

Saltdean and Rottingdean Medical Practice

Patient Privacy Notice

Appendix A – Detailed Data Flows and Processors

Version 1.1

April 2026

Companion document to the Patient Privacy Notice

Document Control

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Date	April 2026
Author	Dr James Murdoch, GP Partner
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Key Contacts

Role	Name	Contact
Data Controller	Saltdean and Rottingdean Medical Practice	01273 305723
Caldicott Guardian	Dr Jason Bolton, GP Partner	Via the practice
IG Lead and Clinical Safety Officer	Dr James Murdoch, GP Partner	Via the practice
Data Protection Officer	Laura Taw, NHS South, Central and West	scwcsu.sussexgpigenquiries@nhs.net

About this Appendix

This Appendix forms part of the Saltdean and Rottingdean Medical Practice Patient Privacy Notice. It sets out, in detail, the systems we use to deliver care, the organisations with whom we share your information, and the legal basis on which we process your data.

Each entry below describes a specific activity, the purpose for which we process your information in that context, the legal basis under the UK GDPR and Data Protection Act 2018, and (where relevant) the third-party processor or recipient.

Some processing arrangements are also covered by separate, more detailed privacy notices – for example, our supplementary notice on AI-Assisted Clinical Documentation. Where this is the case, the relevant section signposts to that notice.

If you have any questions about anything described in this Appendix, please contact the practice or our Data Protection Officer using the details on the Key Contacts page.

Detailed Data Flows

1. GP Clinical System

Purpose. Our GP clinical system is the digital platform that holds your medical record. It manages appointments, consultations, prescriptions, test results, referrals and clinical correspondence. Your record will follow you between GP practices throughout your life, and closed records are archived by NHS England. Authorised practice staff access your record using NHS Smartcards with role-based permissions.

Legal basis. Article 6(1)(e) – necessary for the performance of a task carried out in the public interest or in the exercise of official authority; and Article 9(2)(h) – necessary for the purposes of preventive medicine, medical diagnosis, the provision of health or social care or treatment, or the management of health or social care systems and services.

Processor. TPP (The Phoenix Partnership) – SystmOne, hosted in the UK.

2. NHSmail and Microsoft 365

Purpose. We use NHSmail for secure email correspondence with patients, hospitals, community services and other NHS organisations. Microsoft 365 (Teams, OneDrive, SharePoint) is used for internal practice document storage and collaboration. Patient information may be processed via these systems where it is necessary to coordinate your care or respond to enquiries. All NHSmail accounts are subject to the NHSmail Acceptable Use Policy.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. NHS England (NHSmail managed service via Accenture). Sub-processor: Microsoft.

3. Practice Telephony and Call Recording

Purpose. Our telephone system records incoming and outgoing calls. Recordings are used to support staff training, protect staff from abusive calls, establish facts relating to complaints, and identify areas for improvement in our processes. You will be informed that calls may be recorded when you telephone the practice. Recordings are retained for six months and are only accessed by authorised staff.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. X-on Health Ltd (Surgery Connect).

4. Digital Dictation

Purpose. Clinicians use a digital dictation system to record clinical correspondence such as referral letters and reports. Dictations are transcribed into the patient record by practice administrative staff or returned to the clinician for review. Audio files are stored securely and retained only for as long as necessary for transcription and review.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Lexacom Digital Ltd.

5. Pathology and Diagnostics

Purpose. We order blood tests, urine tests, imaging and other diagnostic investigations electronically. Test orders flow from your medical record to the relevant laboratory or imaging service, and results are returned electronically and filed in your record. Pathology results from local NHS Trusts are also viewable via the ICE (Integrated Clinical Environment) results viewer.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Clinisys (ICE), in conjunction with University Hospitals Sussex NHS Foundation Trust and East Sussex Healthcare NHS Trust pathology services.

6. Anticoagulation Monitoring Reference Data

Purpose. A small number of our patients receive their anticoagulation monitoring (INR testing for patients on warfarin) through the Community Pharmacy Anticoagulation Clinic. We have read-only access to anticoagulation results held on the LumiraDX INRStar system so that we can see your latest INR and dose when reviewing your care. We do not run the anticoagulation service ourselves and do not transmit patient data into INRStar.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. LumiraDX (INRStar). Read access only.

7. Online Triage, Messaging and Video Consultations

Purpose. We use Accurx to manage patient communications including SMS messaging, online triage submissions, questionnaires, document sharing and video consultations. When you submit an online request or respond to a message from the practice, the information you provide is reviewed by our clinical or administrative team and used to determine the most appropriate care for you. Video consultations are not recorded or stored. SMS messages are visible on your mobile device, so we keep clinical detail in messages to a minimum. If you do not wish to receive SMS messages, please let us know. Accurx's full privacy policy is available at <https://www accurx.com/privacy-policy>.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Accurx Ltd. UK-hosted.

8. Online Patient Registration

Purpose. New patients can register with the practice online via an integrated registration platform. Information you provide during online registration is transferred securely to the practice and added to your medical record. Paper registration (GMS1) remains available as an alternative.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Healthtech-1 Ltd.

9. Practice Website

Purpose. Our website is the practice's main online point of contact for patients. It provides practice information, opening hours, news and online forms for non-clinical enquiries. Information submitted through online forms is forwarded to the practice via NHSmail. The website is hosted on UK-based servers with encryption in transit and at rest. The Data Processing Agreement is available on the website.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Surgery Web Ltd.

10. AI-Assisted Clinical Documentation

Purpose. Some of our clinicians use an AI-powered medical scribe to help document consultations. The AI listens to the conversation during your appointment and produces a draft of the clinical notes, which the clinician reviews, edits if necessary, and approves before adding to your medical record. Audio is used solely for transcription and is automatically deleted once transcription is complete. Your clinician will explain how it works and ask for your verbal consent before starting. You can decline at any point and this will not affect your care. A separate, more detailed privacy notice covering this processing is available from the practice and on our website. A Data Protection Impact Assessment, Data Processing Agreement and DCB0160 clinical safety case have been completed.

Legal basis. Article 6(1)(e); Article 9(2)(h). Verbal consent is also obtained at the start of each consultation in line with the practice's AI Scribe Policy.

Processor. Heidi Health Pty Ltd. UK-hosted (Amazon Web Services UK).

11. Subject Access Requests, Medical Reports and Third-Party Reports

Purpose. We use a managed service to process Subject Access Requests, insurance medical reports, DWP and Universal Credit medical evidence requests, solicitor requests and other third-party requests for information from your medical record. The service integrates directly with SystemOne and prepares reports for review by a clinician before release. Reports are only released where you have provided explicit consent or where there is a legal basis to do so.

Legal basis. Article 6(1)(c) – compliance with a legal obligation, where applicable; Article 6(1)(e); Article 9(2)(a) – explicit consent for special category data, where applicable; Article 9(2)(h).

Processor. iGPR Technologies Ltd (Meddbase). Reports are released to the requesting party (solicitor, insurer, DWP, patient) once approved.

12. Summary Care Record

Purpose. The Summary Care Record (SCR) is a national electronic record that contains key information from your GP record — your medications, allergies and adverse reactions as a minimum, with additional information added with your consent. The SCR allows authorised healthcare staff to access essential information about you in an emergency or when you need unplanned care. This includes out-of-hours providers (such as IC24, who provide our local out-of-hours service), NHS 111, ambulance services, and emergency departments. You have the right to opt out of having your information shared via the SCR by completing an opt-out form, which can be downloaded from NHS Digital and returned to the practice. Please note that opting out may delay care in an emergency.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. NHS England.

13. GP Connect

Purpose. GP Connect allows authorised healthcare professionals at other organisations to access parts of your GP record when they are providing you with direct care. This helps ensure that clinicians treating you have access to important information such as your medications, allergies and medical conditions. Access is governed by strict role-based controls and audit trails, and can only be used for your direct care. If you wish to opt out of GP Connect, please contact the practice.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. NHS England.

14. Extended Access Service

Purpose. We work in partnership with Brighton and Hove GP Federation to provide extended access appointments outside our core opening hours, including evenings and weekends. When you book an extended access appointment, the relevant clinical information needed for that consultation is shared on a per-patient, per-appointment basis with the federation clinician seeing you. The consultation outcome is then returned to your medical record. Extended access clinicians do not have ongoing access to your GP record outside of these specific appointments.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Brighton and Hove GP Federation.

15. Primary Care Network Shared Staff

Purpose. We are part of the Deans and Central Brighton Primary Care Network (PCN). The PCN employs additional clinical staff (such as pharmacists, paramedics, social prescribers, physiotherapists and care coordinators) who work across the practices in the network to provide direct care to our patients. Where these staff are involved in your care, they access your medical record via SystmOne under their own NHS Smartcard credentials with appropriate role-based access.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Deans and Central Brighton PCN; PCN employees access SystmOne under TPP processing arrangements.

16. NHS Trusts and Community Healthcare Providers

Purpose. We share your information with NHS Trusts and community healthcare providers when you are referred to them for further care, and they share information back with us about your treatment, results and outcomes. This includes hospital outpatient appointments, inpatient admissions, day case procedures, community nursing, mental health services, and emergency department attendances. Information is shared securely between clinical systems and via NHSmail.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. University Hospitals Sussex NHS Foundation Trust, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, and other commissioned providers as required for your care.

17. Pharmacies and Community Pharmacy Services

Purpose. We share prescription information electronically with the pharmacy of your choice via the Electronic Prescription Service. We may also share clinical information with community pharmacists where they are involved in your care — for example, through the Community Pharmacy Consultation Service (CPCS) where you are referred to a pharmacist for a minor illness consultation, or through specific medication management services. Pharmacists may contact us with queries about your medication.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Your nominated pharmacy; community pharmacies participating in CPCS.

18. Care Homes

Purpose. For patients who live in care homes, we share clinical information with care home staff to support your day-to-day care, including medication management, care planning and end-of-life care. Care home staff may also share information with us about your health and wellbeing. Information is shared securely via NHSmail or through agreed shared care arrangements.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Care homes within the practice catchment area.

19. Non-commissioned Private Healthcare Providers

Purpose. Where you choose to access private healthcare (for example, a private specialist consultation or private treatment), we may share information with the private provider at your request and with your consent. We may also receive information from private providers about your private care. We do not share information with private providers without your consent.

Legal basis. Article 6(1)(a) and Article 9(2)(a) – explicit consent.

Processor. Private healthcare providers as nominated by you.

20. Care Quality Commission

Purpose. The Care Quality Commission (CQC) is the independent regulator of health and social care in England. The CQC inspects the practice to ensure we provide safe, effective and high-quality care. To carry out their inspections, CQC inspectors may access patient records on site, and we may share pseudonymised data with the CQC for monitoring and audit purposes. Sharing of identifiable patient information with the CQC is permitted by law.

Legal basis. Article 6(1)(c) – compliance with a legal obligation; Article 9(2)(h).

Processor. Care Quality Commission.

21. Safeguarding

Purpose. Where we have significant concerns that a child or adult is at risk of harm, abuse or neglect, we will share relevant information with safeguarding partners. This may include local authority children's social care, adult social care, the Police, Multi-Agency Safeguarding Hubs (MASH), and other safeguarding professionals. We will also share information when requested by these agencies as part of a safeguarding investigation. Consent is not required to share information for safeguarding purposes where there is a risk of harm.

Legal basis. Article 6(1)(c) – compliance with a legal obligation; Article 6(1)(e); Article 9(2)(b) – safeguarding of children and individuals at risk; Article 9(2)(h).

Processor. Brighton and Hove Safeguarding Children Partnership; Brighton and Hove Safeguarding Adults Board; Sussex Police; local authority children's and adult social care services.

22. Police

Purpose. We may share personal confidential information with the Police where there is a legal basis to do so. This may include responses to formal Police requests under the Data Protection Act 2018 (Schedule 2, Part 1), court orders, or where disclosure is necessary to prevent or detect serious crime, to protect a person's safety, or to comply with statutory

obligations. We will only disclose the minimum information necessary and will document each disclosure.

Legal basis. Article 6(1)(c); Article 6(1)(e); Article 6(1)(f) – legitimate interests where applicable; Article 9(2)(g) – substantial public interest.

Processor. Sussex Police, or other Police authorities where relevant.

23. Coroner

Purpose. When a patient dies and the death is reported to the Coroner, we are legally required to share the patient’s medical record with the Coroner to support their investigation into the cause of death. The Coroner’s role is to establish the cause of death where this cannot be certified by a doctor.

Legal basis. Article 6(1)(c) – compliance with a legal obligation under the Coroners and Justice Act 2009; Article 9(2)(h).

Processor. West Sussex, Brighton and Hove Coroner Service.

24. Medical Examiners

Purpose. Since September 2024, all non-coronial deaths in England and Wales must be reviewed by an independent Medical Examiner before a Medical Certificate of Cause of Death (MCCD) can be issued. Medical Examiners are senior doctors who scrutinise the proposed cause of death, discuss it with the bereaved, and identify cases requiring further review. We share the relevant patient record (and next-of-kin contact details) with the Medical Examiner Office to enable this review.

Legal basis. Article 6(1)(c) – compliance with a legal obligation under the Coroners and Justice Act 2009 and the Access to Health Records Act 1990 (as amended); Article 9(2)(h).

Processor. Brighton and Mid-Sussex Medical Examiners Office, hosted by University Hospitals Sussex NHS Foundation Trust.

25. Death Registration

Purpose. When a patient dies, we share the proposed cause of death (via the Medical Certificate of Cause of Death) with the Registrar so that the death can be formally registered. From a national reform introduced in 2024, the MCCD is sent electronically from the doctor completing it directly to the Registration Service.

Legal basis. Article 6(1)(c) – compliance with a legal obligation under the Births and Deaths Registration Act 1953; Article 9(2)(h).

Processor. Brighton and Hove Registration District.

26. Statutory Disclosures to Regulators and Government Bodies

Purpose. We are required by law to share information with a number of regulators and government bodies in specific circumstances. These include: the General Medical Council (GMC) and Nursing and Midwifery Council (NMC), in response to fitness to practise or professional conduct investigations relating to our clinicians; the Driver and Vehicle Licensing Agency (DVLA), where we are required to report a notifiable medical condition that affects a patient’s fitness to drive, or in response to a DVLA medical questionnaire with patient consent; His Majesty’s Revenue and Customs (HMRC), where required for tax investigations or compliance; the NHS Counter Fraud Authority, for investigations into NHS fraud; and the UK Health Security Agency, for notifiable diseases under the Health

Protection (Notification) Regulations 2010. We will only disclose the minimum information required by law, and where possible we will inform you before disclosure.

Legal basis. Article 6(1)(c) – compliance with a legal obligation; Article 9(2)(h); Article 9(2)(g) – substantial public interest, where applicable.

Processor. GMC, NMC, DVLA, HMRC, NHS Counter Fraud Authority, UK Health Security Agency, as relevant to each disclosure.

27. Learning Disability Mortality Review (LeDeR)

Purpose. The LeDeR programme reviews the deaths of people with a learning disability or autism to identify learning that can improve the standard and quality of care. Where a deceased patient meets the criteria for review, we share their medical record with the LeDeR review team. The programme is operated by NHS England under section 251 approval from the Secretary of State for Health and Social Care.

Legal basis. Article 6(1)(c) – compliance with a legal obligation; Article 9(2)(h); supported by section 251 approval under the NHS Act 2006.

Processor. NHS Sussex Integrated Care Board; NHS England.

28. NHS Sussex Integrated Care Board (Commissioning and Service Planning)

Purpose. NHS Sussex Integrated Care Board (ICB) is responsible for planning and commissioning health services for the local population. We share information with the ICB to support invoice validation (where the ICB pays for services on your behalf and needs to verify the activity), commissioning of services, contract management, and quality assurance. Most data shared for these purposes is pseudonymised, meaning your direct identifiers are removed before the data leaves the practice. Where identifiable information is shared, this is governed by formal data sharing agreements.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. NHS Sussex Integrated Care Board.

29. Payments and Service Reporting

Purpose. NHS England operates the General Practice Extraction Service (GPES) and the Calculating Quality Reporting Service (CQRS), which automatically extract data from our clinical system to support payment of the practice for services delivered to patients. This includes payments under the Quality and Outcomes Framework (QOF), enhanced services, vaccination and immunisation programmes, and other contractual payments. The data extracted is mostly aggregated or pseudonymised, but identifiable data is sometimes required to verify specific items of service.

Legal basis. Article 6(1)(c) – compliance with a legal obligation under the General Medical Services contract regulations; Article 6(1)(e); Article 9(2)(h). Extraction is supported by Data Provision Notices issued by NHS England under section 259 of the Health and Social Care Act 2012.

Processor. NHS England.

30. Risk Stratification and Population Health Management

Purpose. To identify patients who may benefit from additional support to prevent serious illness or unplanned hospital admission, NHS Sussex applies risk stratification to

pseudonymised data held in the Sussex Integrated Dataset. Pseudonymisation means your direct identifiers are replaced with codes before analysis – the ICB does not see identifiable patient information. Where the analysis identifies groups of patients who would benefit from proactive intervention, the NHS numbers of those patients are returned to the practice (via the Data Services for Commissioners Regional Office) so that we can review their care and offer appropriate support. You can opt out of your identifiable information being used for this purpose by registering a Type 1 opt-out with the practice and / or a National Data Opt-out with NHS England.

Legal basis. Article 6(1)(e); Article 9(2)(h); supported by section 251 approval (CAG 7-04(a)/2013) under the NHS Act 2006 for the use of pseudonymised data in risk stratification.

Processor. NHS Sussex Integrated Care Board; Data Services for Commissioners Regional Office (DSCRO); NHS England.

31. Public Health Screening Programmes

Purpose. We support a range of national public health screening programmes including cervical screening, breast screening, bowel cancer screening, abdominal aortic aneurysm screening, diabetic eye screening, and antenatal and newborn screening. We share relevant patient information (including invitations, results and follow-up) with the screening programme providers. Public health surveillance data is also shared with the UK Health Security Agency for the management of communicable disease outbreaks and for vaccination programmes.

Legal basis. Article 6(1)(e); Article 9(2)(h); Article 9(2)(i) – public interest in the area of public health.

Processor. NHS England; UK Health Security Agency; commissioned screening service providers.

32. Child Health Information Service

Purpose. The Child Health Information Service (CHIS) holds records of all children in the local area and supports the delivery of the national Healthy Child Programme, including childhood immunisations, developmental reviews and school health checks. We share relevant information about children registered with the practice with CHIS, and CHIS shares information back with us about immunisations and reviews carried out elsewhere.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. NHS South, Central and West Commissioning Support Unit (CHIS for Sussex).

33. OpenSAFELY

Purpose. NHS England operates the OpenSAFELY service, which provides a secure environment for approved researchers to run analyses on pseudonymised patient data for research, clinical audit, service evaluation and health surveillance. Only approved users can run these analyses, and they cannot access information that directly or indirectly identifies individuals. Data does not leave the secure environment – researchers see only aggregated or summary results. OpenSAFELY was established to enable rapid research during the COVID-19 pandemic and has continued as a national research platform.

Legal basis. Article 6(1)(c) – compliance with a legal obligation; Article 9(2)(g) – substantial public interest; Article 9(2)(j) – scientific research. Operated under directions issued by the Secretary of State for Health and Social Care.

Processor. NHS England (OpenSAFELY platform); approved research organisations granted access by NHS England.

34. National Clinical Audits and Data Extractions

Purpose. NHS England’s General Practice Extraction Service is also used to extract data for a number of national clinical audits and quality improvement programmes. These include CVDPREVENT (cardiovascular disease prevention audit), the Primary Care Patient Safety and Mortality Indicators audit (PHSMI), the National Obesity Audit, and the At-Risk Patients programme. Data is extracted under formal Data Provision Notices issued by NHS England, and is used to support quality improvement, identify gaps in care, and inform national policy. You can opt out of your identifiable information being used for these purposes by registering a National Data Opt-out.

Legal basis. Article 6(1)(c); Article 6(1)(e); Article 9(2)(h); Article 9(2)(i) – public interest in the area of public health.

Processor. NHS England.

35. Practice Management Platform (Patient-Related Functions)

Purpose. We use a practice management platform to manage operational and clinical governance functions. Patient information may be processed through this platform in specific circumstances, including: significant event reviews and learning, complaints handling and investigation, prescription tracking, drug expiry monitoring, and clinical audit. Access is role-based and restricted to authorised practice staff. Wider use of this platform for staff training records, HR and operational management is covered by the practice’s separate Staff Privacy Notice.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Agilio Software Ltd (Teamnet).

36. Professional Training (effective August 2026)

Purpose. From August 2026 we will be a training practice, hosting GP registrars (doctors training to become GPs) and potentially other healthcare professionals in training. As part of GP training, registrars are required to record consultations for review with their educational supervisor and submission to the Royal College of General Practitioners as evidence of clinical skills. Recording is only undertaken with your explicit consent, which will be sought before the consultation begins. You have the right to decline, and this will not affect the quality of care you receive. Recordings are stored securely on the Fourteen Fish platform, accessed only by the registrar and their supervisor (and assessors at the RCGP for assessment purposes), and are deleted in line with RCGP retention policy. Trainees access patient records under their own NHS Smartcard credentials with appropriate role-based access, supervised by an accredited GP trainer.

Legal basis. Article 6(1)(a) and Article 9(2)(a) – explicit consent for recordings; Article 6(1)(e) and Article 9(2)(h) for trainee access to records as part of direct care provision.

Processor. Fourteen Fish Ltd (consultation recording platform); Royal College of General Practitioners (assessment).

37. Plexus Shared Care Record

Purpose. Plexus is the Sussex Shared Care Record. It allows authorised health and care professionals across Sussex, including those in hospitals, community services, mental

health services, social care and the ambulance service, to access parts of your GP record when they are involved in your direct care. This helps ensure that clinicians and care staff treating you have access to important information such as your medications, allergies and medical conditions, alongside information contributed by other organisations involved in your care. Access is governed by strict role-based controls and audit trails, and can only be used for your direct care. If you wish to opt out of Plexus, please contact the practice.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. NHS Surrey and Sussex ICB.

38. My Health and Care Record (MHCR)

Purpose. MHCR is a patient-facing platform that lets you view parts of your own health and care record from organisations across Sussex, including test results, appointments, discharge letters, care plans and medications. You access it through the NHS App or the MHCR portal. The purpose is to support you to manage your own care and take an informed part in decisions about your treatment.

Legal basis. Article 6(1)(e); Article 9(2)(h).

Processor. Patients Know Best Ltd.

Document version history

Version	Date	Notes
1.0	April 2026	New document. Drafted following the SCW Appendix A template structure with practice-specific data flows.
1.1	May 2026	Added Plexus and MHCR entries. JM