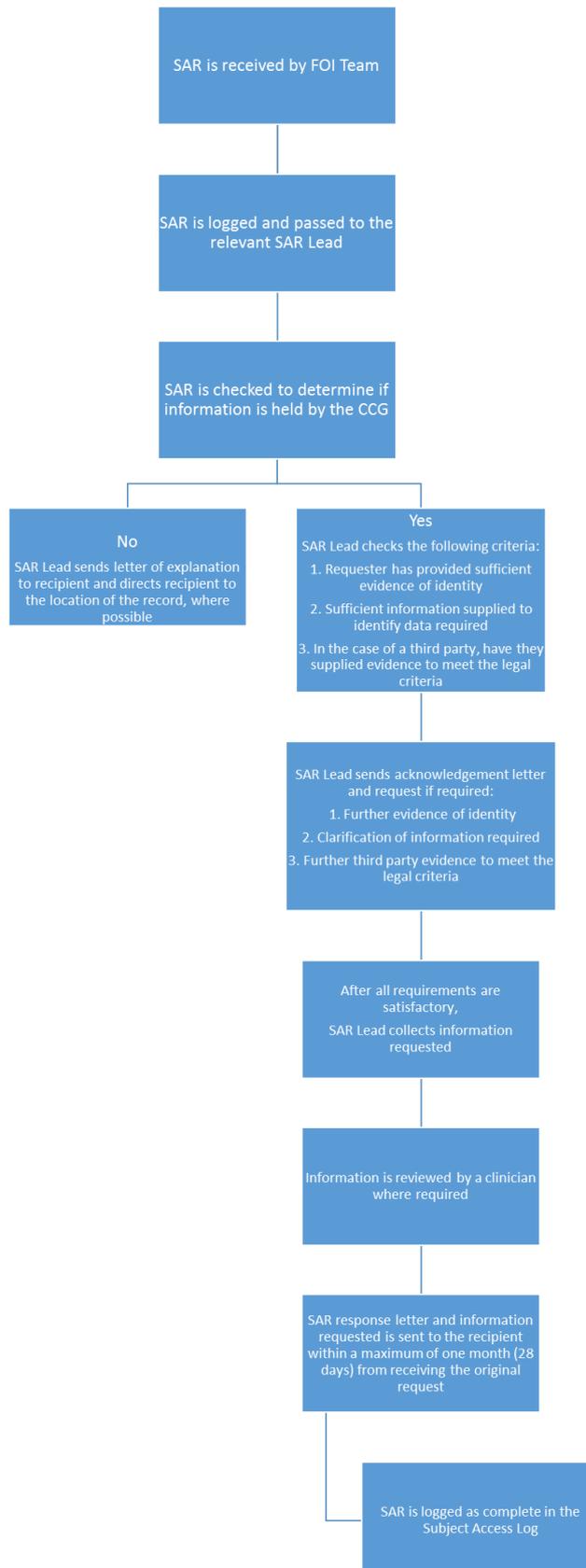
*On receipt of the completed form* we would expect to forward a response to you within 40 calendar days dependent upon whether any clarification is needed and/or whether fees are to be charged. In such circumstances, the CCG will notify you as soon as possible of any fees which may be due.

Under the legislation there may be restrictions which the CCG is obliged to apply but these will be explained to you in our response.

Yours sincerely,

CCG responder's name  
Sheffield CCG

## Appendix D – SARs Process



NHS Sheffield CCG Equality Impact Assessment 2016

## Equality Impact Assessment

<b>Title of policy or service:</b>	Access to Records Policy	
<b>Name and role of officer/s completing the assessment:</b>	Andy Eames, Information Governance and Intelligence Manager (Sheffield CCG) Gershon Nubour, Information Governance Manager	
<b>Date of assessment:</b>	25 <sup>th</sup> November 2020	
<b>Type of EIA completed:</b>	Initial EIA 'Screening' <input type="checkbox"/> or 'Full' EIA process <input checked="" type="checkbox"/>	

1. Outline	
<p><b>Give a brief summary of your policy or service</b></p> <ul style="list-style-type: none"> <li>• Aims</li> <li>• Objectives</li> <li>• Links to other policies, including partners, national or regional</li> </ul>	<p>To provide a formal structure and framework for how the organisation complies with its access to records obligations under the General Data Protection Regulation and promoting it throughout the organisation.</p> <p>Links to other policies are within the policy</p>

**Identifying impact:**

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

**2. Gathering of Information**  
 This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

(Please complete each area)	What key impact have you identified?			For impact identified (either positive an or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**IMPORTANT NOTE:** If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

<b>3. Action plan</b>				
<b>Issues/impact identified</b>	<b>Actions required</b>	<b>How will you measure impact/progress</b>	<b>Timescale</b>	<b>Officer responsible</b>

<b>4. Monitoring, Review and Publication</b>				
<b>When will the proposal be reviewed and by whom?</b>	<b>Lead / Reviewing Officer:</b>	<b>Information Governance Group (Sheffield CCG)</b>	<b>Date of next Review:</b>	<b>November 2021</b>