Discovery Data Service – 2.2 million individuals

GP Records (personal, confidential)

Data controllers

No de-identification at source
"clear data flow"

Disclosure of clearly identifiable, personal confidential information

Type 1 opt-out is in force

NHS Hospital FTs

Data controllers
No de-identification at source
"clear data flow"

Disclosure of clearly identifiable, personal confidential information

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Local Authorities (social care)

Data controllers
No de-identification at source
"clear data flow"

Disclosure of clearly identifiable, personal confidential information

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Community NHS FTs

Data controllers
No de-identification at source
"clear data flow"

Disclosure of clearly identifiable, personal confidential information

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❶

"Discovery Data Service"
Data Processor
Linkage of datasets occurs
Data analysis occurs

❷

❻ → **Disclosures for certain Direct Care Purposes**

SECONDARY USE (BEYOND DIRECT CARE)

FURTHER DEIDENTIFICATION OCCURS

❹ FURTHER DEIDENTIFICATION OCCURS

❺

❸

AGGREGATED DATASETS

Provided to 3rd party applicants
https://wiki.discoverydataservice.org/index.php?title=Case_studies

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ANONYMISED DATASETS

Provided to 3rd party applicants
https://wiki.discoverydataservice.org/index.php?title=Case_studies

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PSEUDONYMISED DATASETS

Provided to 3rd party applicants
https://wiki.discoverydataservice.org/index.php?title=Case_studies

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CLEARLY IDENTIFIABLE DATASETS

Provided to 3rd party applicants
https://wiki.discoverydataservice.org/index.php?title=Case_studies
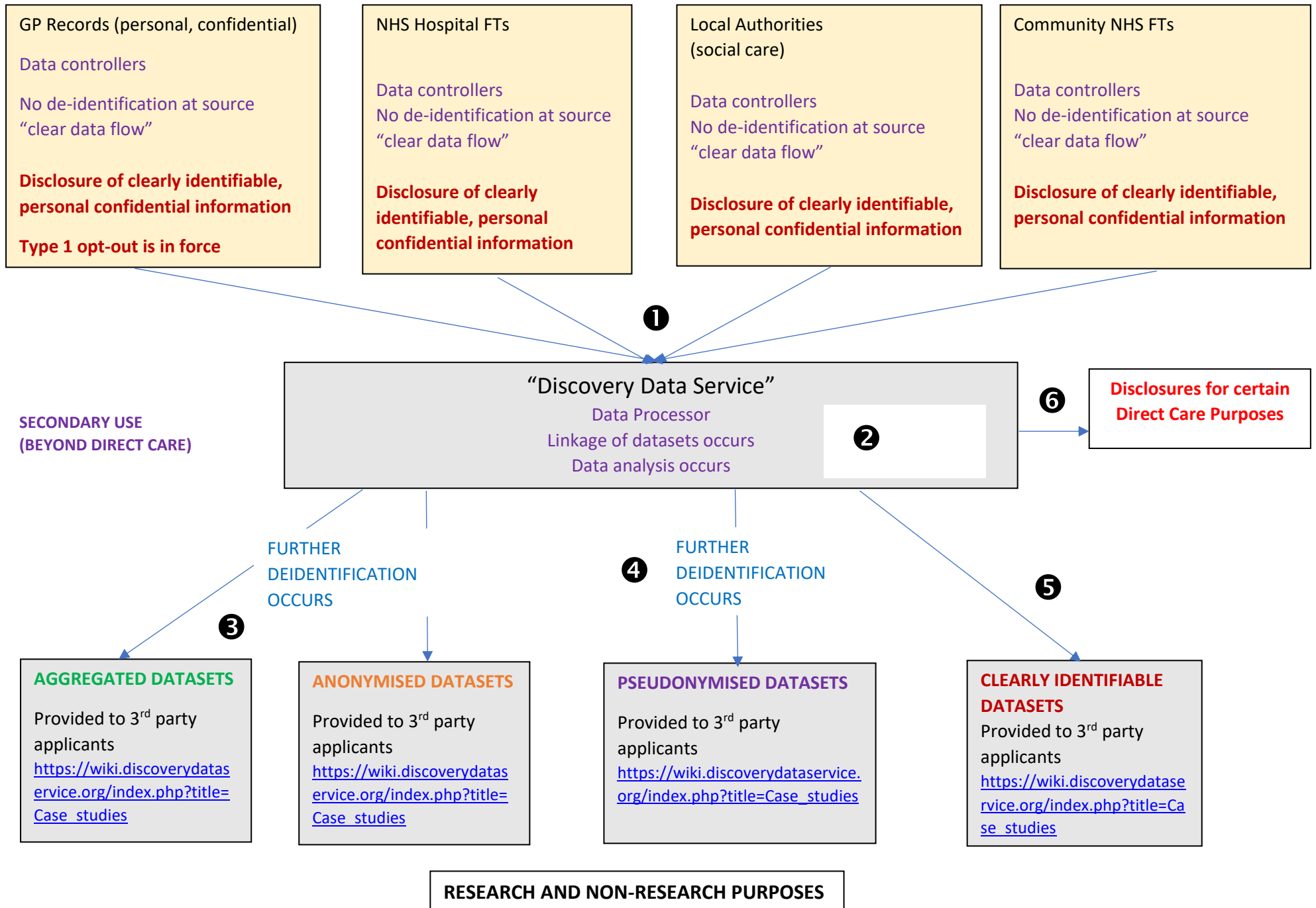

RESEARCH AND NON-RESEARCH PURPOSES

Discovery Data Service – 2.2 million individuals

1 **There is no legal basis under CLoC for the disclosure of personal confidential information, *for secondary uses*, outside of the care team**
No explicit permission of the individual, no legal obligation, not mandated under COPI 3(4)/COVID-19
Not overwhelmingly in the public interest ("life or death")
This is not a disclosure purely for direct care purposes
There is no approval under Regulation 5 of COPI 2002, by CAG, for any such disclosure (Class 6 support)

2 **There is no legal basis under CLoC for "DDS" to access, hold, and link, and analyse personal confidential information *for secondary purposes***
No explicit permission of the individual, no legal obligation, not mandated under COPI 3(4)/COVID-19
Not overwhelmingly in the public interest ("life or death")
This is not processing for direct care purposes
There is no approval under Regulation 5 of COPI 2002, by CAG, for any such processing (Class 4, 5, 6 support)

3 **There is no legal basis under CLoC for "DDS" to deidentify personal confidential information for secondary purposes**
This is not processing for direct care purposes
There is no approval under Regulation 5 of COPI 2002, by CAG, for any such processing (Class 1 support)

4 **There is no legal basis under CLoC for "DDS" to disclose personal confidential information for secondary purposes**
This is not processing for direct care purposes
Pseudonymised datasets consisting of very large amounts of linked medical information remain personal confidential information
There is no approval under Regulation 5 of COPI 2002, by CAG, for any such processing (Class 6 support)

5 **There is no legal basis under CLoC for "DDS" to disclose personal confidential information for secondary purposes**
This is not processing for direct care purposes
There is no approval under Regulation 5 of COPI 2002, by CAG, for any such processing (Class 6 support)

6 **Disclosure for direct care purposes at the end of a processing chain does not legitimise prior, unlawful, disclosure and processing**
That is "layering", or data laundering
The only "direct care" purpose proposed is risk stratification for case finding
But that does *not* have CAG approval *for processing to take place within a LHCR*