Patients’ rights to see records

On 1 November 1991 the Access to Health Records Act comes into force. It will not be retrospective, but the BMA fears that one consequence may be to change the way that health information is recorded. The BMA’s professional division has prepared guidelines on the act, which gives individuals the right of access, by application in writing, subject to certain exemptions, to information about themselves recorded in manually held records.

In most cases it will be the patient’s own general practitioner who will be asked to give access, but if the record is held by a hospital or a clinic the “appropriate health professional” must be consulted before the record is made available. The general practitioner will be able to charge £10—the sum is the same for computer held or manually held records—plus photocopying charges.

No information which a deceased person expected would be confidential at the time it was obtained may be revealed. No information at all may be revealed if the patient requested that his or her records should not be disclosed, and this has to be noted on the file.

BMA guidelines

The BMA’s guidelines are now available from the BMA secretariat; they include advice on the procedures to be followed:

- Applications for access will be made in writing directly to the person or body currently holding the record.
- The record holder must verify that the person applying is indeed the individual to whom the record relates or is entitled to apply on behalf of the person to whom it relates.
- If insufficient information is presented for the record holder to judge whether the person applying is the patient or is entitled to apply on the patient’s behalf the record holder has 14 days in which to ask the applicant to provide clarifying information.
- Once the record holder is sure the applicant is entitled to see the record the record holder must give access within certain time limits unless the information falls within the scope of that which cannot be disclosed.
- Where the application concerns access to notes made in the 40 day period immediately preceding the date of application the record holder has 21 days in which to give access to the record. If the record holder has had to seek further information to verify the identity of the applicant the 21 day period begins on the date that information is provided.
- Where the application concerns information recorded after 1 November 1991 and more than 40 days before the date of application the record holder has 40 days in which to give access. As above, the time limit for giving access begins on the date of verification of the applicant’s entitlement.
- If the record holder is a health service body (hospital, clinic, family health services authority, or health board) the holder cannot decide whether to give access until advice has been sought from the relevant health professional.
- Access can be given either by allowing the applicant to inspect the record or extract or by supplying him or her with a copy if this is requested.
- If the information that the applicant is entitled to have is unidentifiable to a lay person an explanation of the relevant terms must be provided. If in the opinion of the record holder it is unidentifiable without some information recorded before 1 November 1991 when the act comes into force the earlier information must be included unless there is an overriding strong reason for withholding it.

Furthermore, consultants may contract for a temporary additional notional half day for taking on “significant additional management responsibilities” in coordinating the development and the operation of medical audit in a hospital or district; as a clinical director; or in taking the lead in the resource management initiative.

The department has rejected any comparison between consultants’ additional management responsibilities and the advisory functions undertaken by general practitioners.

At the meeting of the GMSC last month some members suggested that general practitioners should be advised to introduce sanctions—for example, by refusing to sit on service committees. But others advised caution. The time to withdraw service, a former chairman, Dr J G Ball, warned, was when doctors had proved themselves indispensable. And Dr C H Zuckerman, secretary to the Birmingham Local Medical Committee, cautioned that regulations could soon be amended so that local medical committees were no longer the nominating body to service committees.

Meanwhile the GMSC plans to tell the new Secretary of State for Health its views on this advisory work.

BMA affairs

From the BMA

General practice matters

GP s want pay for advising FHSAs

General practitioners should be paid for advising family health services authorities (FHSAs), says the General Medical Services Committee. Full members are paid £5000 a year, but the department believes that when acting in an advisory capacity general practitioners are working “in the furtherance of public service.” There are already provisions for doctors to be paid when taking part in medical audit advisory work. The committee argues that the working practices imposed by the new contractual arrangements have made it impossible for doctors to find the time needed to enter into commitments, such as serving on medical service committees or FSHA subcommittees, without having to pay a locum or a partner to take on surgeries.

GMSC represents all GPs, chairman tells potential fundholders

Dr Ian Bogle has reminded a group of potential general practice fundholders that the General Medical Services Committee represents all general practitioners and that their views will be represented at meetings with the Department of Health. He and Dr John Callander, chairman of the GMSC’s NHS review working group, met over 40 doctors and practice managers in the North West Thames region on 15 November. A subsequent agreed press statement said:

The potential fundholding practices acknowledged the policy of the GMSC and Dr Bogle acknowledged the good faith of the potential fundholders in their attempts to improve patient care, and their belief that it could result in benefits to all patients.

Dr Bogle asked the group for information and questions that would help the negotiators when they met officials from the Department of Health in December to discuss the NHS review.