

NHSCR Governance Board Tracing People in Scotland

Background

1. This paper considers the implementation of the recommendation of the NHSCR Review Group that the NHSCR should continue to explore opportunities with its key service users to maximise its use for health, population and research purposes while upholding its reputation and avoiding any diversion from its prime purpose.
2. The Review Group report (Annex to paper NHSCR GB 1/05) details the NHSCR's role covering health, population and research uses. It also highlights the major developments on patient confidentiality that had taken place since NHSCR was subject to a previous Ministerial Review. The Review Group was made aware by the Red Cross legal adviser that a UN agreement, to which the UK was a signatory, was in existence to allow the kind of tracing which had continued in England and Wales. The Group recommended that the NHSCR should 'share information with other parts of the public sector, where appropriate, for the wellbeing of the citizen or the state, subject to data protection and other laws that protect privacy interests' and also that the NHSCR should 'continue to explore opportunities with its key service users to maximise its use for health, population and research purposes'. Re-introduction of tracing services would move this forward.
3. With the 6 million plus records on the NHSCR database, a link to Central Register, Southport (the English and Welsh Register), which enables only the reading of information by NHSCR staff, is in place. NHSCR also has online access to the indexes of the 36 million births, deaths and marriages registered in Scotland since 1855. This theoretically allows quick access to tracing "lost patients" for health care providers and approved medical researchers.
4. Since March 2000, a "Traceline" service has been in place in England and Wales. However, the Directors of Public Health in Scotland were responsible for safeguarding the patient confidentiality of some of the NHSCR data that had originated from CHI. They adopted a cautious approach to such uses of patient data, in the light of the changing legal framework at that time. The differing views of the fifteen Directors meant that consistent national handling of enquiries became impossible to justify and this service was suspended in Scotland in March 2000.

Next Steps

5. We propose the re-introduction of the pre-1999 Tracing System. This would :
 - provide a system that utilises the wealth of knowledge at NHSCR;
 - avoid the need for NHSCR to become involved with charging individuals or charities;
 - ensure, by acting only through named charities or institutions, that charities perform the initial first identity checks;

- ensure that no tracing service would be offered for adoptions, spouses, or fathers not named on the birth certificates.
6. The proposed procedure would be:
- Inform the person seeking the trace that we have identified the person sought;
 - Invite the person seeking the trace to provide NHSCR with a letter of introduction;
 - Forward a letter of introduction to Health Boards, informing the Board of the procedure;
 - Ask the Health Board to send a letter to the traced person (NHSCR does not have the address of the person) asking the traced person if they want to receive the letter from the person trying to trace them;
 - If the traced person agrees (and not otherwise), the Board forwards the letter from the person seeking the trace
7. The requests would amount to around 400 enquiries each year. The risk of successful challenge would be low, particularly because of the careful procedure used. The pre-1999 procedure was never challenged.

Recommendation

8. The Governance Board is invited to agree the re-introduction of the tracing service described in this paper and to advise on consultation and timescale.

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