

Data Provision Notice

Online and Video Consultation undertaken in General Practice (OC/VC)

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Change control

This is a revision of this Data Provision Notice to reflect the legal and organisational changes which came into effect on 1 July 2022 and 1 February 2023, to remove Appendix A, to reflect the updated publication schedule, to remove references to OC/VC data being used to inform incentive schemes including the Investment and Impact Fund (IIF) and to remove references to OC/VC data being linked to GP Appointments Data (GPAD).

The last version of this Data Provision Notice was issued by NHS Digital in January 2022 pursuant to a direction under section 254 of the Health and Social Care Act 2012 (**the 2012 Act**) from NHS England.

On 1 February 2023, the statutory functions of NHS Digital transferred to NHS England under the [Health and Social Care Information Centre \(Transfer of Functions, Abolition and Transitional Provisions\) Regulations 2023 \(Transfer Regulations\)](#). Under these Transfer Regulations, the provisions of all directions from either the Secretary of State for Health and Social Care or NHS England to NHS Digital are now treated as if contained in directions from the Secretary of State for Health and Social Care to NHS England.

Consequently, the legal basis for this Data Provision Notice is still the [Online and Video Consultation Directions 2021](#), with its status now treated as if contained in a direction from the Secretary of State for Health and Social Care to NHS England under section 254 of the 2012 Act.

Background

The 2012 Act gives [NHS England](#) statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the Data Provision Notice are legally required, under section 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

Purpose

The [NHS Long Term Plan](#) sets out a vision to offer digital first primary care to all patients in England by 2024. In response to the COVID-19 pandemic there has been an acceleration in the adoption of total triage and of online and video consultation tools in general practice.

The [OC/VC data collection](#) will provide vital information both to practices and local commissioners on how OC/VC functionalities are being used by patients and general practices. It will enable targeting of implementation support and will support understanding of demand and activity in general practice.

NHS England will review the continuing need for this collection in March 2025.

Benefits

The data will:

- improve the capture of OC/VC activity in general practice to provide a more complete picture of demand and workload
- auto-extract meaningful metrics directly from OC/VC system suppliers without burdening practices
- enable informed and value-based commissioning of online and video consultation products
- monitor and drive product development to deliver the right outcomes for general practice
- standardise reporting from OC/VC suppliers for consistency and comparison of products and to ensure all suppliers, which are on the relevant Framework, contribute to data collections
- extract data items that would not otherwise be available from other national data collections or from general practice clinical systems
- ensure publication of the data by NHS England aligns with the [‘Data Saves Lives’ strategy](#) which has a strong focus on transparency and how data is used. Publication also supports increased use of the data which will drive data quality and consistency.

Legal basis for collection, analysis, publication and dissemination

Collection and Analysis

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the 2012 Act under the [Online and Video Consultation Directions 2021](#) to establish and operate a system for the collection and analysis of the information specified for this service.

This information is required by NHS England under section 259(1)(a) of the 2012 Act.

In line with section 259(5) of the 2012 Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Data Provision Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8) of the 2012 Act.

It is also anticipated that data obtained under the Direction may be analysed under the NHS England [De-Identified Data Analytics and Publication Directions 2023 \(Data Analytics Direction\)](#). Any analysis under the Data Analytics Direction will only occur where approved in accordance with Information Governance procedures and controls, including where required in accordance with the statutory guidance issued under s274A of the 2012 Act, and advice from the [Advisory Group for Data \(AGD\)](#).

Publication

In accordance with its duty under section 260(1) of the 2012 Act, NHS England will publish relevant data items from this collection on the [Access to General Practice Data Hub](#).

Any other information must be published in line with NHS England's duty under section 260(1) of the 2012 Act unless it falls within section 260(2) of the 2012 Act.

Dissemination

NHS England has been directed to exercise its powers in section 261(4) of the 2012 Act to disseminate the information collected by complying with these Directions to the organisations that provided the information where it would be lawful for NHS England to do so.

NHS England may also disseminate information collected as a result of, or obtained by complying with, these Directions in accordance with its powers under sections 261(1), 261(4) and (5) of the 2012 Act.

Persons consulted

Following receipt of a direction to establish a system to collect OC/VC data, NHS England has, as required under section 258 of the 2012 Act, consulted with the following persons:

- The British Medical Association (**BMA**)
- The Royal College of General Practitioners (**RCGP**)
- DHSC, as the directing organisation
- The [Data Alliance Partnership Board \(DAPB\)](#) – DAPB has been established as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed and priorities assigned
- Healthcare professionals, members of the public and OC/VC system suppliers

Scope of the collection

Under section 259(1)(a) of the 2012 Act, this Data Provision Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- General practices in England

Under section 259(5) of the 2012 Act the organisation types specified above must comply with the Form, Manner and Period requirements below.

As confidential patient information is not required for the purposes of this data collection, national data opt-outs do not apply and Type 1 objections are not upheld in relation to the collection of data from general practices.

Form of the collection

Patient identifiable information is not required for the purposes of this data collection. OC/VC data is collected as record-level (appointment level and general practice level) and aggregate data. The [data specification](#), which has been agreed with the DAPB, is published on the NHS England website. The data specification is provided to OC/VC system suppliers to set out the scope of the collection. System suppliers then develop the extract in accordance with the data specification.

The list of data items listed in the data specification was drawn up prior to COVID-19 based on research carried out with general practices, commissioners and patients. The research established which indicators would be most useful to monitor and manage online consultations in their daily practice.

The OC/VC system suppliers create a report containing the information defined in the data specification.

Manner of the collection

General practices are sent an invitation to participate via the Calculating Quality Reporting Service (**CQRS**). This invitation must be accepted as there is a direction in place for this data collection and it is a legal requirement for general practices to provide this data under section 259(1)(a) of the 2012 Act. All general practices are therefore mandated to comply with this invitation and approve the collection.

The required data will be collected from OC/VC system suppliers in an agreed format (.xml/ .json/ .csv) via the Message Exchange for Social Care and Health (**MESH**) system. MESH is a secure, supported and resilient system with full auditing capability. NHS England works with system suppliers to implement the direct extraction and automated flow of the data from OC/VC systems. [Submission guidance](#) is published on the NHS England website.

Once collected, the data is stored in the Data Processing Service (**DPS**) used by NHS England and made available to NHS England analysts via the Data Access Environment (**DAE**). Within DAE the data is validated and then transferred to the NHS England Unified Data Access Layer (**UDAL**) in both record level (consultation level) and aggregate form for operational internal analysis. No information is held about the patient.

Validation takes place at the point of data submission with data quality feedback returned via a Power BI Dashboard developed in collaboration with suppliers. The dashboard is aimed at and will predominantly be used by suppliers, however is technically publicly accessible. The data is in aggregate form; it is not possible to identify individuals from the data.

Period of the collection

The first extract took place in March 2022 covering data from January 2022 onwards. Data has since been provided to NHS England on a weekly basis. The collection is ongoing.

Data was first published in November 2023 and was initially released on a quarterly basis by NHS England. The frequency of publication then increased to monthly from April 2024 data onwards (first published in June 2024). The content of the publication will be iteratively built upon over time depending on user requirements and feedback.

Data quality

As data controllers for their patients' data, general practices are responsible for the quality of the patient data in their systems and for ensuring that it is accurate and up to date.

Following engagement with OC/VC system suppliers, a commitment has been made to improve data quality. Data quality checks are performed on all data collections that are received.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the 2012 Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has:

- sought to minimise the burden on general practices by using existing data extract technology, rather than requesting information in another format which may be more burdensome to process.

In addition, in support of its obligation under 265(3) of the 2012 Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (**DSAS**) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (**DAPB**) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assessed costs

The associated burden of the data collection is:

Burden on providers	£12.7k	Based upon circa 6700 general practices 4 minutes per practice manager
Set up costs for the data collection	£120k	Approximate costs
Total	£132.7k	Overall total burden of collection

Detailed burden assessment findings

This collection will use MESH, which imposes minimal burden on general practices. A survey of subject matter experts was considered sufficient to assess the burden for providers of data. No concerns were raised by the burden assessment.