

Tameside and Glossop PCT

Tameside and Glossop Local Care Records Development Board Meeting

Held on

**Monday 15th September 2008
At Thornley House Medical Centre, Thornley Street,
Hyde, SK14 1JY**

Mike Leigh	Chair, Non-Executive PCT Board Member
Colin Cohen	Head of Informatics, PCT
Lynda Lowe	Clinical Governance Manager, T&G PCT
Dr Amir Hannan	GP Thornley House MC, PEC Information and Technology Lead
Abdul Amin	Integrated Services PSO, TMBC
Sheila Caldecott	Patient Representative, Thornley House MC
Jenny Wood	Inf. Gov. Manager – Pennine Care Trust
In attendance	Chris Land

1. Apologies for Absence

Apologies were received from John Harvey, Anne Rothery, Samei Huda, Nasima Begum, Gerry Tootell, Yvonne Bennett, Richard Fitton, Beverley Hutchinson, Hugh Tooby, Tracey Dunkerley and Andrea Collier.

2. Minutes of the Previous Meeting

The minutes of the previous meeting were agreed

3. Matters arising

4.1 Secure Transfer of Patient Data

Colin and Amir have met with one of the likely system suppliers to discuss the possibilities of an interim Electronic Health Record project (similar to the one in Stockport). A paper will be brought to a future meeting of this group.

Action: Colin and Amir

4.2 Guidelines on Sharing Personal Information

As Tracey is currently off sick, Colin will chase up whether the new Pennine Care Trust logo has been added to the leaflet and the leaflet will then go to print.

5. Proposals for the use of the LCRDB Budget and accountability to the PCT Board

Lynda informed that Richard and Heather have been in discussion via email with regard to this proposal, however an amended bid has not yet been received. Colin agreed to amend the proforma to include how the project will be evaluated and will send a copy to Lynda.

Action: Colin

Amir said that Richard has spoken to the Practice Managers at the 2 practices and a presentation to the staff will be arranged in order to discuss concerns raised before the practices can begin to recruit interested patients. Richard will be asked to give an update at the next meeting

Action: Richard

- 6.1** A link to the Swindells report has been forwarded to the group. (Action closed)

4. Promoting Good Practice

4.1 Secure Transfer of Patient Data

Geoff Berry came to the previous meeting because of concerns raised by the Acute Trust with regard to secure transfer of data and procedures around the checking of generic email boxes. Geoff and Beverley have drafted procedures around this and the issue will be taken to the Acute Trust's IM&T Committee. Amir has sent an email to colleagues at the Acute Trust to encourage the use of NHS Mail as good practice. The SHA would be interested in the outcome of this. There is still great concern that the process needs to be carried out safely with regular checking of generic email addresses. The use of a generic email address to all patients who have access to medical records could be used to send out information such as flu

jabs etc., this would be useful and could be set up quite easily.

It was wondered if a list of poorly patients could be forwarded through to Go to Doc however this could only be done with proper security controls and consent in place.

4.2 Guidelines on Sharing Personal Information

Following an email to Colin from David Beckett, Go to Doc have drafted a guidance document concerning patients who lack the capacity to give consent or refuse treatment. As Hugh and David were unable to attend the meeting today this matter will be deferred until the next meeting.

4.3 Records of patients attending abortion counselling

Beverley had asked if this matter could be added to the agenda for discussion and had included notes of the Acute Trust Health Records Committee. The Committee had discussed women attending for abortion counselling but not having a termination as to whether this information should remain on their records. It was agreed by the Acute Trust Health Records Committee that this information should remain on the record, but considered that a separate section only accessible by the relevant people should be used to note information about this and other sensitive information until using 'sealed envelopes' becomes possible.

5. Update on proposals for use of the LCRDB budget

Richard had circulated to the group a note with regard to Caldicott Guardian meetings with patients and the public. The first meeting was held on 11th August at Thornley House. This meeting was well received and lessons were learned from the meeting. Future sessions are planned and staff at practices tendered will be informed of these sessions.

6. Items for information

6.1 NHS IG Guidance on use of patient data for research

The guidance issued by the Department of Health was discussed. Jenny reported that Pennine Care Trust has purchased USB data sticks that support encryption. It was also agreed that Colin would contact Barbara Hoyle at Pennine Care to find out some details about this.

Action: Colin

7. AOB

- 7.1 Mike Leigh suggested an Agenda Item for the next meeting around the next steps with regard to how we should proceed with further practices offering access to records, whether this should be two practices a time. Also whether a talk should be arranged to all practices as most will not have records access for patients in their business plans and to write out to practices to suggest that they include this in their plans over the next two years.
- 7.2 Since the Shipman Inquiry 10 years ago the MEN has reported that little has been done to prevent this happening again. Raj Patel has argued that lots has happened and many changes have been made especially with regard to procedures around cremations and records access.
- 7.3 Amir informed the group of a closed meeting with Lawrence Cotter, Dean of Manchester School held at Thornley House recently. It was agreed at this meeting that Lawrence will be developing materials on information governance and data sharing as part of the curriculum for medical school undergraduates.
- 7.3 The Patients Like Me website was demonstrated to the group which is USA based website and social networking site that has been given 5 billion pounds to produce. It was considered whether a link to this website should be added to the Thornley website. Problems were highlighted with regard to confidentiality as patients, pictures and where the patient lives is held on the site, also because it is a USA site some of the medications discussed are not licensed in the UK.