

Release of GP Practice Profiles for Cancer – protection of confidentiality

Background

The GP Practice Profiles for Cancer bring together a range of outcomes and process information relevant to cancer in primary care. They provide comparative information for benchmarking and reviewing variations at a general practice level. As part of the Government's commitment to transparency, the NCIN has been asked to place these profiles in the public domain to complement other GP practice level information from the Health and Social Care Information Centre (HSC-IC).

This document assesses the risk of disclosure from publication of the GP Practice Profiles and the steps to be taken to minimise this. The approach will be kept under review for future releases of the profiles and as national policy in this area develops.

Risks to privacy

Patient confidentiality

Overall, the risk of breaches to patient confidentiality from the release of the GP Practice Profiles is assessed to be very low. No directly identifiable information is included in the profiles and so the risk comes from the potential to combine information with other sources or through linking indicators with small numerators to deduce additional information about an individual. For example, it might be possible to determine the suspected type of cancer for an individual referred under the Two Week Wait standard if only one referral is made by a practice and this is shown to be with a particular type of suspected cancer.

The populations covered by GP practices are often poorly defined, which reduces the risk of identifying a specific individual, and practices are excluded from the profiles if their list size is less than 1,000. However, many practices will still cover only a small geographical area.

To further protect against identification, low cell counts will be suppressed for indicators not already in the public domain. For indicators derived from Hospital Episode Statistics (HES), the HES protocol requires that small numbers (1-5) are suppressed at levels of aggregation below Strategic health Authority. Current UK Association of Cancer Registries (UKACR) policy requires suppression of low cell counts for releases of tabular data for small geographical areas with cell counts of fewer than five.

Several of the profile data sources have their own rules on suppression (in particular HES, UKACR and ONS). For consistency across the profile, the most restrictive rules will be applied to all suppressed indicators. For the initial release all values of below six, including zero, will be suppressed. Suppression will be carried out on the PCT level files in which the profiles are distributed, with secondary suppression of the next smallest cell where only one cell is suppressed for a particular indicator. Secondary suppression will also be applied across indicators within a GP practice: for indicators 23-25 (numbers of emergency, managed referral and other presentations) for each GP practice as these sum to the total number of referrals; and for the proportion in indicator 14 (% of cancers that are two-week wait referrals) where indicator 13 (number of two-week wait referrals) is suppressed.

NB. To avoid revealing any extra values removed during secondary suppression, releases of these indicators for larger geographical areas must be produced by aggregation of PCT files to ensure that secondary suppression is consistent.

For some indicators a large proportion of cells will be suppressed. However, within the profile format the information that fewer than six events occurred is still considered to be useful. It is recognised that heavily suppressed indicators will be less valuable when considered individually but it seems preferable to include these within the profile rather than remove them completely.

Release of GP's personal data

In principle, data for single handed practices (those with only one GP) will constitute personal data about the GP in question. Such practices account for approximately 13% of total number included in the GP Practice Profiles. For the HSC-IC's release of prescribing data by GP practice the Information Commissioner's Office advised that since GPs are publically funded and accountable the balance of privacy vs. transparency would probably favour transparency.

Information already in the public domain

Three of the indicators included in the profile are already in the public domain and will be published without suppression:

- Practice Population aged 65+
- Socio-economic deprivation
- Prevalent cancer cases

Indicators with reduced denominator populations

The indicators below have reduced denominator populations due to age-group or sex restrictions. Although some include several years of data the underlying population is likely to be the same. This will in some cases reduce the denominator population to below 1,000.

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage)
- Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake)
- Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage)
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage)
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake)

Provided that small numerators are suppressed these reduced denominators are not considered a risk to confidentiality in most cases. Where denominators fall below six they should be suppressed in the same way as numerators.

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National Cancer Intelligence Network, June 2012