



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

| Review Sheet | | |
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|  Last Reviewed 03 Sep '20 |  Last Amended 03 Sep '20 |  Next Planned Review in 12 months, or sooner as required. |
| Business impact |  <p>MEDIUM IMPACT</p> <p>Changes are important, but urgent implementation is not required, incorporate into your existing workflow.</p> | |
| Reason for this review | Scheduled review | |
| Were changes made? | Yes | |
| Summary: | This policy has been reviewed with Further Reading added and references to the NHS Digital Data Security and Protection Toolkit, whereby the online self-assessment tool deadline for 2019-20 has been extended to 30 September 2020 due to the pandemic, but must usually be completed and submitted by 31 March each year. References have been reviewed and updated. | |
| Relevant legislation: | <ul style="list-style-type: none"> • Records Management Code of Practice for Health and Social Care 2016 • The Common Law Duty of Confidentiality • Public Records Act 1958 • Section 123 and 124 of the Police Act 1997 • The Care Act 2014 • Freedom of Information Act 2000 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Access to Health Records Act 1990 • Data Protection Act 2018 • UK GDPR | |



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

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|---|--|
| <p>Underpinning knowledge - What have we used to ensure that the policy is current:</p> | <ul style="list-style-type: none"> • Author: Information Governance Alliance, (2016), <i>Records Management Code of Practice for Health and Social Care 2016</i>. [Online] Available from: https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016 [Accessed: 29/8/2020] • Author: Information Commissioner's Office, (2018), <i>What is personal data?</i>. [Online] Available from: https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/ [Accessed: 29/8/2020] • Author: Information Commissioner's Office, (2011), <i>Quick guide to the employment practices code</i>. [Online] Available from: https://ico.org.uk/media/for-organisations/documents/1128/quick_guide_to_the_employment_practices_code.pdf [Accessed: 29/8/2020] • Author: Disclosure and Barring Service, (2018), <i>Handling of DBS certificate information</i>. [Online] Available from: https://www.gov.uk/government/publications/handling-of-dbs-certificate-information/handling-of-dbs-certificate-information [Accessed: 29/8/2020] • Author: The Home Office, (2015), <i>Revised Code of Practice for Disclosure and Barring Service Registered Persons</i>. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474742/Code [Accessed: 29/8/2020] • Author: CIPD, (2018), <i>Retention of HR Records</i>. [Online] Available from: https://www.cipd.co.uk/knowledge/fundamentals/people/hr/keeping-records-factsheet#7766 [Accessed: 27/8/2020] • Author: General Medical Council, (2019), <i>Good Medical Practice: Knowledge, Skills and Performance: Record your work clearly, accurately and legibly</i>. [Online] Available from: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-1---knowledge-skills-and-performance [Accessed: 29/8/2020] • Author: British Medical Association, (2020), <i>Retention of health records</i>. [Online] Available from: https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/retention-of-health-records [Accessed: 29/8/2020] |
| <p>Suggested action:</p> | <ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App |
| <p>Equality Impact Assessment:</p> | <p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p> |



1. Purpose

1.1 For Yewtree medical centre to have a good understanding of the different restrictions and regulations that relate to documentation containing personal data, in particular because of the risk of a monetary fine for a specific personal data breach under the GDPR and the Data Protection Act 2018.

1.2 For Yewtree medical centre to know and discharge all responsibilities in relation to data management and retention and document destruction and have this information set out as internal Practice guidance in operational protocols.

1.3 To support Yewtree medical centre in meeting the following Key Lines of Enquiry:

| Key Question | Key Lines of Enquiry |
|--------------|---|
| SAFE | HS1: How do systems, processes and practices keep people safe and safeguarded from abuse? |
| WELL-LED | HW4: Are there clear responsibilities, roles and systems of accountability to support good governance and management? |

1.4 To meet the legal requirements of the regulated activities that {Yewtree medical centre} is registered to provide:

- | Records Management Code of Practice for Health and Social Care 2016
- | The Common Law Duty of Confidentiality
- | Public Records Act 1958
- | Section 123 and 124 of the Police Act 1997
- | The Care Act 2014
- | Freedom of Information Act 2000
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Access to Health Records Act 1990
- | Data Protection Act 2018
- | UK GDPR



2. Scope

2.1 The following roles may be affected by this policy:

- | All staff

2.2 The following Patients may be affected by this policy:

- | Patients

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Advocates
- | Representatives
- | Commissioners
- | External health professionals
- | Local Authority
- | NHS



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21 Berryford Road, Liverpool, L14 4ED



3. Objectives

- 3.1** To hold information (including identifiable personal data) for no longer than it is required or has a purpose or according to statutory/NHS requirements - whichever applies.
- 3.2** To have a justification for how information (including identifiable personal data) is retained, and when it must be destroyed in order to remain relevant, depending on the purpose for which it is held.
- 3.3** To ensure all staff understand their duty in relation to the storage of personal information and the importance of keeping it in accordance with regulation, best practice and insurance requirements.



4. Policy

4.1 Yewtree medical centre will adhere to the recommended minimum lengths of retention of GP records for England according to the Information Governance Alliance Records Management Code of Practice for Health and Social Care 2016:

- ┆ GP records will be retained for 10 years after death
- ┆ Electronic Patient Records (EPRs) must not be destroyed or deleted for the foreseeable future

4.2 Yewtree medical centre will comply with the default standard retention period for HMRC records being 7 years, or 6 years plus current (otherwise known as 6 years + 1 which is defined as 6 years after the last entry in a record followed by first review or destruction to be carried out in the additional current (+ 1) accounting year).

All VAT records must be kept for 7 years (6 years + 1) after they are created, with both digital and physical copies providing compliance.

Yewtree medical centre will retain all business agreements and contracts (e.g. employment and service contracts) for a period of 7 years (6 years + 1) before they are destroyed (excluding the particular length of any contracts).

Pension documents must also be stored for a period of at least 7 years (6 years + 1).

4.3 The Operations manager will ensure the functions of a data protection or privacy officer are carried out and will be responsible for ensuring that there are sufficient Practice resources available for the comprehensive and ICO compliant management of personal identifiable information. They will also be responsible for granting authorisation at the appropriate level for access to clinical records (electronic and paper) by staff members for the purpose of their management according to type and format.

The management of medical records and personal identifiable details and information will be the responsibility of nominated members of the Practice Team only by The Operations manager delegation. New staff members will be trained in data access and management according to Yewtree medical centre protocols by Practice Team members with the relevant level of authorisation.

Access to Practice records of every type will be granted according to the duties and responsibilities of each role. No one is permitted to access data, including archived data, without a valid purpose.

The computer clinical system will log activity to provide an audit trail of who has accessed the record and there will be a register to be completed to track everyone who has accessed paper records, when this took place and the purpose.

4.4 Any personal data breach or near miss arising from the archiving, disposal or storage of records will be reported and investigated as a significant event and, wherever indicated, will be reported to the Information Commissioner's Office (ICO) (or the ICO will be consulted on whether what has occurred requires notification).

4.5 Yewtree medical centre will keep personal data only for as long as it is required according to its purpose and there will be a valid reason for retaining all personal data during that time. Documentation that does not relate to Yewtree medical centre, Patients or staff members can be destroyed according to the relevant authority where this exists, or according to internal protocol.

4.6 Yewtree medical centre will have internal protocols based on statutory requirements and best practice, to ensure that there are strict controls over the retention and destruction of personal data.

4.7 Yewtree medical centre will periodically review all data, including identifiable personal information held by the Practice. Personal data in particular will be erased or anonymised when it is no longer required.

4.8 Yewtree medical centre will carefully consider any challenges to retained personal identifiable data (as individuals have a right to erasure if it is no longer needed) to ensure the reasons for its retention are both valid and documented, e.g. if it is being kept for public interest archiving, scientific or historical research or statistical purposes.



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

4.9 Yewtree medical centre will digitise/scan all hard copy Patient data unless these are originals (e.g. hard copy x-rays) to be retained or returned to the Patient (e.g. identity documents). Yewtree medical centre will set a time limit on how long digitised/scanned hard copies will be retained before destruction or develop an operational protocol to make sure that no document is destroyed unless it has been scanned.

4.10 Data and records will be stored on the computer system of Yewtree medical centre which will be backed up continuously via an on-site or cloud-based server. Documents that cannot be stored electronically (e.g. signed and other original documents) will be stored securely in a fireproof, lockable cupboard/cabinet in a room that remains locked or has limited code/swipe access.

4.11 To prevent personal data being misused, when it is time to destroy documentation both the hard and digital copies will be completely destroyed or deleted everywhere so that no one can retrieve the document or any of the information it contained.

Where some of the information continues to be required - although the document itself which contains the information does not (e.g. pension record for a staff member who has left) - only the relevant details will be retained (e.g. start and leaving dates and a contribution summary) and the information will be anonymised by using a unique identifier to replace a name.



5. Procedure

5.1 Yewtree medical centre is responsible for all data activity and for the management of all documentation according to type, statutory requirements and, as such, will ensure that there are sufficient staff and resources in place to discharge all obligations under the GDPR and the Data Protection Act 2018.

See <https://ico.org.uk/for-organisations/does-my-organisation-need-a-data-protection-officer-dpo/>.

5.2 Archiving

- | Paper medical records for live, registered Patients cannot be archived at any time. They must be retained in a confidential environment on-site or stored offsite at a compliant, registered facility with timely retrieval services
- | Non-Patient related paper records will be archived, or fully digitised only, as they become inactive and reviewed on an annual basis to determine when they must be destroyed
- | Financial and administrative records will be archived by financial year (FY), i.e. 06 April to 05 April, with archive boxes clearly marked with the financial year (e.g. FY 2020-21)
- | All records stored with a commercial archive service will be placed in standard archive boxes that, when full, weigh more than 16kg
- | Yewtree medical centre will ensure that there is easy access to an up-to-date detailed log of the information that has been commercially archived, including identifying retention periods
- | When archived records have reached the end of their retention period, Yewtree medical centre will review the information and if it is no longer required and can be destroyed, Yewtree medical centre will request the company to securely destroy the records and issue a certificate of destruction for Yewtree medical centre to keep in the Practice register

5.3 Storage of Records

- | All records containing personal identifiable information and all other confidential paper records must be stored in a safe and secure location on-site in a locked cupboard or filing cabinet in a room which is kept locked at all times when not in use
- | Conditions must be appropriate for the storage of records, i.e. protected against fire, flood and theft with filing and lighting systems compliant with health and safety requirements
- | All records will be maintained in a clean and tidy condition to make them easily accessible when required
- | Each movement of paper records into and out of formal filing storage must be recorded in an electronic register (or a paper register with electronic back-up) with all relevant details for tracking and audit of access (access and return dates, the name of the person removing the record, their contact details, signature and the reason for removal)

5.4 Retention Schedules for Identifiable Personal Data

All paper and electronic clinical records must remain with Yewtree medical centre until a Patient registers at another surgery, dies or is otherwise removed/deregistered and their NHS general practice record is formally requested centrally for extraction.

Paper clinical records will be centrally requested for return via the NHS area paper records management system.

The electronic record will be automatically or manually extracted when the Patient registers elsewhere, or after they have been formally identified and notified as deceased.

In line with the [Records Management Code of Practice for Health and Social Care 2016 and the associated retention schedule](#), and the [ICO Employment Practices Code of Practice](#), Yewtree medical centre will erase or anonymise personal data (e.g. employment, administration and appropriate Patient non-clinical data) when it is no longer needed, in order to reduce the risk of it becoming irrelevant, excessive, inaccurate or out of date.

Where there are deviations to the above due to local, contractual or insurance requirements, Yewtree medical centre will ensure that the Patient - who is the data subject - is made aware of how their data will be processed, and fair processing notices will be issued in line with GDPR and Data Protection Act 2018 requirements.

5.5 Paper Records Archiving



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

- | To streamline and simplify review and facilitate easy destruction, only records with the same archiving review date must be stored in the same archive box. The archiving date is calculated from the date of the last entry in the record. Therefore, administrative records from different years which carry the same review date can be stored together
- | Files must be weeded or culled by removing documents that are not necessary to retain before being archived. Papers must be removed from lever arch files, box files, binders, spring clips etc, placed in plain or archive envelopes and clearly marked with details of the contents. Wherever possible, plastic pockets must be removed and the papers stapled together

5.6 Retention End Dates

- | All documents archived will be checked for retention end date. When they are due for destruction, they will be retrieved by an authorised staff member or other individual and destroyed in a secure and confidential manner
- | For any record retained beyond the minimum retention period designated in the retention schedule/operational protocol, the reason for retention must be documented and include a new review date. On review, the retention decision must either be re-applied with a further review date set, or the record destroyed as appropriate
- | Non-clinical records stored on the premises will be reviewed annually (each April after financial year end) to identify records with expired retention dates
- | The Operations manager will authorise and record disposals to be recorded by the nominated data protection or privacy officer as appropriate

5.7 Disposal of Documents

- | Any document which may identify or allow the identification of any person and/or contains personal information must be shredded before disposal
- | Each consultation and treatment room will contain a lidded waste bin, labelled confidential waste, (which will be emptied for shredding at least once a day) to enable clinicians to shred small amounts of identifiable documentation without delay and to reduce the risk of exposure as and when required
- | Where Yewtree medical centre does not use an external organisation for secure and confidential document destruction, a suitably sized and robust cross-cut shredder, together with supplies to maintain it in working order, must be used
- | Any third party undertaking document archiving and disposal must be briefed in writing as to the requirements for disposal and Yewtree medical centre must follow a due diligence process to ensure that confidential information is transported and disposed of correctly
- | Destruction certificates must be retained to provide legal proof of destruction in case the records are subsequently requested for disclosure, litigation purposes or under Freedom of Information or Data Protection legislation including GDPR. The following must be recorded:
 - | A list of the records destroyed
 - | The date of destruction
 - | The name of the person who authorised the destruction
 - | The name of the person who carried out the destruction process
 - | The reason for the destruction

5.8 Electronic Records Storage

- | Yewtree medical centre will restrict creating or deleting system folder responsibility to a limited number of staff members to prevent the risk of duplication, loss of information and the unnecessary use of system storage capacity. When a staff member requires a new folder to be created on the Practice clinical system, this will be carried out by an authorised staff member
- | All electronic files will be reviewed at the end of every financial year. This will identify if records need to be retained or archived (zipped in a secure folder)
- | Yewtree medical centre will develop and provide a list of standard terms and uniform terminology as naming conventions for files and folders in central and individual system drives
- | Document version controls must be applied for every document to simplify and streamline periodic



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

folder and file verification, retrieval and review

- | Records with personally identifiable and sensitive information must be controlled through the use of logins, password protection and encryption
- | Once a project is completed, all associated electronic documentation must be transferred to a zipped file, accurately named/dated and stored within a secure folder on the Practice clinical system with restricted access to decrease storage space and keep all common documentation together
- | Computers that hold confidential information must be located in rooms that have lockable doors or, if this is not possible, physically secured to the desktop. Laptops and portable devices must be encrypted and stored securely out of sight in line with the clear desk policy

5.9 Disposal of Electronically Stored Data

- | Computer hard drives that may contain personal information must be wiped clean before being disposed of by the Practice NHS IT support authority
- | Other data storage media that may contain personal information (e.g. USB memory sticks and external hard drives) must have the data overwritten in a manner that fills the drive before disposal using specialist software provided and carried out by the Practice IT support authority
- | Optical storage media that may contain personal information (e.g. CDs and DVDs) must be physically destroyed before disposal and handed to the Practice IT support authority for destruction verification as appropriate
- | Magnetic storage media that may contain personal information (e.g. tapes) must be physically destroyed before disposal and handed to the Practice IT support authority for destruction verification as appropriate

5.10 Personal Data Security Breaches

- | All security breaches must be reported immediately to the The Operations manager, who will establish the likelihood and severity of the resulting risk to people's rights and freedoms
- | All breaches will be assessed as to their risk and action taken appropriate to the breach, including notifying those whom the information concerns as well as regulatory authorities (ICO) and NHS bodies (NRLS, commissioners)
- | If it is likely there will be a risk then the The Operations manager will notify the ICO
- | If it is unlikely there will be a risk to people's rights and freedoms, the breach does not need to be reported. Where it is decided that no report will be made to the ICO, the decision and its justification must be formally documented
- | Any security breach or near miss will be reported and investigated as a significant event so that a full investigation can be carried out, lessons learned and the risk of any recurrence avoided or minimised as a result
- | Where there is any doubt whether a breach has occurred and any action is to be taken, the ICO must be contacted for advice

5.11 Inappropriate Destruction of Records

It is a criminal offence under the Freedom of Information Act 2000 and the Data Protection Act 2018 to destroy or alter information that has been requested in an attempt to avoid disclosure. Therefore:

- | If a record is inappropriately destroyed (e.g. a record which is subject to a request under the Freedom of Information or Data Protection Acts), Sophie Whittaker must be informed and an investigation commenced
- | Disciplinary action may be taken
- | Failure to adhere to this policy and procedure can result in criminal proceedings against the individual

5.12 Missing Patient Records

Missing records of any kind present a serious risk and a tracing procedure must be undertaken immediately on discovery:

- | Highlight the fact that a record is missing to The Operations manager as soon as this is detected
- | If an electronic Patient record cannot be found or will not load, the clinical system supplier must be contacted in the first instance



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

- | Undertake a thorough search for a paper record in the places it would normally be expected to be located after consulting the paper records register
- | Search either side, above and below where the record should be, and also by transposing name and surname and looking in extra large records in case it has been placed inside by accident
- | If the record is held electronically (e.g. if it is electronic only or has been scanned from hard copy and only exists electronically) outside of the clinical records, search in other folders or conduct a file search within the relevant drive or area of the server
- | Keep a record of all the places that have been searched
- | If the record cannot be located after an extensive search, the The Operations manager must be advised and a significant event process commenced
- | Ensure that any regulatory or statutory notifications required as a result of the loss are submitted



6. Definitions

6.1 Record

- | Information created, received, and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business

6.2 Data Protection Officer

- | A Data Protection Officer (DPO) is a security leadership role required by the General Data Protection Regulation (GDPR). Data Protection Officers are responsible for overseeing data protection strategy and implementation to ensure compliance with GDPR requirements. Where organisations are not required to appoint a DPO, a Privacy Officer can be nominated

6.3 Archiving

- | Storing information when it is no longer required on a day-to-day or regular basis. In relation to this policy, keeping information securely for a period of time in accordance with the law or for insurance purposes

6.4 Disposal

- | The process of destroying or getting rid of something. In this case, securely destroying or contracting others to confidentially and securely destroy records or documentation that are no longer required to be kept

6.5 Data

- | Data is distinct pieces of information, usually formatted in a special way. Since the mid-1900s, people have used the word data to mean computer information that is transmitted or stored. Strictly speaking, data is the plural of datum, a single piece of information
- | Although the terms "data", "information" and "knowledge" are often used interchangeably, each of these terms has a distinct meaning

6.6 Health Record

- | When an individual visits an NHS or social care service, information about them and the care they receive is recorded and stored in a health and care record. This is so that the people caring for them can make the best decisions about their care

6.7 Fair Processing Notice

- | A fair processing notice, or privacy notice, is an oral or written statement that individuals are provided with by a data controller when information about them is collected. The fair processing notice should state the purpose or purposes for which a data controller intends to process the individual's information, and any extra details a data controller needs to give that individual in the circumstances to enable them to process the information fairly

6.8 Privacy Impact Assessment

- | Privacy Impact Assessment, known as a Data Protection Impact Assessment (DPIA), is a process to help you identify and minimise the data protection risks of a project
- | You must do a DPIA for processing that is likely to result in a high risk to individuals. This includes some specified types of processing. You can use the ICO's screening checklists to help you decide when to do a DPIA



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

6.9 Caldicott Guardian

- | A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities which provide social services must have a Caldicott Guardian



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Retention schedules for documents and information will vary according to law and the data type as well as local commissioning, insurance company and internal business requirements. Yewtree medical centre will agree its retention schedule based on these requirements and implement this using operational protocols (although small organisations undertaking occasional low-risk processing may not need a documented retention policy, especially in general practice where the creation and destruction of medical records is executed centrally)
- | Yewtree medical centre has a responsibility in law to archive, store and dispose of records securely after their primary use has ceased, and to return electronic and paper medical records on receipt of a central NHS system request as these must never be permanently deleted or destroyed in general practice leaving them without trace within the Practice or the NHS
- | Only authorised staff members will be permitted to access, view, archive, store and dispose of records securely after their primary use has ceased and to access these records for their management or to return electronic and paper medical records when these are requested because a patient has moved away or died
- | All members of the Practice Team, together with external health professionals, have a statutory duty to comply with data protection laws and regulations that govern the management of electronic and documentary information and the handling of all personal identifiable data
- | Erasing or anonymising personal data when it is no longer needed will reduce the risk that it becomes irrelevant, excessive, inaccurate or out of date and reduces the risk it will be used in error to the detriment of all concerned - especially the data subject (the Patient)
- | Yewtree medical centre must consider whether it is necessary to keep a record of a relationship with an individual once that relationship ends. It may not be necessary to delete all personal data just to keep some information to confirm that the relationship existed, and that it has ended, as well as some of its details
- | There is no firm rule about how regularly retention periods for personal identifiable data must be reviewed. However, it must be reviewed on a regular basis with the justification for the retention confirmed and documented. Personal data held for too long is likely to become unnecessary - without any lawful basis for retention
- | Yewtree medical centre must respond to subject access requests for any personal data held and this will be difficult and risky to produce accurate data if old, out-of-date information is being held for longer than necessary



Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | The standard of the medical records Yewtree medical centre makes and keeps for you is that they must be 'clear, accurate and legible, reporting relevant clinical findings, decisions made, information given to patients and any drugs prescribed or other investigation or treatment' and that the records are made 'at the same time as the events being recorded or as soon as possible afterward'. Before your medical records are extracted after you de-register from a Practice, any solicitors letters or insurance medical reports, documentation relating to complaints procedures or social services reports will be removed if they have been scanned and saved into your medical record (as they do not form necessary elements of your medical record)
- | When you move from one general practice to another, a centrally generated NHS request for your electronic and paper medical records will be received by your current Practice who will locate the record and return it according to the respective process for each type of medical record (electronic and paper). Your entire electronic and paper general practice medical records move with you, although there may sometimes be a short delay in their arrival (more likely for paper records than electronic)
- | Your general practice medical records are confidential and are only accessed when necessary by authorised doctors, nurses and non-clinical staff members. They include information about your medication, allergies, vaccinations, previous illnesses and test results, hospital discharge summaries, appointment letters and referral letters. They do not normally include solicitors letters or insurance medical reports, documentation relating to complaints procedures or social services reports unless these are necessary for your active and current treatment
- | GPs mainly use electronic medical records for Patients which are continuously backed up by the NHS accredited clinical system supplier while, at the same time, your GP Practice also holds all the paper medical records that exist for you depending on when you were born, because the younger you are the less likely you are to have paper medical records (and these are not usually maintained and updated like electronic medical records, which must be as up-to-date and accurate as possible at all times)
- | Your general practice will not retain your electronic or paper medical records you once you have registered at another surgery and your medical records have been extracted by the NHS. The NHS does not extract any personal identifiable information outside of your medical records that your surgery may have compiled while you were registered as a patient there. This will either not be retained at all - or for no longer than necessary without valid reason, e.g. an ongoing insurance claim
- | While you are registered there, your Practice usually continues to receive information about you in hard copy format (on paper). In order to prevent growing your paper medical record, paper documents are scanned into your medical record and cannot be altered, so that they provide a true and accurate record. Once scanned, paper documents are usually shredded and disposed of confidentially, either immediately after they have been checked on screen for their appearance in your electronic medical record or after an agreed amount of time (e.g. a month), during which time there may be a quality audit to check the accuracy of scanning in the Practice
- | When a Patient dies, their general practice medical records must be retained for a minimum of 10 years after their death, while their electronic records must not be destroyed or any part deleted for the foreseeable future. The same applies for their Summary Care Record (containing basic information that is available to all NHS service providers that includes their allergies, medications and any reactions they have had to medication in the past), unless they chose not to have one when these were being created



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Confidentiality - NHS Code of Practice:

<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

NHS Digital - Data Security and Protection Toolkit:

<https://www.dsptoolkit.nhs.uk/>



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | The wide understanding of the policy is enabled by proactive use of the QCS App
- | Retention and destruction schedules are kept for archives and Practice records which ensure information is only retained for no longer than it can be demonstrated it is necessary. All shredding is carried out and disposed of confidentially, only after recorded quality assurance checks for content and accuracy have been completed
- | Access to personal identifiable information - both clinical and non-clinical - will be necessary, appropriate for role and purpose and subject to regular review with only a small number of authorised staff members responsible for all the processes and procedures involved in the management of information and documentation from creation or receipt to destruction or return to the NHS
- | There is a clear audit trail for access to Patient records (electronic and hard copy) and all other personal identifiable data that is available for and subject to audit on a regular basis
- | Paper medical records are kept in good order, individually well-organised with only relevant and appropriate paper documents retained and an accurate summary that is reflected on the clinical system
- | Yewtree medical centre has robust risk management procedures in place and undertakes a significant event process when incidents occur - e.g. missing records, loss of personal information or potential data breaches - so that lessons learned will be applied to avoid recurrence
- | Yewtree medical centre manages all electronic and paper medical records according to statutory and NHS guidance requirements to ensure these are never destroyed while they are in the general practice setting destruction can only be undertaken by the NHS centrally according to mandatory retention requirements if it means any part of a record or an entire record will not exist anywhere after it has been destroyed
- | All electronic Patient records are accurate and kept up-to-date, including a one (1) working day turnaround for scanning of paper letters, results etc. and the summarisation of paper records within four weeks of their arrival or in time for the Patient's first appointment/prescription request etc. after their arrival, whichever is sooner
- | Where a Patient has received clinical care from another provider but no information has been received, Yewtree medical centre will ensure that it obtains the information and adds it to the clinical record together with any new diagnoses etc. to be added to the main list of medical problems
- | Paper medical records in Lloyd George envelopes, having been summarised with important documents scanned into the clinical system in as many cases as possible, are rarely required. Therefore, they are preserved and retained in the most efficient and cost-effective way that maximises resources for Patient care they are not destroyed
- | All personal identifiable information not contained in the electronic Patient record is never archived - it is retained only as long as necessary - using a unique identifier to replace immediately identifiable patient details, with the purpose for the retention clearly documented and regular review dates in respect of destruction



Forms

The following forms are included as part of this policy:

| Title of form | When would the form be used? | Created by |
|--|---|-------------------|
| Archive Retention Record - GAB06 | This form should be used to log any records that need to be archived. | QCS |
| Periods for which medical records must be retained (MDU) - GAB06 | To be used when summarising paper records. | QCS |

Yewtree medical centre
21 Berryford Road, Liverpool, L14 4ED

| Category | Retention Period |
|---|--|
| Patient who was under the age of 17 at the date on which the treatment to which the records refer was concluded. | Until the patient's 25th birthday. |
| Patient who was aged 17 at the date on which the treatment to which the records refer was concluded. | Until the patient's 26th birthday. |
| Patient who died before attaining the age of 18. | A period of 8 years beginning on the date of the patient's death. |
| Patient who was treated for mental disorder during the period to which the records refer. | A period of 20 years beginning on the date of the last entry in the record. |
| Patient who was treated for mental disorder during the period to which the records refer, and who died whilst receiving that treatment. | A period of 8 years beginning on the date of the patient's death. |
| Patient whose records relate to treatment by general practitioner. | A period of 10 years beginning on the date of the last entry. |
| Patient who has received an organ transplant. | A period of 11 years beginning on the date of the patient's death or discharge whichever is the earlier. |
| All other cases. | A period of 8 years beginning on the date of the last entry in the record. |