Dear Richard,

**RE: General Practice Data for Planning and Research - communications with the public**

Following discussions over the past few weeks, we are writing to formally express our concerns about the lack of communication with the public regarding the general practice data for planning and research (GPDPR) programme.

As you know we are supportive of the principles of the new collection in promoting data sharing for appropriate purposes and centralising oversight and safeguarding of this. We are fully aware of the crucial role that GP data has to play in research and planning which can improve public health. However, it is important than any sharing of data is transparent and maintains public trust in how general practice and the NHS more widely uses their information.

While we acknowledge that NHS Digital's position is that this is not a significant increase in data sharing, it does represent a shift in terms of the scale and centralisation of the data held and is widely perceived to be a meaningful change. The current situation, whereby communications have been limited to NHS Digital's online platforms, and by extension only those who are digitally literate is not sufficiently informing patients of the collection. Providing information for GP practices to share in waiting rooms after the programme had already launched, is an ineffective addition, especially given continued social distancing restrictions which limits the numbers of patients attending their GP practice in person or spending time in waiting rooms. Moreover, it is unreasonable and inappropriate for it to be left to GP practices to communicate with patients at a time of extreme workload pressures and focus on the COVID-19 vaccination programme. The RCGP and BMA have supported communications to practices in recognition of the legal requirement to comply with the new collection, but neither organisation has endorsed the programme. Given this legal requirement, individual practices have had no choice in this collection and cannot be responsible for ensuring patients are appropriately informed.
We would ask that NHSD reconsider your stance on this and take immediate action to run a public information campaign, possibly including the use of national help desks and local champions who GPs can signpost patients to in order to ensure the public is properly informed of this new collection and their options in terms of opting out.

Yours sincerely,

Prof. Martin Marshall
Chair, Royal College of General Practitioners

Dr Richard Vautrey
Chair, General Practitioners Committee,
British Medical Association