

# Release of Clinician/Hospital Identifiable Data Held by NYCRIS (draft)

## Introduction

The release of identifiable (or potentially identifiable) patient data held by NYCRIS is governed by the national policy drawn up by the UK Association of Cancer Registries (UKACR) and subject to annual review by the Patient Information Advisory Group (PIAG) which advises the Secretary of State for Health.

The NYCRIS policy relating to the release of other identifiable data is, however, subject to local agreement.

It was agreed at the recent meeting of the NYCRIS Advisory Group that it was timely for the existing policy to be reviewed. Historically, since the emphasis has always been on the patient-specific data held by NYCRIS, it may not have been widely understood that NYCRIS also holds data on individual personal practice.

The existing protocol lays emphasis on the need for obtaining the consent of individual clinicians before clinician-specific data are released. There are, however, differences between the historical NYCRIS policy and what is appropriate now. Requirements for clinical governance have become core responsibilities for health organisations. Trust Medical Directors, for example, should have access to clinician-specific information to fulfil their governance obligations.

It was agreed by the Advisory Group that the proposed new policy should be discussed at meetings of SHA and Trust Medical Directors. Comments are therefore invited on the proposed revised NYCRIS protocol for the release of identifiable data given below.

## Requesting Organisation

### 1. Acute Trusts

#### Data relating to clinicians

Requests for **numbers of cases treated by clinicians** (e.g. number of breast cases managed within a particular year) will be met where the request is via any of the following:

- *Medical Director*
- *Information Director*
- *Trust Cancer Lead*
- *Site-Specific Cancer Lead (for relevant site)*
- *Clinical Chair of an audit committee*
- *Clinical Director for a relevant unit of management (e.g. oncology or surgery)*
- *A group providing evidence of individual clinician consents*

Requests for **performance-based information** (e.g. numbers of different types of procedures, consultant workload analyses, post-operative mortality rates) will be met if the request is via:

- *The Medical Director*
- *The Clinical Director for a relevant unit of management*
- *A group providing evidence of individual clinician consents*

It will be the **Trust's responsibility to inform clinicians** that such data have been requested. Where data relating to individual clinicians have been provided, copies will be made available to them by NYCRIS on request.

### Data relating to Acute Trusts

Requests for **numbers diagnosed and/ or treated by site per hospital** will be met routinely.

Requests for **Trust performance-based information** (e.g. treatment modalities, mortality rates) will be met where the request is via the Medical Director or Trust Cancer Lead (if site-specific then through the appropriate site-specific leads).

## 2. Cancer networks

### Data relating to clinicians

Requests for **numbers of cases treated by a clinician within a cancer network**, or for **site-specific performance-based information**, will be met where the request is via either the Network Lead Clinician or the appropriate Network Site-Specific Cancer Lead.

The **Network Lead should inform clinical colleagues** of the request. Where data relating to individual clinicians have been provided, copies will be made available to them by NYCRIS on request.

### Data relating to Acute Trusts

Requests for **numbers diagnosed and/ or treated by site per hospital** will be met routinely.

Requests for **Trust performance-based information** will be met where the request is via the Network Lead Clinician.

The **Network Lead Clinician should inform the Trust(s)** of the request for performance-based information. Copies of the data provided will be made available to the individual Trust(s) by NYCRIS on request.

## 3. Primary Care Trusts/ SHAs

These statutory organisations may require data about the services they commission/ performance manage.

Requests for **numbers diagnosed and/ or treated by site per hospital** will be met routinely.

Requests for **numbers or performance information** relating to **hospital clinicians or acute Trusts** will be met if the request is via:

- *The Medical Director*
- *The Cancer Lead*

The organisation requesting performance-based information should inform the relevant individual clinician(s) or Trust(s) concerned. Copies of the data provided will be made available to the individual(s) or Trust(s) by NYCRIS on request.

### **[For information: Release of data for research**

Where **patient identifiable data** are sought, and covered by the appropriate ethical/ R&D/ PIAG approvals, these data will be provided, even if they may identify clinicians (e.g. named pathologist on pathology reports, or surgeon in the case of operation). This is in accordance with the agreed national UKACR policy.]