

MedeAnalytics Pseudonymisation at Source Frequently Asked Questions

What is Pseudonymisation at Source?

This technique takes the patient identifier and creates a new identifier (Pseudonym), using a key that can be shared between data providers, so that patient records can be linked together. The new identifier is not reversible.

What data will be shared?

Coded data from the GP clinical system (such as diagnosis, medications) that has had certain “sensitive” data codes (such as HIV, TOP, STDs) stripped out, a full list of exclusions can be found in appendix E of the Data Sharing Agreement signed by the practice. No free text fields will be extracted.

Who can see the data and what can they see?

Those users of the MedeAnalytics system that have a legitimate relationship with the patient to provide direct care (e.g. the patients GP) will be able to re-identify patients that require interventions (through a third party supplied re-identification service).

CCG users of the MedeAnalytics system will be able to access patient level but not patient identifiable information (i.e. with the Pseudonym instead of the NHS Number). However the CCG will mainly use the system for analysis purposes using aggregate data, looking at cohorts of patients not individual patients.

Can a Patient Opt Out?

Yes, any patient who has already opted out of Summary Care Record of Care.Data will be automatically excluded. Any patient who subsequently wishes to opt out of this project can have the read codes listed below added to their GP record to ensure that their records are not included in any data extraction.

- Dissent from Secondary use of general practitioner patient identifiable data - 9Nu0 (READ2), XaZ89 (CTV3)
- Declined Consent for use of patient data in Risk Stratification – 9q7 (READ2), XabjB (CTV3)

Who has approved the use of this system?

MedeAnalytics have gained approval from the Confidentiality Advisory Group (who advise the Secretary of State for Health), the Information Commissioners Office, their responses can be found in Appendix C and D of the Data Sharing Agreement, and the Data Access Advisory Group (DAAG) which is an independent group, hosted by the Health and Social Care Information Centre (HSCIC), which considers applications for sensitive data made to the HSCIC.

West Essex CCG have also gained the approval of the LMC and the BMA.

How will patients benefit?

The scheme allows GP's to identify any patient(s) that might be 'at-risk'. For example a patient who might need to be admitted to hospital in the near future or who could benefit from preventative care from specialists in NHS Community Services or from the voluntary sector.

It also allows commissioners and providers to work together to ensure that the correct services are being offered to patients within West Essex and will help to develop better Care Pathways for patients.