

HEALTH ARCHIVES GROUP

Minutes of the general meeting of the Health Archives Group, held on 26 May 2006 at St Bartholomew's Hospital, London

Present

Nick Baldwin	(Great Ormond Street Hospital Archives)
Rob Baker (Chair)	(Chelsea and Westminster Healthcare NHS Trust)
Caroline Brown	(University of Dundee)
Eleanor Burgess	(Healthcare Commission)
Sarah Coombs	(Barts and the London NHS Trust)
Samantha Farhall	(Royal Society of Medicine)
Colin Gale	(Bethlem Royal Hospital Archives and Museum)
Alex Ganotis	(Information Commissioner's Office)
Anne George	(Sheffield Archives)
Victoria Killick	(London School of Hygiene and Tropical Medicine)
Eva King	(Nursing and Midwifery Council)
Annie Lindsay	(UCL Hospitals)
David Martin	(Department of Health)
Jenny McDermott (Membership Sec.)	(Lothian Health Services Archive)
Kevin Mulley	(The National Archives)
Vicky Rea (Minutes Secretary)	(Royal Free Hampstead NHS Trust)
Catherine Redfern	(Barts and the London NHS Trust)
Stephen Soanes	(Institute of Psychiatry)
Laura Taylor	(London Metropolitan Archives)
Natalie Walters	(Wellcome Library)
Pat Whatley	(University of Dundee)
Kath Webb	(York Hospitals)

1. Apologies for absence

1.1 The following apologies for absence were received:

Gillian Alloway	(Luton and Dunstable Hospital)
Anne Barrett	(Imperial College Archives)
Elizabeth Boardman	(Oxfordshire Health Archives)
Geoff Browell	(King's College, London)
Kevin Brown	(St Mary's Hospital)
Lucy Burrow	(Cardiff University)
Tina Craig	(Royal College of Surgeons)
Tim D'Estrube	(Camden and Islington Mental Health and Social Care Trust)
Jonathan Evans	(Barts and the London NHS Trust)
Stuart Green	(Bradford Hospitals)
Jenny Haynes	(Royal College of Obstetricians and Gynaecologists)
Lorraine Nicholson	(IHRIM)
Carol Parry	(Royal College of Physicians and Surgeons of Glasgow)
Kate Richardson	(Barts and the London NHS Trust)
Hilary Ritchie	(Addenbrooke's Hospital)
Cerys Russell	(East Kent Archives Centre)
Julia Sheppard	(Wellcome Library)
Graham Stanley	(The National Archives)
Karen Waite	(Royal Cornwall Hospitals Trust)
Fiona Watson	(Northern Health Services Archive, Aberdeen)

2. Minutes of the last meeting

2.1 The minutes of the meeting held on 7 February 2006 were agreed as a true record.

2.2 Matters Arising

Rob Baker (RB) reported on the following:

2.2.1 Ref 5.1 Medical & Healthcare Subject Specialist Network meeting

There would be nothing to report on the Medical and Healthcare Subject Specialist Network until the steering group was able to apply for funding for implementation.

2.2.2 Ref 8.1 Wellcome meeting regarding armed forces medical records

The National Archives had heard that the curator of the Army Medical Services Museum (AMSM) was willing to accept custody and ownership of the records which were considered worthy of preservation.

2.2.3 Ref 10.1 Research Resource in Medical History programme

There would be another round of Research Resource in Medical History programme funding.

2.2.4 Ref 3. NHS Records Management Code of Practice & Information Governance Toolkit

The DoH hoped to produce the Code of Practice Road Map in June 2006.

3. Guidance on access to medical records of the deceased under the Freedom of Information of Act

3.1 Alex Ganotis (Information Commissioner's Office) gave a presentation on the work of the ICO and access to medical records of the deceased under FoI.

General points:

- Refusals to disclose had often gone unchallenged by applicants
- The most significant disclosures in the health sector had related to
 - surgeons' mortality records
 - MRSA figures
 - details of contracts between health authorities and private companies
- Most breaches had been over the 20 day time limit
- The ISO tried to resolve breaches informally before resorting to Decision Notices
- Public authorities could appeal against ISO decisions to the Information Tribunal

Access to patient records of the deceased:

- The ICO was going to issue guidance on this issue. The ICO guidance would reiterate the guidance given in the Society of Archivists' publication "For the Record". Where applicable, requests should be made under the Access to Health Records Act 1990. Requests for access to patient records of the deceased under FoI should be considered on a case-by-case basis. The key exemptions were:
 - personal information i.e. if disclosure of information from the records would identify living persons
 - health and safety of the applicant
 - prejudice to effective conduct of public affairs
 - actionable breach of confidence

- Human Rights Act 1988, Article 8 – the right to respect for private and family life. The ICO is considering whether this affords a right to privacy for the deceased.

Examples of cases the ICO is dealing with:

- Most were cases of the ICO advising applicants to apply for access under the Access to Health Records Act 1990 rather than the FoI Act
- Some were instances of trusts giving information on the basis of who the applicant was, i.e. giving access because the applicant was the next of kin.

3.2 David Martin (Digital Information Policy, NHS Connecting for Health, Department of Health) reported that the DoH took the view that deceased patients' medical records should not be disclosed. However, it was a complex area and policy would only evolve through case law.

4. University of Dundee

4.1 Patricia Whatley (Archivist, University of Dundee) gave a presentation on the flexible distance learning educational programmes offered by the University of Dundee Centre for Archive & Information Studies.

- Students could do their professional training by completing a full set of modules
- Existing professionals could take single modules for Continuing Professional Development
- Further details were available at: <http://www.dundee.ac.uk/armms/cais/>

4.2 Caroline Brown (Deputy Archivist, University of Dundee) gave a presentation entitled 'Unlocking the Medicine Chest: increasing access to medical records'.

- This project, supported by the Wellcome Trust Research Resources in Medical History programme, had enabled the medical collections held by the University of Dundee to be fully catalogued and preserved.
- The project had significantly increased access and had provided a rich research resource for a wide range of users including students, academics, family historians, local historians, biographers. The records were used for teaching in the university, for example teaching history students general research skills, and how to use sources beyond their original purpose. The records provided historical context for medical students. In addition, medical professionals had used the records for their evidential value, for example medical staff looking at old tests on cholesterol.
- The catalogues and a selection of images could be viewed online at: <http://134.36.1.31/dserve/dserve2/home/home.html>

5. Update from the HAG Committee

5.1 RB reported that the Committee was collecting HAG archives. He appealed to members to provide CR with copies of minutes and papers from early HAG meetings.

ACTION: ALL MEMBERS TO SEND MINUTES AND PAPERS FROM EARLY HAG MEETINGS TO CR

6. HAG Sub-groups

6.1 Records Management sub-group

- 6.1.1 CR appealed to members to send her policies and guidance documents that they had developed for their own organisations, with a view to creating a pool of best practice documents to share with other members. She would then circulate a list.

ACTION: ALL to send CR policies and guidance documents to share with other members

ACTION: CR to circulate a list of available 'best practice' policies and guidance documents

- 6.1.2 CR reported that she had been in contact with the DoH to raise queries about retention periods in the Code of Practice. She offered to share the DoH's responses, and members agreed it would be useful.

ACTION: CR to circulate responses from the DoH regarding retention periods in the CoP

6.2 Research value of health archives sub-group

- 6.2.1 VK reported on behalf of JH, that the first task of the Group was to map research use of health archives. It was recognised that members would keep their own statistics in different formats, however it should be possible to gather basic data e.g. number of researchers, geographic origin of researchers, type and purpose of research, subject of research – which could be used as evidence of the value of health archives as and when required.

6.3 Website sub-group

- 6.3.1 SC reported that Clara could host the HAG website for an annual fee of £30, and that she would set up the domain name as soon as the new HAG name was agreed.

ACTION: SC TO SET UP THE HARG DOMAIN NAME

7. Any Other Business

There was no urgent other business.

8. Date and Venue of the Next Meeting

- 8.1 It was proposed to hold the next meeting in Dundee. It was noted that HAG did not have a travel budget, so travel costs may prevent some members from the south from attending. However, it would be easier for Scottish members to attend.