

Sussex Integrated Dataset – 1.8 million individuals

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 for direct care purposes

There is no approval under Regulation 5 of COPI 2002, by CAG, for any such disclosure (Class 6 support) Pseudonymised data remains personal data, and personal confidential information.

There is no legal basis under CLoC for "SID" to access, hold, and link 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, 6 support)

There is no legal basis under CLoC for "SID" 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)

There is no legal basis under CLoC for "SID" 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)

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 "SID"