BASHH Guidance on the Retention and Disposal of Hospital Notes

GUM Clinics should follow the Department of Health Guidelines: Records management: NHS code of practice published in April 2006. This replaces the 1999 guidance “For The Record - Managing NHS records”.

How long should records be retained?
The destruction of records is an irreversible act, while the cost of preserving records worthy of permanent preservation is high. The minimum retention period for each type of health record is detailed in Annex D1: Health Records Retention Schedule of the guidelines. This is much more comprehensive than in the previous guidance. New recommendations are highlighted in blue below.

Recommended minimum retention periods reflect:
- Legal requirements, including requirements for evidence in legal actions
- Minimum requirements of clinical need
- The value of preserving records for future generations or long-term research

The minimum retention periods should be calculated from the beginning of the year after the last date on the record. For example, a file in which the first entry is in February 2001 and the last in September 2004, and for which the retention period is seven years, should be kept in its entirety at least until the beginning of 2012.

Legally, our only obligations to retain notes are:
- Children and young people (including GUM, Family Planning, and immunisation records) - until their 25th birthday, or 26th birthday if the young person was 17 at the conclusion of treatment, or 8 years after death. (p11)
- Clinical trials - 30 years for the research records of clinical trials of investigational medicinal products (eg drugs). The individual health records of the trial participants should be retained for the period appropriate to the specialty, and for a minimum of 2 years following approval of the product. (p12, p47)
- Counselling records (eg Psychology and Psychosexual Counselling but not Health Advisers records) - 30 years. (p15)
- Family Planning records - 10 years after closure of case. (p17)
- Immunisation and vaccination records - 10 years after conclusion of treatment. (p24)
- Litigation dossiers (this strictly refers to complaints and legal claims, but could include patients presenting with a history of sexual assault) - 10 years or as advised by legal representatives. (p46)
- Maternity records - these need to be kept for 25 years, but this does not relate to GUM or other hospital records of pregnant women. (p26)
- Occupational exposure to blood or body fluids - 40 years from exposure date (under COSHH Regulations 2002 - amended 2003). (p29)
- Genitourinary records (other than those listed above) - 8 years from date of last attendance. (p19)

Optional retention of notes
In addition, some GUM clinics may consider longer preservation of records of patients with other conditions, for clinical need or possible research value. Any proposed retention period beyond 30 years that falls outside the standard retention schedule, should be discussed with The National Archives. It may not be necessary to retain every piece of paper received in connection with patients, and transfer of necessary records on to microfilm or computer may be a cost and space efficient alternative. Examples include
- patients treated for syphilis, for documentation of treatment
- patients with HIV, for long term research
- patients with herpes simplex infection, for confirmation of diagnosis
- pregnant women who have received unlicensed or potentially harmful treatments

What are the rules on destruction of records?
It is the responsibility of the NHS organisation to ensure that the methods used throughout the destruction process provide adequate safeguards against the accidental loss or disclosure of the contents of the records. Most NHS records are confidential records. Contractors, if used, should be required to sign confidentiality undertakings and to produce written certification as proof of destruction. A British Standard Code of Practice for the secure destruction of confidential material is expected to be published in the summer of 2006.

A record of the destruction of records, showing their reference, description and date of destruction should be maintained and preserved by the Records Manager, so that the organisation is aware of those records that have been destroyed and are therefore no longer available. This record should be kept permanently. (p47)

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