Annex E: Consultation Questions

The consultation sets out a number of proposed amendments. Views are invited on the following:

1) Where data relating to a citizen is held it should be accurate.
Do you agree that the approach suggested at paragraphs 9-11 is an effective approach to achieving this?

Yes □ No x

If No, please describe the approach you feel should be taken.

The suggested approach does not in and of itself improve accuracy - it makes records shared by disparate organisations the same, but without the knowledge or consent of the data subject. Only the data subject can say what is accurate. It is not clear why the NHS register only has data for 30% of the population; this suggests it has been added in an adhoc manner and that 70% of the population have not consented to their local authority sharing this information. It is not appropriate to add extra information to the register and share this data without proper parliamentary consultation and informed consent of the data subjects.

2) We propose to extend the current ability to trace persons a) who go missing whilst in education and b) who should pay for treatment provided by the NHS.
Do you agree with these proposals set out in paragraphs 12-13?

Yes □ No x

If No please explain why not?

No data has been provided to indicate the extent of these alleged problems. No costing has been provided with this proposal. At a time when the NHS is under budgetary strain, it is not appropriate to greatly expand its information services. Providing information to more agencies also raises questions of information security - the more widely shared data is the more likely it is to be leaked. Tracing people against their will and using data provided for health purposes for tax enforcement purposes are both likely to result in more false information given. It is not explained in the proposal how merely recording a Scottish postcode would help in the tracing of foreign nationals. Various studies on “health tourism” have shown that the cost of tracing and enforcing payment frequently exceeds the amount recovered. This proposal lacks any kind of cost-benefit analysis.

3) In order to allow citizens to make use myaccount for a wider group of services (beyond health and local government), as set out in paragraphs 14-16, we propose to provide access to the bodies named in draft Schedule 3 (Annex B).
Are there any additional service providers who you feel should be included?

The list is extremely long and includes far too many bodies. Why does CalMac ferries need access to the NHS central register? Quality Meat Scotland? Again I would like to raise the concern that the more entities access a particular database the more likely it is to suffer a catastrophic data leak, such as the recent Sony hacking.
4) Do you consider that the proposals set out in paragraph 18 are an effective method to identify Scottish Tax payers?
Yes ☐ No ☒
If No please describe the approach you feel should be taken.

The information provided to the NHSCR has not been provided for taxation purposes, has not been subject to data subject consent for that purpose, and is not expected to be used for that purpose. The question of whether someone is tax resident in England or Scotland is not relevant to the mission of the NHS and is not an appropriate use of NHS resources. This is similar to the controvertial and widely denounced use of voter registration data for the referendum to chase council tax arrears. The public do not want health provision and taxation enforcement to be conflated. This question has not been adequately discussed in the Scottish parliament and should be decided on a proper debate, not the use of a regulation-making power.

Additional Comments

This consultation lacks an “additional comments” section.

The underlying principle of the proposals is in paragraph 3 and can be paraphrased as “This database is not limited in its purposes to those of the NHS, therefore we have permission to expand it to a Scotland-wide national ID register”. This has been reflected in some of the replies stating that “these proposals will not result in the creation of a new database”. That is technically correct but highly misleading - using an existing database for radically different purposes, especially when that database was created for health purposes, is an unacceptable breach of the principles of informed consent that are key to data protection.

No costing or cost-benefit analysis has been included in the proposal. Obviously if the data were widely shared and widely used this would incur extra costs. Information security may also prove more expensive than expected. Proper public discussion of these costs, and the question of why the construction of an ID register should be done at the expense of the NHS, is required.

As far as I understand it this database is still subject to the regulation of the Information Commissioner as part of OFCOM?