

**NHSCR Governance Board  
Second Meeting: 8 May 2006**

**Minutes**

Duncan Macniven, Registrar General (Chairman)  
Dr Malcolm McWhirter, Director of Public Health, Forth Valley Health Board  
Dr Graeme Laurie, University of Edinburgh  
Rod Muir, NHS National Services Scotland, Medical Adviser to GROS  
Dr Fiona Bisset, SE Health Department  
Graham Jackson, Head of Vital Events and NHSCR Branch, GROS  
Muriel Douglas, Head of NHSCR, GROS

**Welcome and Introduction**

1. The Chairman welcomed members, noting apologies from Charlie Knox, SEHD.

**Minutes of Meeting on 7 November 2005 and Matters Arising**

2. The minutes were agreed. On paragraph 4, Fiona Bisset reported that the Chief Medical Officer had agreed that the Governance Board should report to him. On paragraph 5, Muriel Douglas reported that Tony Callaghan had been nominated to represent Practitioner Services Division but was unable to be present at this meeting.

**Publicising NHSCR's Purpose, Role and Function**

3. Duncan Macniven and Muriel Douglas reported that only limited progress had been made because of pressure of other work. It remained clear, however, that the GROS website was the best vehicle for publicisation. Work of the NHSCR could be given much more prominence on the website, rather than being grouped under 'medical research'. Links could be provided to and from other websites, such as the Privacy Advisory Committee.

4. It was agreed that the Governance Board papers and minutes should appear on the website. They also provided a useful quarry for the preparation of general background information about the NHSCR – which should cover the use which was made of NHSCR data and provide a route for complaints.

5. It was agreed that GROS would prepare a draft of the information to go on the website, with a view to clearance by correspondence before the next meeting.

**NHSCR's Quality Assurance Procedures**

6. Again, little progress had been made on this because of pressure of other work and because the procedures used by NHSCR Southport were not well-suited to Scottish needs. Board members suggested that the NHS in Scotland framework for information governance, prepared by Quality Improvement Scotland, would give a good starting point. The framework covered such relevant topics as data

protection/freedom of information, data quality and IT security. An alternative was to see whether Audit Scotland had similar information governance advice – which would be particularly relevant because of the NHSCR involvement in the local authority Citizen's Account. But it was probably better to pursue the Quality Improvement Scotland line first and it was agreed that Muriel Douglas would make contact with Jan Warner. Graeme Laurie pointed out that it was important for the procedures to include assurance to the public, particularly about access.

### **Creating a Backup to NHSCR Archive**

7. Paper NHSCR GB 2/06 was discussed. The paper showed that it was feasible to create a backup for the 1939 paper records but that it would cost around £800,000.

8. In discussion, Board members pointed out that digitisation of the paper records would have wider benefits than acting as a backup if the records were destroyed or damaged. In particular, the efficiency of the NHSCR would be enhanced (because it would be much easier for staff to search records in the 20% of cases which required reference back to the original volumes) and, by making it a much less skilled job to search the records, digitisation might open the way for medical research work which, at present, would be too time consuming to contemplate. Duncan Macniven agreed to prepare a business case taking account of these benefits and the savings/income which might flow from them, which could be used to seek funding.

### **Relocation of NHSCR – progress report**

9. The Board noted the paper NHSCR GB 3/06 and congratulated Muriel Douglas on the smooth accomplishment of the relocation, with little if any disruption to users.

### **The NHSCR and the Citizen's Account**

10. The Board discussed the paper NHSCR GB 4/06 which reported progress on the part which the NHSCR was to play in the national infrastructure for the local authority Citizen's Account.

11. Muriel Douglas spoke in more detail about the requirement, highlighted in paragraph 3 of the paper, for closer co-ordination between the CHI and the NHSCR databases. The work to match Citizen's Account applications to the NHSCR database had identified a small number of cases where the applicant appeared from the NHSCR database to have died, but where the death had actually related to another person of the same name and date of birth who had been recorded on the CHI but not on the NHSCR. This was a consequence of the 37,000 people who appeared on the CHI but not on the NHSCR, when the 2 databases had been matched. The 37,000 were skewed towards elderly people, which explained why a surprising number had been brought to light by the Citizen's Account exercise to issue entitlement cards to elderly people as part of the national concessionary fare scheme. Since the matching of the 2 databases, other priorities had prevented the clarification of the position of the 37,000 but, reinforced by the evidence of the Citizen's Account exercise, further matching was about to be carried out. In the

meantime, NHSCR staff were doing an extra check of Citizen's Account applications to avoid recurrence of the problem.

12. Fiona Bisset noted that SEHD had had a surprising number of questions from members of the public and from data protection forums about why the CHI number appeared on the entitlement card. She had provided the SE enquiry point with a note on the subject, reassuring the public that no health information was contained on the card and explaining how to get the CHI number removed from the card if the citizen wished. It appeared that the relatively late decision to include the CHI on the cards had not been well communicated.

13. Duncan Macniven reported that the Bill had been debated for the first time by the Scottish Parliament on 4 May and had been approved, without mention of the section dealing with the NHSCR. He agreed to provide members with a note about the Bill's provisions, which could be circulated further, for instance to Directors of Public Health.

14. Further debates on the Bill were scheduled for later in May and in mid-June; that would complete its passage through the Parliament. It would then be necessary to get Parliamentary approval for information to be transmitted to users other than Health Boards, the CSA and local authorities. This would be achieved by the Registrar General prescribing the recipients of the information, and the purpose for which the information could be used (including medical researchers, to the extent that they were not acting on behalf of Health Boards or the CSA). The subordinate legislation containing these prescriptions would be put to the Scottish Parliament, under the 'negative resolution procedure', which meant that they would automatically come into effect unless an MSP tabled a motion that they should not. The contents of the subordinate legislation would be put to the Governance Board before they were finalised.

### **Tracing People in Scotland**

15. Muriel Douglas reported that the new procedures, approved at the last meeting, were now in place. It had been agreed that the letter to the individual being traced should come from GROS rather than from Practitioner Services Division. Muriel Douglas circulated the draft protocol which she proposed to use; members were invited to comment to her by Friday 19 May. Malcolm McWhirter said that the Directors of Public Health had been very supportive when he had raised the question at their meeting and he agreed to give Muriel Douglas a reference to the minutes of the meeting.

### **Service Level Agreement**

16. Paper NHSCR GB 1/06 covered the current version of the Service Contract, which would shortly be reviewed – in particular to take account of the move to Dumfries. Graham Jackson spoke about the arrangements for identifying costs, and differentiating between the costs of relocation (which were being met from the SE's relocation budget) and the normal service to the NHS. It would be necessary similarly to distinguish between NHS and Citizen's Account costs. The 'volume of business' indicators in section 3 were a forecast rather than a ceiling: if actual volumes turned out to be higher, the NHSCR would do its utmost to cope.

17. The Board agreed that the form of the Service Contract was fit for purpose.

### **Any Other Business**

18. Graham Jackson reported that the abolition of Argyll & Clyde Health Board created a potential problem for the work of the NHSCR, because it implied that patient records should be split between the 2 successor boards. It seemed likely, however, that the NHS would agree to continue to record patients against Argyll and Clyde for the meantime, until a suitable opportunity arose to change the database.

19. Fiona Bisset asked whether there was any intention to supply information from the NHSCR to Disclosure Scotland, to allow them to identify the whereabouts of people who, subsequent to vetting, were convicted or suspected of a relevant offence. Muriel Douglas confirmed that no such request had been received. Any request for an extension to the use of NHSCR data for this or any other purpose would be brought to the Governance Board and the presumption would be that the NHSCR would not be used unless there was no other suitable alternative source.

20. Duncan Macniven suggested that, because of the role which the NHSCR would in future play in the Citizen's Account, a local authority representative should be invited to join the Governance Board. This was agreed.

### **Date of next meeting**

21. It was agreed that the next meeting would be held on Tuesday 7 November 2006 at 1.00 pm at New Register House, preceded by lunch from 12.30 pm.

**General Register Office for Scotland  
May 2006**