

**National Health Service Central Register (NHSCR) Governance Board
Ninth Meeting: 8 July 2010**

Minutes

Duncan Macniven	Registrar General (Chairman)
Dr Janet Murray	NHS National Services Scotland, Medical Adviser to General Register Office for Scotland (GROS)
Martin Morrison	NHS National Services Scotland, PSD
Jim Kinney	Improvement Service
Muriel Douglas	Head of NHSCR, GROS
Kirsty MacLachlan	Head of Demography, GROS
Audrey Robertson	Head of Corporate Services, GROS
Dr Fiona Bisset	Scottish Government (SG), Medical Services
Paul Rhodes	SG, e-Health
Fee Henderson	GROS (Minutes)

Welcome and Introductions

1. The Chairman welcomed members, particularly Dr Fiona Bisset who had replaced Dr Malcolm McWhirter. There were apologies from Dr Eric Baijal and Professor Graeme Laurie.

Minutes of Meeting on 9 June 2010 and matters arising

2. The minutes were approved. On paragraph 2, Muriel Douglas circulated an example of the request submitted by police forces who wished the NHSCR's help to trace missing offenders who were on the Sex Offenders Register.

NHSCR Performance Targets 2009-10 and Objectives 2010-11

3. Muriel Douglas spoke to paper NHSCR GB 1/10. It aimed to give a comprehensive view of the work of the NHSCR during 2009-10, including detailed performance statistics, and foreshadow the main tasks for 2010-11. The Board agreed that the report served that function well; it could perhaps be expanded to refer briefly to minor tasks such as the tracing service.
4. The Board welcomed the efficiency improvements made in 2009-10. Martin Morrison noted that the NHSCR was part of a wider system designed to transfer patient's records from former to new GP when they moved practices. Looking at the whole system, 93% of patients moving within Scotland had their paper records transferred within 6 weeks (electronic records having been transferred within 48 hours in over 90% of cases). For patients moving from England to Scotland the equivalent figure for paper records is 83% and from Scotland to England 58%. It was desirable in principle to improve performance of the last category, although it was important not to pursue improvements which cost more than the evidence of health improvements justified.
5. Muriel Douglas noted that Connecting for Health had agreed read-only access for the NHSCR to equivalent England and Wales records. She was hopeful that, by the time the system was ready to access in early 2011, agreement would be given to the updating of England and Wales records – which would give efficiency savings for the NHSCR in Southport, as well as speeding up the transfer of patient records from Scotland to England. Martin Morrison emphasised the IT savings

which accrued from the NHSCR acting as the interface with England and Wales: otherwise, it had been estimated that up to 100 days of IT work would have been necessary to amend the systems involved.

6. The Board welcomed the improvement in data quality – which, as Martin Morrison pointed out, was exemplified by a 90% reduction in the number of complaints about flu vaccine programme invitation letters sent to people who had died, which was partly a result of improvements in data quality within NHSCR.
7. Paul Rhodes noted that a review of the Community Health Index (CHI) system had been put in hand, led by Richard Copeland of NHS Greater Glasgow and Clyde, reporting to a short life group chaired by the Chief Medical Officer. Stage 1 of the review was looking at the purpose and uses of the CHI system; stage 2 would consider the options for the future of the system. He noted that the NHSCR interest was being kept in mind in the review, and that GROS would be involved (perhaps as a member of the short life group) if that was expedient. Jim Kinney said that the strategic direction of the Citizen Account was also being examined and Paul Rhodes agreed that the common aspects of both citizen-focused systems should be kept in mind. Fiona Bisset pointed out that there was scope for a common system to be used also by the Occupational Health Service and by the Department for Work and Pensions.
8. On the NHSCR's work on the Citizen Account, Jim Kinney said that continuing efforts were being made to reduce the number of unmatched records – the limiting factor being staff time in local authorities.
9. The Board welcomed the novel work being done with the Ministry of Defence. Paul Rhodes promised to circulate a paper (copy attached) on the objective of the work. Jim Kinney noted that veterans would become eligible for free travel in April 2011, and their addition to the Citizen Account database would be facilitated by the work already undertaken.
10. The Board welcomed the use of the NHSCR as a sampling frame for a research study – to establish a control group for comparison with people suffering from a particular condition. Such use of the NHSCR had been impracticable before the installation of the new IT system.

NHSCR Memorandum Trading Accounts

11. Kirsty MacLachlan spoke to paper NHSCR GB 2/10. In 2009-10, she noted that the Memorandum Trading Account showed a 'profit' of £106,000 for the NHSCR. Since the aim was to break even taking one year with another, this suggested that 2010-11 charges could be reduced. A review of the attribution of the costs for Vital Events and the Forward Electronic Register IT system suggested that a lower percentage than 25% of the costs should fall on the NHSCR, which would also reduce charges. Paul Rhodes emphasised that savings would be necessary because of the public expenditure climate – particularly for 2011-12. He, and Jim Kinney, pointed out that it was important to look at Scottish public service systems as a whole, rather than to make silo-based savings: the board welcomed that approach.
12. Kirsty MacLachlan agreed to bring to a conclusion by late August/early September the work on the 2011-12 Memorandum Trading Account, so that final charges could be set for the NHS and local authorities.

Using NHSCR for Statistical Purposes

13. Kirsty MacLachlan spoke to paper NHSCR GB 3/10. She said that positive progress had been made on a range of statistical uses, especially improving migration statistics. The Board welcomed progress.

Access to 1939 Register for Family Historians

14. The Chairman spoke to paper NHSCR GB 4/10. In particular, he explained that the volume of business had been lower than initially anticipated and it had not yet been necessary to review the level of charges, because of the small amount of work involved for NHSCR. As Paul Rhodes pointed out, a balance had to be struck between privacy and public access to information – and Duncan Macniven explained why releasing information about dead people in the 1939 register did not call into question the promise of confidentiality made in relation to personal census information.

Possible Legislation on NHSCR

15. Duncan Macniven spoke to paper NHSCR GB 5/10. An amendment would either be possible by subordinate legislation or primary legislation on registration. The Board noted the importance of ensuring that the public sector had an accurate and trusted database. Compliance with the Scottish Government's draft privacy guidance would be important to give reassurance to the public that their information was properly collected, safeguarded and used.

Report to Chief Medical Officer

16. The Chairman said that he had not recently reported formally to the Chief Medical Officer on the work of the Governance Board but intended to do soon. He would clear a draft with Board members in correspondence.

Date of Next Meeting

17. It was agreed that the Board would meet again in June 2011, unless urgent business required an earlier meeting.

General Register Office for Scotland

9 July 2010