BMA Scotland Submission
Consultation on proposed amendments to the National Health Service Central Register (Scotland) Regulations 2006

2 March 2015

Thank you for allowing us a short extension to the consultation on the proposed amendments to the National Health Service Central Register (Scotland) Regulations 2006. This response raises a number of questions about the practical implementation of the proposals as well as highlighting some ethical concerns we have about the principle of enhanced sharing of data with third parties. We would welcome the opportunity to discuss some of these issues in more detail prior to the laying of these regulations in the Scottish Parliament.

1. Addition of postcode to the NHS central register
Whilst there are some ethical concerns around the potential identification of individuals from the addition of postcodes to the central register we understand that the NHSCR (National Health Service Central Register) already has access to the postcode, but cannot hold it on the register. Therefore we would not oppose the addition of the postcode to improve data quality. However we do have concerns over the extension to the existing arrangements around sharing data with local authorities and would welcome clarification over the process and controls in place to prevent inappropriate access.

2. Tracing of persons
The BMA is reassured that this proposal doesn’t enable direct contact with an individual or enable a disclosure, but retains the existing process where the health board can contact an individual seeking consent. However we would welcome clarity on the scope and relevance of some of the bodies set out in Schedule 3 in relation to tracing e.g. Cairngorms National Park or Quality Meat Scotland in relation to accessing information.

3. Allowing HMRC to identify taxpayers using the NHSCR
By extending the information available to include an individual’s full name, date of birth, gender, postcode and reference code it would enable HMRC to identify individuals by accessing this register. It has been argued that the NHSCR is the most comprehensive database of individuals in Scotland and that by using the information held on this database, it would be more straightforward – and no doubt more cost effective – to allow HMRC access to this information to identify tax payers rather than establishing a separate database.

It is this aspect of the amendments to the regulations that causes the BMA the greatest concern. Individuals are encouraged to register with their GP for healthcare services in Scotland. This enables the NHS to ensure that people participate in public health programmes and receive preventative care, as well as being assured that in times of need they can access the health services they require. However we would be very concerned if, but extending access to the NHSCR database, individuals were deterred from registering with their GP. Patients rely on and trust those providing them with care, especially when they are most vulnerable. It is the cornerstone of the doctor-patient relationship. Sharing identifiable information with
Government agencies for the purpose of identifying income tax payers would seriously undermine that trust in the system, with the result that it could deter patients from seeking medical help. As doctors’ professional association, we would not support the re-purposing of the register for use in assisting tax collection. Whilst there may be a short term gain for tax collection, the long term consequences of undermining the trust in the confidentiality of personal information would be extremely serious. Once lost, this trust would be very difficult to regain. The BMA would therefore ask the Scottish Government to reconsider the use of the NHSCR for this purpose and consider alternative measures.
4. To share data with UK Visas and Immigration Department to recover cost of treatment to non-Scottish residents.

This section of the consultation does not provide us with enough information to comment on this aspect of the proposal and we would welcome further information. As written, it could have the potential to affect large numbers of people both directly and indirectly in a diverse range of circumstances, with potential public health implications. It is also not clear who this change in rules is designed to ‘catch’. Colleagues in England, where a similar system is in place, report that there are significant practical implications, but it is not possible to comment on the proposals in Scotland as there is no detail on how it would work in practice.

Conclusion
The BMA is concerned that by extending access by third parties to the NHSCR, and by enhancing the information held to include postcode and address information could lead to the identification of individuals and undermine their very personal relationship with healthcare providers. The BMA believes that the public should be made more aware of the scope of their information that could be shared with other organisations and that much more should be done to make this information more widely known. In particular the BMA is deeply concerned over the use of the NHSCR for the purposes of identifying tax-payers. The BMA would urge the Scottish Government to consider an alternative source of data.

For more information, please contact:

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