

Anonymisation Assessment

Patches Health

Directorate / Programme	Information Governance	Project	Patches
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Manager	Mrs Gwynneth Derere (Product Manager)	Version	1
Authors	Dr Dan Sprague, Mrs Gwynneth Derere	Version issue date	October 2023

Document Management

Revision History

Version	Date	Summary of Changes
1	14/04/2023	First draft

Approved by

This document must be approved by the following people:

Name	Title	Date	Version
Dr Dan Sprague	Chief Technology Officer	October 2023	1
Dr Marcus Ong	Chief Executive Officer	October 2023	1

Related Documents

These documents provide additional information and are specifically referenced within this document.

Ref	Doc Reference	Title	Version
1	ICO Anonymisation	How do we ensure anonymisation is effective? https://ico.org.uk/media/about-the-ico/documents/4018606/chapter-2-anonymisation-draft.pdf	1.0

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Introduction

The purpose of this document is to assess the effectiveness of anonymisation of data derived from Patches. It is based on the three principles set out by the Information Commissioners Office of 1) singling out, 2) linkability, 3) inferences [Ref 1].

Data under assessment

Patient data provided to The University of Manchester as part of the AI Triage project funded by the NIHR HSDR programme (NIHR153121). Data consist of the following fields from the Patches database:

- Random patient ID
- Year of birth
- Sex
- Ethnicity
- GP practice ODS code
- IMD 2019
- Date-time submitted
- Date-time completed
- Who submitted query (patient, carer, staff)
- Type of query
- Whether request was in non-English language
- Urgency AI predictions
- Signpost AI messages
- Whether online consultation was cancelled
- Triage decisions made by GP practice staff
- Assignments to staff
- Number of messages sent to patient
- Staff role for each action

Assessment

Principle and question	Risk	Explanation
Singling out Could a motivated intruder identify an individual from other individuals in the data?	Very low	The data do not contain information that could be directly used to identify an individual.
Linkability Could a motivated intruder combine the data with other datasets to identify individuals?	Low	No public datasets we are aware of exist that could be linked to identify individuals in the data. It would only be possible to identify individuals if the intruder illegally accessed the GP practice records of the patients, which is highly unlikely.
Inferences Could a motivated intruder guess or predict details about individuals in the data to identify them?	Low	The data do not contain information that could be directly used to infer the identity of an individual. No public datasets we are aware of exist that could be linked to then infer the identity of individuals in the data. It

		would only be possible to infer the identity of individuals if the intruder illegally accessed the GP practice records of the patients held by the GP practice (not Patchs), which is highly unlikely.
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Conclusion

Based on our assessment the data provided is effectively anonymised.