

**NHSCR Governance Board  
Fourth Meeting: 1 June 2007**

**Minutes**

Duncan Macniven, Registrar General (Chairman)  
Dr Fiona Bisset, SE  
Dr Malcolm McWhirter, SE  
Paul Rhodes, SE  
Graeme Laurie, University of Edinburgh  
Muriel Douglas, Head of NHSCR, GROS  
Dr Rod Muir, NHS National Services Scotland, Medical Advisor to GROS  
Tony Callaghan, NHS National Services Scotland, Practitioner Services Division  
Elma Murray, Glasgow City Council

**Welcome and Introduction**

1. The Chairman welcomed members (particularly Paul Rhodes, who had taken Charlie Knox's place following the latter's retirement). There were apologies from Kirsty Maclachlan. Malcolm McWhirter had joined the Chief Medical Officer's staff in the SE and it was agreed that another Director of Public Health should be added to the Board. Duncan Macniven agreed to write to the convenor of the Directors of Public Health to invite their nomination.

**Minutes of Meeting on 7 November 2006 and Matters Arising**

2. The minutes were agreed.

3. Muriel Douglas reported that the tracing service had been subject of 25 enquiries since the start of 2007. She had agreed to a request from the Ministry of Defence to use the service to attempt to trace former employees who had not claimed their pensions. The Board agreed that this was sensible but care had to be taken to avoid abuse by other employers or by debt collection agencies etc. Muriel Douglas explained that the NHSCR was alert to bogus calls and their default position was to decline to provide information unless the legitimacy of the caller could be established.

**Publicising NHSCR's purpose, role and function**

4. Duncan Macniven gave a demonstration of the NHSCR's revised and more prominent section of the GROS website. The Board agreed that the new site greatly improved information about the NHSCR. It might be possible to make further improvements, for instance by explaining why the Registrar General was responsible for running the NHSCR and by giving examples of medical research which had been assisted by access to NHSCR records. There was scope also to establish links to and from other analogous websites – notably the SE's Chief Scientist Office (and perhaps MRC/ESRC), NHS websites such as SHOW and the Improvement Service. Members were invited to give Muriel Douglas details of specific links, and to make any other suggestions or improvements to the website.

## **NHSCR's quality assurance procedures**

5. Muriel Douglas explained that time had not permitted the drafting of quality assurance procedures. She had however obtained a copy of the procedures operated by the NHSCR in England & Wales and Scottish practice conformed with these. She intended to formalise a Scottish document for the next meeting. Malcolm McWhirter suggested that it would be useful if the format of the Scottish procedures followed the general pattern used by Quality Improvement Scotland and that the completed procedures should be sent to them.

## **Creating a backup to NHSCR archive**

6. In Kirsty Maclachlan's absence, Duncan Macniven reported that the digitisation and indexing of the NHSCR volumes had been contracted out and that imaging was well-advanced, with the expectation that it would be finished in the third or fourth week in July. Indexing had not started because of difficulties with the software to be used to encrypt the digitised images before sending them to the indexing contractor. The delay was not problematic: the NHSCR continued to function using the paper volumes. Tony Callaghan noted again the scope for PSD carrying out digitising work and Muriel Douglas agreed to draw this to the attention of Ron Bell GROS, who might be interested in seeing the facilities available at PSD.

## **Relocation of NHSCR – Progress Report**

7. Muriel Douglas reported that Cairnsmore House was due to be handed over to the NHSCR on 4 June. Once furniture, computers and telephones had been installed, and the registers themselves moved to the new building, it was likely that staff would occupy the accommodation in two phases around 25 June. She was very positive about the quality of the accommodation. Duncan Macniven and Paul Rhodes agreed to explore the scope for a Ministerial official opening.

8. Muriel Douglas noted that an unforeseen benefit of the relocation was the increased efficiency unlocked by the use of NHSnet for electronic communication with health boards.

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

9. Elma Murray spoke to paper NHSCR GB 1A/07, which gave a progress report on the key components of the Citizen's Account. Since the last meeting, the governance of the project had been changed. Now that implementation was in sight, the ad hoc boards which had overseen the 4 sub-projects were being superseded by an arrangement of lead councils (South Lanarkshire for the National Infrastructure, Dundee for the Entitlement Card, Stirling for the Definitive National Address and West Lothian for Customer Relationship Management) with the advice of project boards. Partly because of uncertainties created by that re-organisation, progress since the last meeting had been disappointing but faster progress was now in prospect. The NHSCR had not been a limiting factor in the delays.

10. In response to a question from Fiona Bisset, Elma Murray explained that the CHI number was not now on the entitlement card – but that was still an aspiration, subject to the resolution of privacy and technical aspects. A trial in Dundee Council was planned.

11. Muriel Douglas spoke to paper NHSCR GB 1B/07. The NHSCR's new IT system was almost ready for parallel running, for a period which needed to include 2 monthly runs of migration data. The new system was much easier to use and it had been very interesting to work with local authorities to implement it. The new system would also include place of birth and mother's maiden surname, as authorised under the 2006 Act, which would make record matching easier and give greater assurance that the correct individual been identified. In the meantime, the NHSCR had added 1.2 million records which were on the CHI but not the NHSCR, and pre-1993 deaths, closing problematic gaps in the coverage of the register. The extra work involved in the transition had delayed routine processing, which at one stage had been 8 weeks in arrears but which had now been brought back to 5 weeks, which was the highest acceptable level. Tony Callaghan said that the backlog had not caused awkwardness in the short term, particularly since deaths were much more speedily entered onto the system, but he looked forward to it diminishing once the migration to the new IT system had been completed.

### **Business benefits for PSD and NHSCR to view each others data**

12. Muriel Douglas spoke to paper NHSCR GB 2/07, which explored the scope for more efficient working, and faster transfer of patient records, if the NHSCR could have read-only access to CHI records and vice-versa. The change could be expected to cut 80% of the telephone calls about mis-matches between the 2 systems, although complex cases (including adoptions) would still have to be dealt by telephone. The Board agreed that this was a desirable improvement.

13. Muriel Douglas spoke also about arrangements to give faster notification to the NHSCR of registration information – daily instead of weekly notification, passed directly to the NHSCR instead of through GROS's Vital Events Branch. Useful discussions had been held with colleagues in England & Wales about the scope for the respective NHSCRs being given authority to post cross-border transfers directly, which would save at least 5 weeks in the time taken to transfer patient numbers. The Board welcomed these improvements.

### **Access to anonymised NHSCR data for statistical purpose**

14. In the absence of Kirsty Maclachlan, Duncan Macniven spoke to paper NHSCR GB 3/07. This proposed six monthly downloads of information from the NHSCR database, to be held securely and separately from any other GROS data and used for the production of statistical information which would not disclose the identity of any individual.

15. The Board agreed that the benefits of the work seemed substantial – although apparently less so in relation to the use in connection with the Scottish Longitudinal Study. It was not however clear that all fields would be needed and it was noted that the removal of the patient name did not anonymise the data (although, granted that the outputs were purely statistical, anonymisation was not essential). It was agreed that the proposal should be worked up, against the yardstick of demonstrating a 'necessary and proportionate use', and re-submitted to the Board either for clearance in correspondence or for discussion at the next meeting.

## **Service Contract between SEHD and GROS**

17. In Kirsty Maclachan's absence, Duncan Macniven explained that work carried out to attribute NHSCR's costs between its work for the NHS and local authorities had been brought to a provisional conclusion for 2006-07 and 2007-08. For later years, however, there was scope for a more refined attribution of costs. The Board agreed that the proposals seemed sensible. Paul Rhodes said that he was happy to agree the arrangements for last year and the current year but agreed that further work needed to be done on future years.

## **Any Other Business**

18. Malcolm McWhirter asked about the adequacy of NHSCR's contingency plans for dealing with pandemic flu. Muriel Douglas and Duncan Macniven explained that the workload on the NHSCR would probably diminish, because death registrations would be delayed, and that the NHSCR could continue to operate with a skeletal staff. Now that communications were available via NHSnet, the work could potentially be done at any location. This seemed satisfactory but Muriel Douglas agreed to review contingency planning more generally, with the move to Cairnsmore House.

## **Data of Next Meeting**

19. It was agreed that the next meeting would be held on Monday 26 November at 10.30 am at Cairnsmore House. Collective transport would be arranged from and to Edinburgh.

**General Register Office for Scotland  
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