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| Consent and explicit consent templatesJanuary 2023 |
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Contents

Contents 1

About this template 2

Before you start 2

Surveys 2

Webform 4

Consent form for interviews/focus groups 5

About this template

This document includes examples of how to word consent and explicit consent questions and supporting information to comply with GDPR if your Healthwatch uses those lawful bases to collect personal and special category data from the public about their experience of health and social care.

For details of other lawful bases, you could use to collect personal and special category data, see our [guidance on data processing and protection.](https://network.healthwatch.co.uk/guidance/2022-06-17/guide-data-processing-and-protection)

Before you start

Think about whether you need to collect people’s names and contact details. If you don’t, then GDPR doesn't apply, and you don’t need to have a consent question for personal data in your survey or feedback form. If you ask for the name and address of the health or social care service, you will need to include a consent question.

However, if you have free text boxes in your survey or feedback form, there is a possibility that you could be collecting information that could identify people. You should provide a guidance statement at the top asking people not to name other people (including health or social care staff) or services in their feedback. They have given their implicit consent if they choose to include that detail. You should anonymise this before using it.

Surveys

Here is an example of how to word a survey introduction and questions about consent and explicit consent for a survey on mental health and wellbeing. This survey's demographic questions include ethnicity, sexual orientation and disability/long-term condition.

Note that you will need to use skip logic in your online survey to ensure that people who don't consent to the processing of their personal or special category data don't have to provide their information.

Example:

Introduction

Healthwatch X is working with the local Integrated Care System (ICS), a partnership of organisations that come together to plan and deliver joined-up health and care services to understand how local people use mental health services. For more information about what Healthwatch X does, see this page on our website [insert link to page on your website about your Healthwatch].

We want to know what keeps you well and how you would like to access mental health services. We want to know what this looks like for you. We also want to know about your experience of using current services and your expectations of mental health services.

We’ll analyse what you say and write a report that we’ll share with local service providers. We may use quotes from your survey response in our final report, but we’ll remove any information that would identify you first.

By sharing your views with us, we will help local mental health providers understand what they need to do to give you greater choice and control over your care and support you to live well.

For further information about how we process your data, see our privacy notice [insert link to your privacy notice].

Wording of consent

Please select one of the following statements (compulsory question)

I wish to take part in the survey anonymously [skip to the Q2 if your lawful basis for collecting special category data is explicit consent, otherwise skip to the first question of the survey]

I give my consent for my personal details to be processed [skip to question about name and contact details]

Wording of explicit consent

Q2: In this survey, we will ask you for information about your health and the health care services you use, your ethnicity, sexual orientation and whether you are disabled or have a long-term health condition. We use this information to understand your experience and how the experiences of different groups differ. You can provide as much or little information as you are comfortable sharing.

[insert tick box] I am happy to share information with Healthwatch [insert name of your Healthwatch] about my health, the health care services that I use, if I am disabled or have a long-term health condition and, where relevant, sensitive information such as my ethnicity, religion and sexual orientation. I understand that this information will be analysed by Healthwatch [insert the name of your Healthwatch] and shared anonymously with other interested parties.[Skip to next question]

Webform

This example assumes that you are just collecting people’s experiences rather than publishing people’s experiences as reviews of named health or social care services.

Example

Introduction

Healthwatch X is your health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services, we want to hear about your experiences. As an independent statutory body, we can make sure NHS leaders and other decision-makers listen to your feedback and improve standards of care.

In this form, we ask you about [state briefly what questions the form covers]

We collect information about your health and the health care services you use, and information [state which demographic categories you collect that are special category data – e.g. ethnicity, sexual orientation, disability or long-term health condition]. We use this information to understand your experience and how the experiences of different groups differ.

Sharing your story with providers of services

We value your comments and monitor all feedback closely for themes and trends. We share information regularly with the providers of services, and the decision-makers in [insert your local area]’s health and social care system to aid learning and improvement. When we share feedback, we routinely remove names and specific details to prevent someone’s identity from being revealed. If you are happy for your feedback to be shared with the service provider in full detail, making it easier for them to investigate, learn from or respond to (whether positive or negative), please let us know by ticking one of the two options below:

[Tick box ] Tick here if you are happy for us to share your contact details to allow them to investigate your experience further.

[Tick box] Tick here if you would prefer we didn't share your name or contact details. However, you understand it is impossible to guarantee complete anonymity due to the details of events/information provided.

More advice or information

Do you want someone from our Information team to contact you? This could be so they can give you information about services that could help with the experience that you've shared with us.

Please select one of these options.

Please can the information team contact me for more advice

I prefer to complete the form anonymously

Your contact details

If you have answered yes to any of the three questions above, please tell us your contact details.

Your name

Your email address

Your phone number

Data protection statement

[tick box] I understand that Healthwatch [insert name of your Healthwatch] will store and use my personal data in accordance with their privacy statement so that they can use it to:

* help improve the delivery of health and care services in my area
* contact me for further advice and information if I have requested it

Consent

[Tick box]I agree to my data about my health and care, ethnicity, sexual orientation, disability and long-term condition for Healthwatch X to understand my experience and how the experiences of different groups differ.

[Tick box] I would like Healthwatch [insert name of Healthwatch] to contact me to give me information and advice

Consent form for interviews/focus groups

Here is a suggested form to add to [the information sheet](https://network.healthwatch.co.uk/guidance/2022-06-17/template-telling-people-how-you-will-use-their-data-phone-and-person) you need to give to research participants. The final statement relates to explicit consent for special category data.

|  |  |  |
| --- | --- | --- |
| Please tick the appropriate boxes: | Yes | No |
| I understand that the information I provide will be used for [insert information about how you'll report and use the data] |  |  |
| I have read and understood the study information about the project. I have been able to ask questions about the project, and you have answered my questions to my satisfaction. |  |  |
| I voluntarily consent to participate in this project and understand that I can refuse to answer questions. I can withdraw from the study without having to give a reason. |  |  |
| I agree that my information can be quoted in your final report, as you will remove any information that would identify me from any of my quotes. |  |  |
| I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the project team. |  |  |
| I give permission for the information I provide to be archived and reused.[insert the period for which you intend to reuse the data. This shouldn’t be more than six years from the date consent was given] |  |  |
| I understand that you are collecting information about my healthcare, health conditions, ethnicity, sexuality and religion [delete whichever doesn’t apply] because it helps us understand the context of the information and how different groups are affected by [insert issue you are researching]. I can answer 'prefer not to say' to any of these questions. |  |  |

Name of the participant [IN CAPITALS]

Signature

Date

To the best of my ability, I have accurately read out the information sheet to the potential participant and ensured that the participant understands what they are freely consenting to.

Name of the researcher [IN CAPITALS]

Signature

Date

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