SCOTTISH EXECUTIVE HEALTH DEPARTMENT

RETENTION AND DISPOSAL OF HEALTH RECORDS

CONSULTATION ON NEW GUIDANCE TO NHS SCOTLAND

SEPTEMBER 2005

CONTENTS

0. ABOUT THIS CONSULTATION PAPER

1. INTRODUCTORY NOTES

2. RETENTION PERIOD OPTIONS

ANNEX A THE MANAGEMENT OF PERSONAL HEALTH RECORDS IN SCOTLAND

ANNEX B eHEALTH STRATEGY

ANNEX C HEALTH RECORDS SHORT LIFE WORKING GROUP

ANNEX D LIST OF CONSULTEES

ANNEX E THE SCOTTISH EXECUTIVE CONSULTATION PROCESS

0. ABOUT THIS CONSULTATION PAPER

This Consultation Paper is structured as follows:

- Section One outlines the purpose of, and the background to, the consultation, and what will happen at the end of the consultation period.

- Section Two gives your options for the storage of personal health records (or 'medical records'). This section also gives information about how you can participate in this consultation, and how we will handle your response.

- The annexes give background information on relevant current issues and challenges in the management of personal health records in NHS Scotland today. Here, we have also given more information about the Scottish Executive consultation process.

1. INTRODUCTORY NOTES

1.1 Purpose of this Consultation

The Scottish Executive Health Department plans to issue new national guidance to NHS Scotland on the management of personal health records. Health records can be written on paper, held on computer, or both and they store patients' personal health information. Personal health information is information that identifies a patient and includes details like name, address, date of birth, postcode, and can be linked to, for example:

- Information about care and treatment received
- Information about health and lifestyle
- Results of tests.

The purpose of the new guidance is to both improve standards, and help bring about standardised practice, in records management across NHS Scotland. It will also give support to NHS staff as they move from using paper records to computer records.

The new guidance will give instructions to organisations within NHS Scotland on the periods of time that they must keep personal health records, whether stored on paper, computers, or other form. These will be set in accordance with a range of requirements, including those set by law (e.g the Data Protection Act 1998) and those of managing NHS services and checking services are delivered properly. The guidance will also provide NHS Scotland organisations with information on the occasions when it might be possible or desirable to keep information for longer than these periods. The purpose of this consultation is to get the views of patients, health professionals and others on what the periods ('minimum retention periods') should be.

The consultation is focusing on general personal health records, for example, adults' hospital records. Views received on these will be used when we consider the minimum retention periods for records of a more specialised clinical nature (e.g. Genito Urinary Medicine) and those of particular clinical departments or services (e.g. Speech and Language Therapy). Records of these types are often held separately from the general record.

Alternative formats or translations into community languages of this consultation document are available on request. If you wish to request an alternative format or translation into a community language, please contact Anita Maison, contact details at section 2.5.1 below.

1.2 Background

1.2.1 Working Group

The Scottish Executive Health Department set up a short life working group in January 2005 to develop new national guidance on the management of personal health records. This will be issued to organisations within NHS Scotland. New

guidance is necessary in order to address developments since 1993 when guidance was last issued. This includes:

- Legislative changes (including the Data Protection Act 1998);
- The views of patients;
- The Scottish Executive Health Department's eHealth strategy which is to set up a single electronic health record for all patients in Scotland (see Annex B for details); and
- The problems associated with the storage of paper records in many organisations within NHS Scotland (see Annex A for details).

Annex C gives details of the Working Group's membership and its objectives.

1.2.2 Current Guidance

Guidance on the retention and destruction of personal health records was last issued to organisations within NHS Scotland in 1993 in NHS MEL (1993) 152. The MEL (Management Executive Letter):

- tells NHS Scotland organisations of the shortest period that they should keep certain categories of health record;
- says that records do not need to be destroyed after this;
- reminds NHS Scotland organisations to keep appropriate records for historical use.

1.3 Next Steps

At the end of the consultation period, the Working Group will consider all the views received.

In particular, the Group will consider how the views received may be applied to records of a specialised clinical nature (e.g. Genito Urinary Medicine) and those of particular clinical departments or services (e.g. Podiatry). Records of these types are often held separately from the general record, and some have been introduced since the 1993 guidance was published.

The Group will recommend appropriate minimum retention periods to the Scottish Executive Health Department. New guidance for NHS Scotland will then be produced to replace the 1993 guidance. The Group will make recommendations to the Scottish Executive Health Department on keeping the new guidance under review at regular intervals thereafter.

This guidance will be publicly available on the internet at http://www.show.scot.nhs.uk/sehd/.

2. RETENTION PERIOD OPTIONS

2.1 General Hospital and Community Records

2.1.1. Adult Records (personal health- excluding mental health- records for patients aged 16 and over)

Current Guidance

At present, the shortest period that adult records must be kept is 6 years after the date of last recorded entry in the record, or 3 years after death, if earlier.

Options for New Guidance

The options that we are thinking about for the new guidance are set out in the table below.

Options	***Notes***
1. Continue with the current minimum retention period (6 years after the date of last recorded entry, or 3 years after death if earlier).	
2. 13 years after date of last recorded entry (or 3 years after death, if earlier).	This period is based on: • the Consumer Protection Act 1987 (period of 10 year product liability); and • the Prescription and Limitation (Scotland) Act 1973 (3 year period in which to bring a claim, based on the date on which the individual became aware of damage).
3. For the lifetime of the patient and to 3 years after death.	This period is based on the Prescription and Limitation (Scotland) Act 1973, which gives a 3 year period in which to bring a claim, based on the date on which the individual became aware of damage.

2.1.2 Mental Health Records (adults, children and young persons)

Current Guidance

The shortest period that Mental Health (or 'psychiatric') records must currently be kept is based on legislation which has now been superseded. In brief, mental health information recorded before 31 December 1960 is to be kept indefinitely, and that recorded from 1 January 1961 is to be kept for the lifetime of the patient and then for a period of 3 years after death.

Options for New Guidance

We think that there is now no reason why Mental Health records should be managed differently to other types of personal health record.

Question

Q1. Do you think that mental health records should be treated in the same way as other types of personal health records? If not, why?

The options that we are thinking about for the new guidance are set out in the tables below.

Adult Mental Health Records

Options	***Notes***
1. The current minimum retention period for Adult records (6 years after the date of last recorded entry, or 3 years after death if earlier).	
2. 13 years after date of last recorded entry (or 3 years after death, if earlier).	This period is based on: • the Consumer Protection Act 1987 (period of 10 year product liability); and • the Prescription and Limitation (Scotland) Act 1973 (3 year period in which to bring a claim, based on the date on which the individual became aware of damage).
3. For the lifetime of the patient and to 3 years after death.	This period is based on the Prescription and Limitation (Scotland) Act 1973, which gives a 3 year period in which to bring a claim, based on the date on which the individual became aware of damage.

Children's and Young Persons' (patients under the age of 16) Mental Health Records

Options	*Notes*
1. The current minimum retention period for Children's and Young Persons' records (keep records until patient reaches the age of 25, or 3 years after death if earlier).	We understand that this period was based on an age of legal capacity which has now been superseded by the Age of Legal Capacity (Scotland) Act 1991.
2. 6 years after date of last recorded entry, or 3 years after death if earlier.	This is the minimum retention period currently set for Adult health records.
3. 13 years after date of last recorded entry, or 3 years after death if earlier.	This period is based on: • the Consumer Protection Act 1987 (period of 10 year product liability); and • the Prescription and Limitation (Scotland) Act 1973 (3 year period in which to bring a claim, based on the date on which the individual became aware of damage).
4. For the period until the patient reaches the age of 16 years, plus a further period of 3 years.	This period is based on: • the Age of Legal Capacity (Scotland) Act 1991 (which sets the age of legal capacity at age 16); and • the Prescription and Limitation (Scotland) Act 1973 (3 year period in which to bring a claim, based on the date on which the individual became aware of damage).
5. For the lifetime of the patient and to 3 years after death.	This period is based on the Prescription and Limitation (Scotland) Act 1973, which gives a 3 year period in which to bring a claim, based on the date on which the individual became aware of damage.

2.1.3 Children's and Young Persons Records (personal health records of patients under the age of 16)

These are records holding personal health information about children and young people for a range of purposes and services relating to children and young people, including:

- Accident and Emergency records on children and young people
- Hospital records on children and young people
- Child Health Records held in the community, including:
    - Childhood Immunisation records
    - Health Visitors' Records
    - School Nurses records
    - Special Needs records

Excluded are:

- Mental health records on children and young people (see section 2.1.2 above)
- Records on children and young people held by General Practitioners (GPs) (see section 2.2 below)

Current Guidance

At present, the shortest period that Children's and Young Persons Records must be kept is until the patient reaches the age of 25, or 3 years after death, if earlier.

Options for New Guidance

The options that we are thinking about for the new guidance are set out in the table below.

Options	***Notes***
1. Continue with the current minimum retention period (keep records until patient reaches the age of 25, or 3 years after death if earlier).	We understand that this period was based on an age of legal capacity which has now been superseded by the Age of Legal Capacity (Scotland) Act 1991.
2. 6 years after date of last recorded entry, or 3 years after death if earlier.	This is the minimum retention period currently set for Adult health records.
3. 13 years after date of last recorded entry, or 3 years after death if earlier.	This period is based on: • the Consumer Protection Act 1987 (period of 10 year product liability); and • the Prescription and Limitation (Scotland) Act 1973 (3 year period in which to bring a claim, based on the date on which the individual became

Options	*Notes*
	aware of damage).
4. For the period until the patient reaches the age of 16 years, plus a further period of 3 years.	This period is based on: • the Age of Legal Capacity (Scotland) Act 1991 (which sets the age of legal capacity at age 16) ; and • the Prescription and Limitation (Scotland) Act 1973 (3 year period in which to bring a claim, based on the date on which the individual became aware of damage).
5. For the lifetime of the patient and to 3 years after death.	This period is based on the Prescription and Limitation (Scotland) Act 1973, which gives a 3 year period in which to bring a claim, based on the date on which the individual became aware of damage.

Supplementary Question

Q2. We feel that if the minimum retention period for Children's and Young Persons' health records is *decreased*, any information in the record which is relevant to Child Protection issues should continue to be kept until the patient reaches the age of 25, or 3 year after death, if earlier. What is your view?

2.1.4 Maternity Records (personal health record of mothers' ante-natal, delivery and post-natal care)

Current Guidance

At present, the shortest period for which these records must be kept is for a period of 25 years after the birth (including stillbirth).

Options for New Guidance

The options that we are thinking about for the new guidance are set out in the table below.

Options	***Notes***
1. Continue with the current minimum retention period (keep records for a period of 25 years after the birth, including stillbirth).	We understand that this figure is based on the number of years that a woman can typically bear children.
2. For the period until the delivered baby(ies) reach(es) the age of 16 years, plus a further period of 3 years.	This period is based on: • the Age of Legal Capacity (Scotland) Act 1991 (which sets the age of legal capacity at age 16) ; and • the Prescription and Limitation (Scotland) Act 1973 (3 year period in which to bring a claim, based on the date on which the individual became aware of damage).

Supplementary Questions

Q3. Do you think that Maternity records should be treated differently to other types of personal health record? If yes, why?

Q4. Should Maternity records be kept for the same time as Children's and Young Persons' records, because information in them may be relevant to a child's legal claims?

Q5. We know that in some areas, information on termination of pregnancies (abortions) is kept with Maternity records. Do you think that this is appropriate? If not, what do you think should happen with this information?

2.2 Primary Care Records

GP Records

At present, the shortest period that the personal health records used by GPs (General Practitioners) for patients currently registered in their Practice must be kept for is for the lifetime of the patient and to 3 years after death. The GP's record stores the key information about a patient's healthcare throughout their lifetime, and is often the only source of such information.

The Practitioner Services Division of NHS National Services Scotland stores the records of deceased patients, patients who have gone overseas and may return to Scotland, and patients who have joined the Armed Forces. We understand that current practice is for Practitioner Services to destroy, after a period of 6 years, the records of patients whose whereabouts are unknown e.g. left their Practice and not registered with a GP Practice elsewhere in the UK.

Other Primary Care Records

Records are held by a number of Primary Care health professionals other than GPs: community pharmacists, dentists, optometrists and ophthalmic medical practitioners. The Scottish Executive Health Department has not previously issued guidance on minimum retention periods for such records. These, unlike GP records, are the property of the independent dentist, optometrist, ophthalmic medical practitioner or community pharmacist and may contain details of private treatment and services provided to patients, and of private charges.

At present, the shortest period that Dental records must be kept for is 2 years from completion of any course of care and treatment under NHS general dental services. The shortest period that records about NHS sight tests provided to patients must be kept for is 7 years.

Questions

Q6. Do you think that the current practice of keeping GP records for the lifetime of the patient, and for 3 years after death, should continue?

Q7. Do you think the current practice of destroying the GP records of patients who have left the UK without indicating an intention to return after 6 years is acceptable?

Q8. What are your views on the retention of records of other types of Primary Care health professionals (including community pharmacists, dentists, optometrists)?

2.3 Records Relating to Particular Diagnoses

At present, guidance gives different retention periods for patient records containing either a cancer or genetic disorder diagnosis (e.g. cystic fybrosis). We have not been able to find any legal reason for this. However, the current guidance gives other reasons for storing information of these types for typically longer periods. These include the need to audit cancer treatments, and the need for extended family history information when dealing with patients who may have a genetic disorder.

Questions

Q9. Should the records of patients with a diagnosis of cancer be kept for the same minimum retention period as health records generally? If not, why?

Q10. Should records of patients with genetic disorders be kept for the same minimum retention period as health records generally? If not, why?

Q11. Are there any other records containing information about a particular diagnosis or treatment that should have a different minimum retention period to health records generally? If yes, why?

2.4 Electronic Records

Annex B describes the Scottish Executive Health Department's eHealth strategy. It is clear that in the future more of patients' health information will be stored in electronic form, and less will be stored on paper.

In the current guidance, the minimum retention periods given have been based on the requirements of law (e.g. the Data Protection Act 1998) as well as other factors, including:

- Safe clinical practice;
- Medico-legal defence;
- The expense and labour-intensity of storage; and
- The prompt retrieval of paper files.

(Further information on this is provided in Annex A.)

We know that there are storage problems for many organisations within NHS Scotland. We need to recommend minimum retention periods which will contribute to a manageable and affordable service which can deliver records quickly to where they are needed.

The electronic storage of personal health information will let health professionals look at patients' clinical information from different sites more easily. Storing records electronically is also likely to reduce manual storage costs. So we are keen to explore the issues and opportunities electronic storage of personal health information might bring.

Questions

Q12. If all personal health records were stored completely on computer, is it acceptable to ask for all types of record to be kept for the lifetime of the patient plus 3 years? If not, why?

Q13. Are there any other factors that we need to consider for the management of electronically stored health records?

2.5 Responding to the Consultation

2.5.1 Your Response

Responding to this consultation paper

We are inviting written responses to this consultation paper by 30 November 2005.

Please complete the on-line consultation form at http://www.scotland.gov.uk/consultations/current 'Retention and Disposal of Health Records'

or

send your response to

Anita Maison
Scottish Executive Health Department
Basement Rear
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

If you have any queries contact Anita Maison on 0131 244 2369.

We would be grateful if you would complete the on-line consultation form at http://www.scotland.gov.uk/consultations/current 'Retention and Disposal of Health Records' as this will aid our analysis of responses received. If this is not possible please complete the consultation questionnaire provided.

This consultation, and all other Scottish Executive consultation exercises, can be viewed online on the consultation web pages of the Scottish Executive website at http://www.scotland.gov.uk/consultations. You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is.

The Scottish Executive now has an email alert system for consultations (SEconsult: http://www.scotland.gov.uk/consultations/seconsult.aspx). This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). SEconsult complements, but in no way replaces SE distribution lists, and is designed to allow stakeholders to keep up to date with all SE consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form** which forms part of the consultation

questionnaire, as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Executive are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public (see the attached Respondent Information Form), these will be made available to the public in the Scottish Executive Library by 6 January 2006. We will check all responses where agreement to publish has been given for any potentially defamatory material before logging them in the library or placing them on the website. You can make arrangements to view responses by contacting the SE Library on 0131 244 4565. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next ?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help form the basis of our recommendations to the Health Department on the management of personal health records. The Department plans to issue new national guidance to NHS Scotland on the management of personal health records in the near future.

We aim to issue a report on this consultation process by 28 February 2006.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to Anita Maison at the address above.

2.5.2 Respondent Information Form: Retention And Disposal Of Health Records

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name:

Postal Address:

1. Are you responding: (please tick one box)
   (a) as an individual go to Q2a/b and then Q4
   (b) **on behalf of** a group/organisation go to Q3 and then Q4

INDIVIDUALS

2a. Do you agree to your response being made available to the public (in Scottish Executive library and/or on the Scottish Executive website)?

Yes (go to 2b below)
No, not at all We will treat your response as confidential

2b. Where *confidentiality is not requested*, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available
Yes, make my response available, but not my name or address
Yes, make my response and name available, but not my address

ON BEHALF OF GROUPS OR ORGANISATIONS:

3 The name and address of your organisation ***will be*** made available to the public (in the Scottish Executive library and/or on the Scottish Executive website). Are you also content for your **response** to be made available?

Yes
No We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

4 We will share your response internally with other Scottish Executive policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

Yes
No

2.5.3 Response Template

Section	***Retention Option***	***Question***	***Your Response***
2.1.1- Adult (excluding Mental Health)	Continue with current minimum retention period for Adult records (6 years after the date of last recorded entry, or 3 years after death if earlier)		
	13 years after date of last recorded entry (or 3 years after death if earlier)		
	For the lifetime of the patient and to 3 years after death		
2.1.2 Mental Health Records		Q1 Do you think that mental health records should be treated in the same way as other types of personal health records? If not, why?	
Adult	The current minimum retention period for Adult records (6 years after the date of last recorded entry, or 3 years after death if earlier).		
	13 years after date of last recorded entry (or 3 years after death if earlier)		
	For the lifetime of the patient and to 3 years after death		
Childrens' and Young Persons	The current minimum retention period for Children's and Young Persons' records (keep records until patient reaches the age of 25, or 3 years after death if earlier).		
	6 years after date of last recorded entry, or 3 years after death if earlier.		
	13 years after date of last recorded entry, or 3 years after death if earlier.		

Section	*Retention Option*	*Question*	*Your Response*
	For the period until the patient reaches the age of 16 years, plus a further period of 3 years.		
	For the lifetime of the patient and to 3 years after death.		
2.1.3- Children and Young People (excluding Mental Health)	Continue with current minimum retention period (keep records until patient reaches the age of 25, or 3 years after death if earlier)		
	6 years after date of last recorded entry (or 3 years after death if earlier)		
	13 years after date of last recorded entry (or 3 years after death if earlier)		
	For the period until the patient reaches the age of 16 years, plus a further period of 3 years		
	For the lifetime of the patient and to 3 years after death		
		Q2. We feel that if the minimum retention period for Children's and Young Persons' health records is decreased, any information in the record which is relevant to Child Protection issues should be kept until the patient reaches the age of 25, or 3 years after death, if earlier. What is your view?	
2.1.4- Maternity	Continue with current minimum retention period (keep records for a period of 25 years after the birth, including stillbirth)		

Section	***Retention Option***	***Question***	***Your Response***
	For the period until the delivered baby(ies) reach(es) the age of 16 years, plus a further period of 3 years.		
		Q3. Do you think that Maternity records should be treated differently to other types of personal health record? If yes, why?	
		Q4. Should Maternity records be kept for the same time as Children's and Young Person's records, because information in them may be relevant to a child's legal claims?	
		Q5. We know that in some areas, information on termination of pregnancies (abortions) is kept with Maternity Records. Do you think that this is appropriate? If not, what do you think should happen with this information?	
2.2- Primary Care		Q6. Do you think that GP records should be kept for the lifetime of the patient and then for 3 years after death?	
		Q7. Do you think the current practice of destroying the GP records of patients who have left the UK without indicating an intention to return after 6 years is acceptable?	
		Q8. What are your views on the retention of records of other types of Primary Care health professionals	

Section	*Retention Option*	*Question*	*Your Response*
		(including community pharmacists, dentists, optometrists)?	
2.3- Specific Diagnoses		Q9. Should the records of patients with a diagnosis of cancer be kept for the same minimum retention period as health records generally? If not, why?	
		Q10. Should records of patients with genetic disorders be kept for the same minimum retention period as health records generally? If not, why?	
		Q11. Are there any other records containing information about a particular diagnosis or treatment that should have a different minimum retention period to health records generally? If yes, why?	
2.4 Electronic Records		Q12. If all personal health records were stored completely on computer, is it acceptable to ask for all types of record to be kept for the lifetime of the patient plus 3 years? If not, why?	
		Q13. Are there any other factors that we need to consider for the management of electronically stored health records?	

ANNEX A THE MANAGEMENT OF PERSONAL HEALTH RECORDS IN SCOTLAND

1. Format

The bulk of personal health records currently held are paper files, although electronic records form an increasingly important part of the patient record. Our eHealth strategy (see Annex B) is to develop an electronic, integrated care record for all patients.

2. Primary Care Records

2.1 General Practitioners' Records

General Practitioner (GP) health records are managed by staff in Practices, and are transferred between GPs, when the patient moves, by the Practitioner Services Division (PSD) of NHS National Services Scotland. PSD also keeps GP health records for a period after the patient's death, and holds the records of patients who have left to work in the armed forces, gone overseas or to prison. PSD incur significant annual off-site storage costs for the storage of these records.

2.2 Other Primary Care Professionals' Records

Records of independent dentists, optometrists, ophthalmic medical practitioners and community pharmacists are currently held by the practitioners in their own practices. They are not transferred when the patient moves.

3. Hospital Records

Hospital personal health records are managed by Health Records Departments, which are staffed by administrative staff and led by professional records managers. The size, cost and complexity of the Health Records function can be considerable. For example:

- In NHS Ayrshire and Arran, the Patient Services Division administers approximately 1.5 million paper personal health records, serving acute clinical specialties across a population of approximately 371,000 in the county of Ayrshire.

- In NHS Greater Glasgow, North Glasgow Hospital Division, approximately 2 million patient record folders are held in 8 separate stores, and a total of 400 whole time equivalent staff are employed to maintain a full records management service.

The practice, standard and quality of hospital health records services varies throughout Scotland.

4. Regulation

In common with all NHS records, personal health records are classified as public records, and their retention and disposal is governed by legislative and Scottish Executive policy guidelines. Personal health records must also be managed in accordance with other legal requirements such as the common law duty of confidentiality and the Data Protection Act 1998. Patients have a statutory right to access their personal health record.

5. Pressures

Since at least the late 1960s hospitals in the UK have experienced acute difficulties with the storage of patient records. These problems have arisen because such records are extremely bulky (a large hospital may produce in excess of 200 linear metres each year). A survey of NHS Scotland Health Records Managers last year highlighted, from those NHS Boards which responded, significant pressure on storage facilities, and the fact that paper records are increasing in size. Some Scottish hospitals have contracts with external off-site storage providers to alleviate these difficulties, but there is associated recurring expense e.g. off-site storage costs of £250 000 annually for some hospital divisions.

Equally, there are increasing pressures to retain records for longer. A new European Directive which was implemented into UK law earlier this year requires the retention of blood transfusion information for a minimum period of 30 years. The implications for public health arising from diseases such as vCJD and its transmission also suggest that longer retention periods may be necessary to support the management of this disease. Hospitals already sometimes choose to retain records for longer periods because of their epidemiological and research importance.

6. Solutions

Some hospitals and GP Practices are attempting to address these issues and to modernise Records Services in general by electronically scanning all the paper and to make the records available online to clinicians at the point of patient contact.

NHS Scotland Health Records Managers have formed a common interest NHS Scotland Health Records Forum as a platform for sharing good practice and raising standards.

ANNEX B eHEALTH STRATEGY

The eHealth plan, supported by Ministers and NHS Board Chairs, has set the vision of a ‘single patient record’ jointly managed by patients and professional NHS staff with in-built security of access governed by patient consent.

Direction and oversight of the plan is being given by the eHealth Programme Board, chaired by the Scottish Executive Health Department’s Chief Executive and with broad representation from stakeholders.

The focus of the plan in the short to medium term is on establishing a sound infrastructure. Some of the key initiatives involved in doing this include:

- Getting a single national patient identifier called the CHI Number (Community Health Index) into widespread use on records and computerised systems across the NHS Scotland;
- Moving towards the use of digital X-rays;
- Setting up a single national computerised patient record system (the ‘Emergency Care Summary’) which contains key information from GP records such as current medication and allergies, to support out of hours care;
- Setting up single computerised patient record systems in each NHS Board area to deal with test results and clinical letters;
- Setting up a single national inter-organisation electronic clinical communication system.

At the same time, planning work has begun on responding to the recommendation in the Kerr Report that ‘The Scottish Executive should procure as soon as possible, and by 2008 at the latest, a single information technology system’. Initial work is focused on option appraisal and risk mitigation.

ANNEX C HEALTH RECORDS SHORT LIFE WORKING GROUP

MEMBERSHIP

Moira McLaughlin	NHS Grampian
Robert Bryden	NHS Ayrshire and Arran
Agnes Provan	NHS Forth Valley
Deirdre Coyle	NHS Forth Valley
Rosalind Dolan	NHS National Services Scotland
Fiona Dalziel	Practice Manager
Jenny McDermott	Lothian Health Services Archive
Patricia Ruddy	Scottish Executive Health Department
Fiona Bisset	Scottish Executive Health Department
Vanessa Gaskell	Scottish Executive Health Department
Sarah Wheeler	Health Rights Information Scotland
David Paul	Patient Representative

OBJECTIVES

1. To provide authoritative retention and disposal guidance on personal health records, which reflects the needs of patients and patient care in the 21st century, and to recommend a mechanism by which the guidance is kept under review.
2. To improve records management in the NHSScotland by endorsing appropriate standards, and mechanisms for compliance-monitoring these, within the guidance.
3. To ensure the guidance produced supports the eHealth strategic transition to a single electronic patient record.

Details of the Group's meetings are published electronically at http://www.show.scot.nhs.uk/imt/healthrecords.htm.

ANNEX D LIST OF CONSULTEES

Alzheimer Scotland- Action on Dementia
Association of Directors of Social Work
Bi-polar Fellowship (Scotland)
British Dental Association
British Medical Association
British Psychological Society, Scottish Branch
Carers Scotland
Chartered Institute of Physiotherapists
Childline Scotland
Children 1st
Citizen's Advice (Scotland)
College of Optometrists
Commission for Racial Equality
Convention of Scottish Local Authorities
CoSLA
Diabetes UK (Scotland)
Disability Rights Commission
Disability Scotland
Equal Opportunities Commission
General Dental Council
General Medical Council
General Optical Council
General Register Office (Scotland)
Golden Jubilee National Hospital
Help the Aged
Independent Healthcare Association
Information Commissioner
Medical and Dental Defence Union of Scotland
Mental Health Foundation
Mental Health Nurses Association
Mental Welfare Commission
National Archives of Scotland
National Schizophrenia Fellowship
NHS 24
NHS Argyll and Clyde
NHS Ayrshire and Arran
NHS Borders
NHS Counter Fraud Services
NHS Dumfries and Galloway
NHS Education for Scotland
NHS Health Scotland
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow
NHS Highland
NHS Lanarkshire
NHS Lothian

NHS National Services Scotland
NHS National Services Scotland: Counter Fraud Services
NHS National Services Scotland: Practitioner Services Division
NHS Orkney
NHS Quality Improvement Scotland
NHS Scotland Data Protection Forum
NHS Shetland
NHS Tayside
NHS Western Isles
NCH Action for Children
Nursing and Midwifery Council
Optometry Scotland
Parentline Scotland
Penumbra
Practice Managers Association
Practice Nurse Association
Richmond Fellowship, Scotland
Royal College of Anaesthetists
Royal College of General Practitioners, Scottish Council
Royal College of Midwives
Royal College of Nursing
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health, Scottish Committee
Royal College of Pathologists, Scottish Affairs Committee
Royal College of Physicians, Edinburgh
Royal College of Physicians and Surgeons of Glasgow
Royal College of Psychiatrists, Scottish Division
Royal College of Radiologists
Royal College of Surgeons Edinburgh
Royal National Institute for the Blind
Royal Pharmaceutical Society for Great Britain (Scottish Department)
Royal Psychological Society
Save the Children
Scottish Ambulance Service
Scottish Association for Mental Health
Scottish Cancer Group
Scottish Carers Association
Scottish Civic Forum
Scottish Consumer Council
Scottish Huntington's Assocation
Scottish Prison Service
State Hospitals Board for Scotland

ANNEX F The Scottish Executive Consultation Process

Consultation is an essential and important aspect of Scottish Executive working methods. Given the wide-ranging areas of work of the Scottish Executive, there are many varied types of consultation. However, in general, Scottish Executive consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Executive encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Executive consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Executive web site enabling a wider audience to access the paper and submit their responses[1]. Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the Scottish Executive library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4565).

All Scottish Executive consultation papers and related publications (e.g. analysis of response reports) can be accessed at: Scottish Executive consultations (http://www.scotland.gov.uk/consultations)

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation

[1] http://www.scotland.gov.uk/consultations

exercises cannot address individual concerns and comments, which should be directed to the relevant public body.