



Health and Social Care Act 2012

2012 CHAPTER 7

PART 9

HEALTH AND ADULT SOCIAL CARE SERVICES: INFORMATION

[^{F1}CHAPTER 1A

CONTINUITY OF INFORMATION

Textual Amendments

F1 Pt. 9 Ch. 1A inserted (25.6.2015) by [Health and Social Care \(Safety and Quality\) Act 2015 \(c. 28\)](#), ss. 2, 6(4); S.I. 2015/1438, reg. 2(a)

251A Consistent identifiers

- (1) The Secretary of State must by regulations specify a description of consistent identifier for the purposes of this section.
- (2) “Consistent identifier” means any identifier (such as, for example, a number or code used for identification purposes) that—
 - (a) relates to an individual, and
 - (b) forms part of a set of similar identifiers that is of general application.
- (3) Subsection (4) applies if—
 - (a) a relevant health or adult social care commissioner or provider (“the relevant person”) processes information about an individual, and
 - (b) the individual is one to whom a consistent identifier of the description specified under subsection (1) relates.
- (4) If this subsection applies the relevant person must include the consistent identifier in the information processed (but this is subject to subsections (5) to (8)).

Changes to legislation: Health and Social Care Act 2012, CHAPTER 1A is up to date with all changes known to be in force on or before 25 April 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

- (5) Subsection (4) applies only so far as the relevant person considers that the inclusion is—
- (a) likely to facilitate the provision to the individual of health services or adult social care in England, and
 - (b) in the individual's best interests.
- (6) The relevant person need not comply with subsection (4) if the relevant person reasonably considers that one or more of the following criteria apply—
- (a) the relevant person does not know the consistent identifier and is not reasonably able to learn it;
 - (b) the individual objects, or would be likely to object, to the inclusion of the consistent identifier in the information;
 - (c) the information concerns, or is connected with, the provision of health services or adult social care by an anonymous access provider;
 - (d) for any other reason the relevant person is not reasonably able, or should not be required, to comply with subsection (4).
- (7) This section does not permit the relevant person to do anything which, but for this section, would be inconsistent with—
- (a) any provision [^{F2}of the data protection legislation], or
 - (b) a common law duty of care or confidence.
- (8) This section does not require the relevant person to do anything which the relevant person is required to do by or under provision included in a contract by virtue of any provision of the National Health Service Act 2006 (and, accordingly, any such requirement is to be treated as arising under the contract, and not under this section).

[In this section, “the data protection legislation” has the same meaning as in the Data Protection Act 2018 (see section 3 of that Act).]

Textual Amendments

- F2** Words in s. 251A(7)(a) substituted (25.5.2018) by [Data Protection Act 2018 \(c. 12\)](#), s. 212(1), [Sch. 19 para. 173\(2\)](#) (with ss. 117, 209, 210); S.I. 2018/625, reg. 2(1)(g)
- F3** [S. 251A\(9\)](#) inserted (25.5.2018) by [Data Protection Act 2018 \(c. 12\)](#), s. 212(1), [Sch. 19 para. 173\(3\)](#) (with ss. 117, 209, 210); S.I. 2018/625, reg. 2(1)(g)

[^{F4}251B] **Duty to share information**

- (1) This section applies in relation to information about an individual that is held by a relevant health or adult social care commissioner or provider (“the relevant person”).
- (2) The relevant person must ensure that the information is disclosed to—
- (a) persons working for the relevant person, and
 - (b) any other relevant health or adult social care commissioner or provider with whom the relevant person communicates about the individual,
- but this is subject to subsections (3) to (6).
- (3) Subsection (2) applies only so far as the relevant person considers that the disclosure is—

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- (a) likely to facilitate the provision to the individual of health services or adult social care in England, and
 - (b) in the individual's best interests.
- (4) The relevant person need not comply with subsection (2) if the relevant person reasonably considers that one or more of the following apply—
- (a) the individual objects, or would be likely to object, to the disclosure of the information;
 - (b) the information concerns, or is connected with, the provision of health services or adult social care by an anonymous access provider;
 - (c) for any other reason the relevant person is not reasonably able, or should not be required, to comply with subsection (2).
- (5) This section does not permit the relevant person to do anything which, but for this section, would be inconsistent with—
- (a) any provision [^{F5}of the data protection legislation], or
 - (b) a common law duty of care or confidence.
- (6) This section does not require the relevant person to do anything which the relevant person is required to do under a common law duty of care (and, accordingly, any such requirement is to be treated as arising under that common law duty and not under this section).

[In this section, “the data protection legislation” has the same meaning as in the Data Protection Act 2018 (see section 3 of that Act).]

Textual Amendments

- F4** S. 251B inserted (1.10.2015) by Health and Social Care (Safety and Quality) Act 2015 (c. 28), ss. 3, 6(4); S.I. 2015/1438, reg. 3(b)
- F5** Words in s. 251B(5)(a) substituted (25.5.2018) by Data Protection Act 2018 (c. 12), s. 212(1), Sch. 19 para. 174(2) (with ss. 117, 209, 210); S.I. 2018/625, reg. 2(1)(g)
- F6** S. 251B(7) inserted (25.5.2018) by Data Protection Act 2018 (c. 12), s. 212(1), Sch. 19 para. 174(3) (with ss. 117, 209, 210); S.I. 2018/625, reg. 2(1)(g)

^{F7}251C Continuity of information: interpretation

- (1) This section applies for the purposes of sections 251A and 251B and this section.
- (2) “Relevant health or adult social care commissioner or provider” means—
- (a) any public body so far as it exercises functions in connection with the provision of health services, or of adult social care in England, and
 - (b) any person (other than a public body) so far as the person provides such services or care—
 - (i) pursuant to arrangements made with a public body exercising functions in connection with the provision of the services or care, and
 - (ii) otherwise than as a member or officer of a body or an employee of a person,
- but this is subject to subsection (3).

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- (3) The Secretary of State may by regulations provide for a person to be excluded from the definition of “relevant health or adult social care commissioner or provider”, whether generally or in particular cases.
- (4) Regulations under subsection (3) may, in particular, provide for a person to be excluded in relation to the exercise of particular functions or the exercise of functions in relation to particular descriptions of person, premises or institution.
- (5) A reference to an inclusion or a disclosure being likely to facilitate the provision to an individual of health services or adult social care in England is to its being likely to facilitate that provision directly (rather than by means of a clinical trial, a study, an audit, or any other indirect means).
- (6) “Anonymous access provider” means a relevant health or adult social care commissioner or provider (whether “the relevant person” under section 251A(3)(a) or 251B(1) or another person) whose services or care are, or may be, received by individuals anonymously due to the nature of the services or care.
- (7) Other terms have the same meaning as in section 250 (and “processes” and “processed” are to be read in accordance with the meaning of “processing” in that section).]]

Textual Amendments

- F7** S. 251C inserted (25.6.2015) by [Health and Social Care \(Safety and Quality\) Act 2015 \(c. 28\)](#), **ss. 4**, **6(4)**; [S.I. 2015/1438](#), **reg. 2(b)** (with **reg. 4**)

Modifications etc. (not altering text)

- C1** S. 251C modified (temp.) (25.6.2015) by [The Health and Social Care \(Safety and Quality\) Act 2015 \(Commencement No. 1 and Transitory Provision\) Regulations 2015 \(S.I. 2015/1438\)](#), **reg. 4**

Changes to legislation:

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Changes and effects yet to be applied to :

- specified provision(s) amendment to earlier commencing SI 2012/1831 art. 10 by [S.I. 2012/2657 art. 15](#)

Changes and effects yet to be applied to the whole Act associated Parts and Chapters:

Whole provisions yet to be inserted into this Act (including any effects on those provisions):

- Pt. 9 Ch. 1B inserted by [2022 c. 31 s. 96](#)
- s. 102(4)(ba) inserted by S.I. 2019/93, Sch. 1 para. 13(3) (as substituted) by [S.I. 2019/1245 reg. 28](#) (This amendment not applied to legislation.gov.uk. The affecting statutory instrument has no legal effect. It was made under a procedure which meant that it ceased to have effect 28 days after signing unless it was debated and approved in Parliament within that time. It was not debated and approved within 28 days, so it has expired with no effect.)
- s. 105(3A)(3B) inserted by [2013 c. 24 Sch. 14 para. 21](#)
- s. 106(3A)(3B) inserted by [2013 c. 24 Sch. 14 para. 22](#)
- s. 250(2)-(2B) substituted for s. 250(2) by [2022 c. 31 s. 95\(2\)\(a\)](#)
- s. 250(6)-(6D) substituted for s. 250(6) by [2022 c. 31 s. 95\(2\)\(d\)](#)
- s. 251251ZA substituted for s. 251 by [2022 c. 31 s. 95\(3\)](#)
- s. 251C(6A) inserted by [2022 c. 31 s. 95\(4\)\(a\)](#)
- s. 259(1)(aa)(b) substituted for s. 259(1)(b) by [2022 c. 31 s. 98\(b\)](#)
- s. 259(1)(aa) words substituted by [S.I. 2023/98 Sch. para. 17\(11\)\(a\)\(iii\)](#) (This amendment comes in force at the same time as 2022 c. 31, s. 98 comes into force)
- s. 259(10A)(10B) inserted by [2022 c. 31 s. 98\(h\)](#)
- s. 304(5)(ja) inserted by [2022 c. 31 s. 95\(5\)](#)