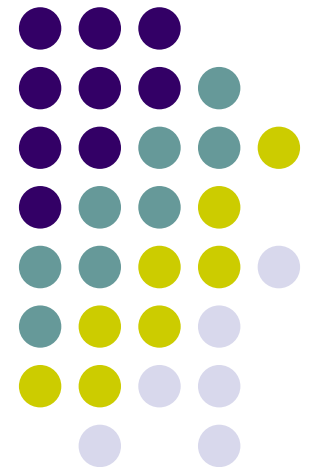


# Information sharing working group

(Validating NHS Care Records  
Service IG Controls)

Jackie Sherrard

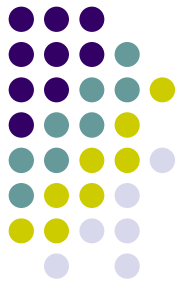




# Background

- 2007/08 - CfH presentation to
  - BASHH board
  - CGG
  - FSRH
- WG looking at issues for sexual health
- Invitation via these presentations and BASHH newsletter for volunteers to represent BASHH on WG

# Terms of Reference



1. To consider whether in principle can recommend the Information Governance (IG) controls proposed for sexual health information
2. To consider whether this recommendation is subject to any specific points being satisfied
3. To agree on interim guidance for sexual health services as current systems on offer cannot at present provide the full IG controls described
4. The group is accountable to BASHH board and FSRH council
5. Any recommendations will be sent to BASHH board and FSRH council for final agreement

# Membership



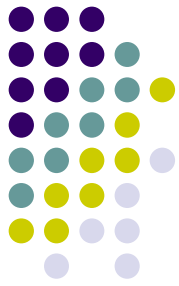
- Mary Poulton (Chair) BASHH
- Immy Ahmed BASHH president
- Malcolm Oswald CfH
- Jim Shannon CfH/DoH
- Alyson Elliman FSRH council
- Anne Webb FSRH council
- Andrew Nayagam BASHH
- Jackie Sherrard BASHH
- Steve Dawson BASHH
- Richard Ma GP/FSRH
- Connie Smith FSRH
- Paul Clift Patient representative

# Objectives



- We need to know that IT solution will not inadvertently breach confidentiality
- Current and prospective patients need to have confidence in the system

# Main issues identified to date



# Common spine



- In pilots, drug history is on common spine
- This means where GP is aware of medication this is on spine and freely available
  - HIV Rx has no other uses unlike antibiotics
- This will deter patients from informing GPs of their status
- This has already been flagged and is being considered elsewhere



# What are potential risks?

- Lack of confidence = failure to attend
- Disclosure of information without pt considering consequence
  - Currently GUM hold records securely
- Increased stigmatisation
- Increased “false identity”
- If sealed envelope opt-in, then time to explain
- If NHS number mandatory then possible linkages e.g. in laboratory

# Safeguards required



- Default position for GUM should be all records **sealed and locked** i.e. only local GUM clinic would be able to see that they exist
- If sealed and locked no inappropriate access from outside GUM as will not be able to see record exists
- Patient can choose to disclose and unlock in any situation
- Numbering system needs to be secure and no extra work

# Number system



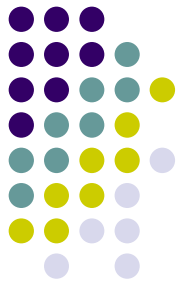
- Must retain ability for patient to remain anonymous
- Must not generate lots of requests from NHS number re duplicate records
- Patients not entitled to main NHS care must not see GUM as threat to immigration status
- Must not allow inadvertent linking and breach of confidentiality e.g. in lab



# Accessing records

- Currently, as records are kept in GU, requests for patient access is via GUM who remove all references to 3<sup>rd</sup> parties i.e. contacts
- If in sealed envelope and request for access to records, must come to GUM to clarify what is 3<sup>rd</sup> party information and not disclosable to the patient

# What could be benefits for a GUM patient?



- GUM could access, if legitimate reason, records from 1ry care / hospital / A&E etc
- Patient GUM info could be available to others involved in care e.g. A&E if pelvic pain and negative STI screen
- Mainstreaming GUM
- IT more likely to be funded? – perhaps more of issue for FRSH

# Go with NHS Care Records if:



- all GUM records, by default in sealed and locked envelope
- & position is for patients to chose to opt out
- & can remain anonymous
- & can remain confidential
  - ? NHS number not required



# If safeguards not in place:

- % will not access care, esp high risk
  - Worsening public health
- Increasing stigma esp of marginalised groups
  - Young
  - CSWs
  - MSM
  - Homeless
  - Prisoners



# V D

**is a great evil and a grave  
menace to the whole nation  
and to the future of our race  
Clean living is the only  
safeguard**

*For those who are infected, or think they  
may be, advice and treatment are free  
and confidential at any V.D. clinic*

# What we want from this afternoon



- Discussion of the main issues
- Issues which may have been overlooked
- Are BASHH members generally supportive of us joining the national programme for IT ?
- Are BASHH members generally supportive of the IG controls subject to identified issues being resolved ?
- Any issues that would prevent agreement for us to take part in the national programme
- Support for us to continue the working group