

Minutes of Meeting between National Treatment Agency (NTA) and British Medical Association (BMA)

BMA House

28/11/07

Present -	Malcolm Roxburgh	-	Information Manager, NTA
	John Canning	-	Chair of General Practice Committee, BMA
	Rebecca Mussell	-	Senior Ethics Advisor, BMA
	Ali Rivett	-	Executive Officer, BMA

Apologies	Annette Dale-Perrera	-	Director of Quality, NTA
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We agreed at the outset of the meeting that only the questions on the Treatment Outcomes Profile (TOP) form that were about criminal activity were of concern to the BMA.

The NTA explained that there were studies that clearly indicated that criminal activity was a health related issue in this context and a reduction in crime was a healthcare outcome.

The BMA explained that their underlying concern about TOP data collection was that data collected from general practice systems was retained for 25 years longer than the patient's life span. Therefore, any incriminating information provided on the TOP form would effectively be a permanent record.

The NTA explained that there was currently no national plan to collect data about criminal involvement from general practice systems, and that the read code sets agreed with the clinical coding team at Connecting for Health did not include TOP data items. The NTA explained that the great majority of the data received from general practice was delivered to the NTA through shared care workers, whom commonly work for PCT's or Mental Health Trusts. This was not considered problematic by the BMA.

The BMA and the NTA agreed that one solution for data collection of TOP data from general practice would be through the use of a secure web-portal. This data would then be provided directly to the NTA, where the data would be destroyed after seven years in line with the Health Authority's record retention policy.

A second concern raised by the BMA was that there may be circumstances where a GP was professionally obliged to disclose information to criminal justice bodies where the client has admitted to a serious offence during a consultation.

The NTA explained that they did not think that the answers to the questions on the form would, by themselves, justify a disclosure (under Section 115 of the Crime and Disorder Act).

It was agreed that a disclosure of a more specific and serious nature may be prompted by the TOP questions. It was agreed that it was important to ensure that, prior to a consultation where TOP data was requested, clients understood that information about serious criminal involvement they shared with their GP may not be treated as confidential and GPs may be obliged to share the information on public interest or statutory grounds to the relevant authorities.

There was a discussion concerning the existing NDTMS confidentiality guidance. For example, that information would not be shared by the NTA with other government agencies or the police. The NTA explained that a guidance pack is provided to all services that supply data to the NDTMS, and that this has information sheets for treatment workers and clients explaining the use and limitations on the use of their personal data. We discussed the consenting process for the NDTMS. The NTA explained that client consent is required to share information and is indicated by a flag in the data. This flag has an audit trail associated with it, and that the NTA would be able to say at what point the consent was indicated for a record, and who had supplied that information the NTA.

A third concern raised by the BMA was that the volume and nature of the data requested was problematic for non-specialist GP's. It was agreed that the TOP data may be a reasonable requirement under specialist enhanced contracts.

The BMA sought, and were provided assurances that clients were free to refuse consent for the NDTMS, and that this would not affect an individuals access to treatment. There would also be no financial or contractual penalties for doctors whose clients did not give their consent to fill in any aspect of the form.

We agreed that we would exchange letters to clarify the position of the BMA and the NTA in relation to TOP.

MR

03/12/07