

CEL 13 (2008)

13 March 2008

Addressees

For action

Chief Executive, NHS Boards, Special Health Boards and National Services Scotland

For information

Medical Directors; Directors of Nursing and Directors of Human Resources in NHS Boards, Special Health Boards and National Services Scotland
Chief Constables
Local Authority Chief Executives
Procurator Fiscals
Royal Colleges
BMA
Trade Unions
General Medical Council

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Dear Colleague

INFORMATION SHARING BETWEEN NHS SCOTLAND AND THE POLICE

1. While the majority of patient contacts do not raise issues about public safety or the investigation of a crime, health professionals may come into contact with individuals who they suspect may have been involved in or injured as a consequence of a crime. In such cases they will need to balance their responsibilities for patient confidentiality with their wider public duty of promoting public safety and the prevention and detection of crime.

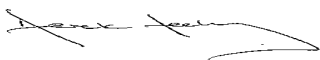
2. This letter encloses guidance, developed with the Association of Chief Police Officers Scotland, which sets out how NHS Boards should work with the Police Forces in their area to develop procedures which will ensure that health professionals employed or contracted by them have the training and support necessary to balance their responsibilities for patient confidentiality with their wider public protection duties.

Action

3. Chief Executives must:

- ensure that this letter and the attached guidance are brought to the attention of all appropriate staff; and
- nominate a Director to lead work to develop appropriate joint arrangements and procedures.

Yours sincerely



DEREK FEELEY

INFORMATION SHARING BETWEEN NHS SCOTLAND AND THE POLICE

**Guidance prepared by Scottish Government's Healthcare Policy and Strategy
Directorate and the Association of Chief Police Officers Scotland**

MARCH 2008

INFORMATION SHARING BETWEEN NHS SCOTLAND AND THE POLICE

Introduction

1. This document has been developed by the Scottish Government's Healthcare Policy and Strategy Directorate and the Association of Chief Police Officers Scotland. It sets out how NHS Boards and Police Forces should work together to develop a consistent approach to the sharing of information to promote the prevention and detection of crime, while respecting and safeguarding the interests of patients and the public in the confidentiality of personal health information.

Background

2. The vast majority of patient contacts do not raise issues about public safety or the investigation of a crime. However, many health professionals, including those in the Scottish Ambulance Service, A&E Departments, minor injury clinics, and GP surgeries, may have contact with individuals involved in - or injured as a consequence of - crimes. NHS Boards should operate policies and procedures which support health professionals employed or contracted by them adopt a consistent approach to the sharing of information to promote public safety and the prevention and detection of crime, while respecting and safeguarding the interests of patients and the public in the confidentiality of personal information.

3. While health professionals have a legal duty to provide confidential health care, the statutory provisions which govern this allow the sharing of information in appropriate circumstances to prevent or detect crime. Professional codes of practice also recognise this kind of co-operation is of key importance, and is an expected part of the health professional's role.

Action for NHS Boards

4. NHS Boards, working with the Police Force(s) in their area, should develop joint arrangements and procedures to ensure that:

- the health professionals employed or contracted by the Board have the training and support necessary to:
 - allow them to balance their responsibilities for patient confidentiality, with public safety and protection
 - operate local arrangements for processing a request to share information with the police
 - access local arrangements which minimise any risk which may arise if they have to provide information to the police without a patient's consent.
- senior NHS professionals and managers are able to access a single police point of contact which is available 24 hours a day to provide liaison on urgent information sharing issues and support the operation of the agreed procedures,
- sufficient senior police officers are trained to provide this Liaison Officer role;
- training in the agreed procedure is provided to all relevant NHS personnel, including independent contractors, and police officers;

- a poster which summarises local information sharing arrangements is provided in staff areas.

5. The information in the Appendices to this document is intended to assist NHS Boards and the Police Force(s) in their area develop appropriate local arrangements and procedures. It suggests that the NHS Boards should use the Local Data Sharing Partnership in their area, or a similar information sharing group which involves police, local authorities and other relevant agencies, to ensure that the arrangements required by this document sit well with the Board's wider information sharing responsibilities on, for example, Multi Agency Public Protection Arrangements, Child Protection, Vulnerable Adults, Drug Abusing Parents, Zero Tolerance, etc.

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INFORMATION SHARING BETWEEN NHS SCOTLAND AND THE POLICE

Introduction

1. The information in these appendices should be used by NHS Boards and the Police Forces to develop appropriate local arrangements and procedures for the sharing of information to promote the prevention and detection of crime, while respecting and safeguarding the interests of patients and the public in the confidentiality of personal health information.

Patient Confidentiality and Information Sharing

2. The NHS exists to provide a safe, high quality health service that is designed to meet the needs of patients and their carers and families. While all health professionals have a legal duty to provide confidential health care, the statutory¹ and professional² provisions which govern this allow the sharing of information in appropriate circumstances to prevent or detect crime.

Information Sharing for Public Protection and the Prevention and Detection of Crime

3. The effective and efficient sharing of information between the police and public bodies, such as the NHS, can be important for crime prevention, crime detection and public protection. This sharing is governed by legal provisions which aim to safeguard personal information and to promote the prevention or investigation of criminal acts. Information on the relevant legal provisions can be found in Appendix 2, while Appendix 3 summarises the procedures to be followed when a patient is suspected of being involved in a crime.

Police requests for information

4. In Scotland, investigation and prosecution of crime is undertaken under the direction of the Lord Advocate in the interests of the public as a whole. The role of the police is to investigate and report offenders to the appropriate prosecutor for the purposes of bringing them to justice.

5. Police requests for information sharing normally occur when the police are already present in support of a victim of a crime or where a patient is helping the police with their enquiries. Where, for example, the NHS has provided medical treatment to someone involved in a criminal act, the police will be required to obtain a statement, often within a very short time³, from the health professionals involved to establish the type and degree of seriousness of the injuries treated. The health

¹ <http://www.opsi.gov.uk/ACTS/acts1998/80029--d.htm#29>

² <http://www.confidentiality.scot.nhs.uk/publications/6074NHSCode.pdf>

³ police can detain a person for a maximum of 6 hours after which they must be released or arrested. A person cannot be detained twice under the same grounds. See Section 14(2) of the Criminal Procedure (Scotland) Act 1995 at http://www.opsi.gov.uk/acts/acts1995/ukpga_19950046_en_3#pt2-pb2-l1g14

professional may subsequently be required to attend Court to confirm their statement.

6. The Codes of Conduct of health professional bodies⁴ recognise that this kind of cooperation in the investigation of crime is an expected part of the health professional's role.

Deciding to share information where there is no police involvement

7. There will also be occasions where, with no police involvement, it is suspected that a patient:

- may have committed a crime
- may have been the victim of a criminal act
- could potentially pose a risk to people in the community
- is at risk of causing harm to themselves.

In these circumstances, the health service has a common law duty to disclose information to the police for the prevention of crime or the protection of public safety; however this duty must be appropriately balanced with its statutory responsibility of patient confidentiality.

8. The Board's protocol should therefore ensure that, wherever possible and practical, staff who may be required to balance their duty of patient confidentiality with their wider responsibilities for public safety and assisting the investigation of crime, have access to support from an appropriately trained senior colleague. A key element of this support will be to examine the seriousness of their concern about a patient. Among the issues to be considered would be whether:

- there is a legal requirement to report the issue
- there is a public safety or public health interest
- a crime would be prevented or detected or an offender apprehended
- involving the police would be in the interest of person concerned
- a vulnerable person in the community was at risk

and the requirements of other local protocols on, for example, Multi Agency Public Protection Arrangements, Child Protection, Vulnerable Adults, Drug Abusing Parents, Zero Tolerance.

Deciding whether to obtain the patient's consent

Where the patient is suspected of being a victim of a criminal act

9. Where it is suspected that a patient may have been a victim of a criminal act and there is no police involvement, the health service would, normally, offer the patient its support in informing the police about the circumstances of their injury. However, there will also be occasions where the patient cannot inform the police, or where the seriousness of the situation requires that the police are informed without obtaining the patient's consent, or where the patient has declined to give their

⁴ eg the GMC see paragraph 27 of <http://www.gmc-uk.org/guidance/current/library/confidentiality.asp>

consent. Where information has to be shared without obtaining the patient's consent, the NHS Board's protocol should set out how the health professional can consult senior colleagues, wherever possible and practical, before informing the police of their concerns.

Where the patient is suspected of having committed a criminal act

10. Where a patient is suspected of having committed a crime, and it is decided that the police need to be informed, a significant consideration will be whether trying to obtain the patient's consent to do so would prejudice any subsequent investigation, for example by allowing the person to abscond, destroy forensic or other evidence, or interfere with/intimidate potential witnesses. Once again, wherever possible and practical, the support of senior colleagues should be obtained before information is shared with the police.

How much information to share?

11. Where information is to be passed to the police without the patient's consent to do so, it will be important to pass only the minimum relevant and accurate information necessary. Wherever possible the health professional doing so should have access to support from senior colleagues during this process.

The Role of Senior Colleagues

12. NHS Boards should ensure that health professionals who could be required to balance their responsibilities for patient confidentiality with public safety and assisting the investigation of crime have ready access to support from a suitably trained line manager, senior colleague or other source of advice. This could be a professional lead, eg Supervisor of Midwives; a Caldicott Guardian; a Data Protection Officer; an Information Governance Lead, and additionally for GPs and independent contractors their Defence Union or professional body.

13. The senior person's role begins with supporting their colleague understand the local information sharing arrangements. If, subsequently, their colleague contacts them about a patient, their role is to support them examine the reasons for, and the seriousness of their concern (see paragraph 8) and, by so doing, help them balance their responsibilities for patient confidentiality and protection of the public.

14. If following this discussion, the senior person is unsure whether their colleague's concern is justified, and whether information about the patient would help protect public safety or assist the prevention or investigation of crime, they should arrange for the matter to be discussed with their local Police Force's Liaison Officer (see paragraph 27). In the majority of cases this initial discussion should be able to take place without the patient being named.

15. Where a health professional has raised concerns about a patient, it is their senior colleague's responsibility to ensure that they are informed of the decision taken in that case as quickly as possible.

16. Similarly, if a health professional feels that information they have provided to a senior colleague is not being acted upon, or the decision taken does not comply with the local information sharing protocol, they should discuss the matter with that colleague or the organisation's Caldicott Guardian.

17. The senior colleague is also responsible for ensuring that the decision process complies with relevant legal provisions and guidance, is documented and that a review is carried out to ensure that lessons are learned and local processes improved.

Support for Health Professionals

18. The one-to-one nature of some health professional's duties mean that the patient would know who shared information about them with the police without their consent. NHS Boards must put in place local arrangements to minimise any risk to staff who may find themselves in this situation, including training in the prevention and management of aggression⁵. Health professionals who feel at risk in this way should, in addition to the support available from their senior colleagues, have access to appropriate counselling support.

Request from other parts of the Criminal Justice system

19. Health professionals may also be required to share information at later stages in the criminal investigation process, for example following a request from eg the Procurator Fiscal. These requests are rarely time critical and are, normally, made in writing, see Appendix 4.

Documentation

20. It is important when considering whether to share patient confidential information to document the process followed, the decision made and any information provided. Appendix 4 provides guidance on the documentation which police and health professionals should use when requesting or providing information. The minimum information to be recorded is likely to be:

- the patient's identity
- name and designation of staff involved in decision process
- decision outcome (ie whether information has been disclosed)
- name(s) of the person(s) involved in disclosing the information
- the information disclosed and grounds for disclosure
- unique incident or crime number
- identity of police officer to whom the information is provided.

21. Where a decision is taken to share information without the patient's consent, consideration must be given to the possible implications of recording this within the patient's record. There may be circumstances where this might pose a risk to the staff concerned and, in these circumstances, it is suggested that locally agreed

⁵Prevention and Management of Aggression CRAG/SCOTMEG 1996
www.nice.org.uk/CG025quickrefguide

arrangements, for example using an Incident Reporting form, be used to record this information.

Anonymised information

22. In some cases passing anonymised information to the police may help to ensure public safety. There is evidence emerging from the work of the Violence Reduction Unit⁶ that working in partnership with the police to share anonymised information on injuries presenting to Accident and Emergency Departments can lead to improved analysis and understanding of patterns of crime, and assist in decisions about the deployment of police patrol officers. More targeted and therefore effective policing can reduce the number of injuries presenting to A&E Departments.

Sharing Information with the NHS

23. There will also be occasions where the police become aware that information they hold may be of benefit to the NHS, or where the NHS wish access to information which may be held by the police, for example where a patient's attitude or disposition gives rise to concerns for the safety of health professionals and/or other patients. In these circumstances limited relevant information about an individual may be shared.

24. The appropriateness of seeking the patient's consent to approaching the police must be assessed on a case by case basis. The NHS Board's protocol should require the health professionals to discuss their concerns with senior colleagues before approaching the police without a patient's consent.

25. The police will expect sufficient information from the NHS to judge the appropriateness of releasing the requested information. Appendix 4 provides guidance on the documentation which the health professional should use when requesting this information. A 'Section 29 form' for use by the NHS is at Appendix 7.

Links to other data sharing responsibilities

26. In January 2006, Local Authorities, NHS Boards and Police Forces were required to work together to ensure secure information sharing could take place between appropriate professionals, such as doctors, nurses, social workers and teachers. These local Data Sharing Partnerships⁷, or a similar strategic group which involves these agencies, should be used to ensure that the arrangements required by this document sit well with the Board's other information sharing responsibilities on, for example, Multi Agency Public Protection Arrangements, Child Protection, Vulnerable Adults, Drug Abusing Parents, Zero Tolerance.

27. Within the context of these local partnership arrangements, NHS Boards and the Police Force(s) in their area should work together to ensure sufficient senior police officers are trained to provide a single point of contact which is available 24 hours a day to support the operation of the agreed procedures.

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⁶ <http://www.strathclyde.police.uk/index.asp?locID=808&docID=-1>

⁷ <http://www.scotland.gov.uk/Topics/Government/DataStandardsAndeCare/Governance>

INFORMATION SHARING BETWEEN NHS SCOTLAND AND THE POLICE

LEGAL FRAMEWORK

Common Law Duty of Confidentiality

Patients' personal data are protected by the common law duty of confidentiality. This duty requires that confidential data may only be disclosed:

- with the consent of the individual to whom the information relates; OR
- if it is a legal requirement (eg required by a court order, Act of Parliament); OR
- if it is in the public interest (ie where the public interest in the specific circumstances of a case outweighs the individual's right to privacy).

Principle	Exemption
<p>The common law requires that information may not lawfully be disclosed when given in certain circumstances of confidentiality. Disclosure may breach confidentiality where the information:-</p> <ul style="list-style-type: none"> • has a 'quality of confidence' ie should not already be in the public domain and has sensitivity and value • is given in circumstances given rise to an 'obligation of confidence' on the part of the person to whom the information has been given eg the clinician • is used in a way that was not authorised. 	<p>The duty of confidentiality is not absolute and should not be a bar to information sharing. Disclosure can be justified if:-</p> <ul style="list-style-type: none"> • the information was not confidential in nature • the person to whom the duty is owed has consented to the disclosure • there is an overriding public interest in disclosing⁸ • disclosure is required by a court order or other legal obligation.

Information held in confidence can still be disclosed without the individual's consent, where it can be demonstrated that:

- it needs to be shared by law
- it is needed to prevent, detect or prosecute crime
- there is a public interest
- there is a risk of death or harm
- there is a public health interest
- it is in the interests of the person's health
- it is in the interests of the person concerned

Public interest criteria include:

- the administration of justice
- maintaining public safety
- the apprehension of offenders
- the prevention of crime and disorder
- the detection of crime and
- the protection of vulnerable members of the community.

⁸ <http://www.confidentiality.scot.nhs.uk/police.htm>

Data Protection Act 1998

Principle	Exemption
<p>The Data Protection Act 1998 (DPA 1998) prevents personal information being used for purposes other than that for which it has been collected. The Act outlines 8 principles of good information handling, specifically the data should be: -</p> <ul style="list-style-type: none"> • obtained and processed fairly and lawfully • obtained for one or more specified purposes • adequate, relevant and not excessive in relation to the purpose or purposes processed • accurate where possible kept up to date • kept for no longer than is necessary • processed in accordance with the rights of the data subject • stored using appropriate measures against accidental loss or destruction or damage to personal data • not transferred to a country outside the European Economic area unless that country ensures and adequate level of protection for the rights and freedoms of data subjects 	<p>Section 29 of the DPA 1998 provides that information can be disclosed without gaining an individual's consent where failure to gain the information would be likely to prejudice:</p> <ul style="list-style-type: none"> • the prevention or detection of crime • the apprehension or prosecution of offenders • the collection or assessment of any tax or duty <p>The conditions for sharing of 'personal information' most likely to apply to NHS is when it is necessary</p> <ol style="list-style-type: none"> a) for the administration of justice b) for the exercise of any functions conferred on any person by or under any enactment c) for the exercise of any functions of the Crown, a Minister of the Crown, or government department or d) for the exercise of any other functions of a public nature exercised in the public interest by any person. <p>Section 1 of the order also permits sharing of sensitive personal data that is</p> <ol style="list-style-type: none"> a) in the substantial public interest; b) necessary for the purposes of the prevention or detection of any unlawful act (or failure to act) and c) must necessarily be carried out without the explicit consent of the data subject being sought so as not to prejudice those (crime prevention/detection) purposes.

Police officers use a 'Section 29' exemption when making enquiries when, in their view, to seek the consent of or even inform the individual about the request for information would prejudice the investigation e.g. destroy forensic or other evidence, abscond or interfere with/intimidate potential witnesses.

Section 29 does not only apply to police officers, therefore NHS Staff can use such exemptions when providing 'personal data' or 'sensitive personal data' which has not specifically been requested.

A 'Section 29 form' for use by Police Forces is at Appendix 6 and for use by the NHS at Appendix 7.

Section 35 also permits disclosures if required by law or made in connection with legal proceedings etc.

The Human Rights Act, 1998

Human Rights Act 1998 imposes a duty on public authorities to act in accordance with the 'Convention Rights' contained in the European Convention on Human Rights that are listed in the Act.

Principle	Exemption
<p>Article 2.1 states that: <i>'Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally'</i></p>	<p>Article 2.2 qualifications relate to self defence from unlawful violence, to effect a lawful arrest or prevent the escape of a person lawfully detained or action taken lawfully to quell a riot or insurrection.</p>
<p>Article 3 states that: <i>'No one shall be subjected to torture or to inhuman or degrading treatment or punishment'</i>.</p>	<p>Article 3 is an absolute or unqualified right, which means that it must be respected in ALL circumstances. This Convention right could be relevant to the sharing of information about children, vulnerable adults or certain violent or sexual crimes.</p>
<p>Article 8.1 states that: <i>'Everyone has the right to respect for his private and family life'</i>.</p>	<p>As with many Convention rights, the right is qualified. Article 8.2 states <i>'there shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others'</i>.</p>

United Nations Convention on the Rights of the Child 1989

The Convention on the Rights of the Child was adopted by the United Nations General Assembly in 1989 and sets out the basic rights of all children and young people (under 18 years of age). The UK has an international obligation to reflect the provisions of the UNCRC in its policy and practice wherever possible.

The convention has 54 Articles in all, many deal with the technicalities of implementing the Convention. The Articles that are about individual rights include the right to:

- survival
- develop the fullest potential
- protection from all forms of abuse, neglect and exploitation
- To protection from dangerous drugs.

These rights could be relevant to the sharing of information about children or young persons who are being abused or are at risk of abuse or where there are concerns that a parent/ carer is adversely affecting a child/young person.

The Role of the Police

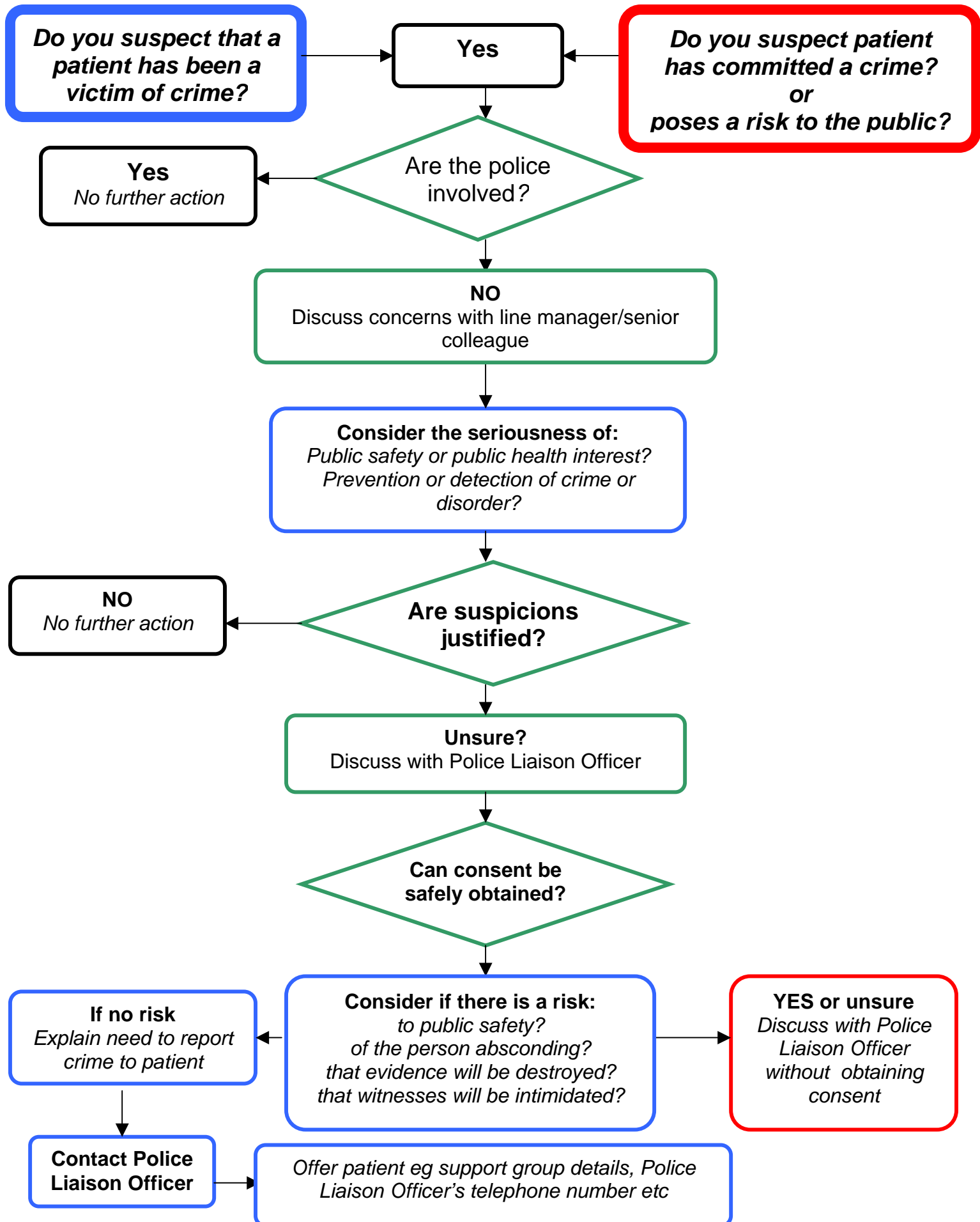
The Police (Scotland) Act 1967 lays down the general functions and jurisdiction of the police in Scotland:

'it shall be the duty of the constables of a police force, where an offence has been committed (whether within or out with the police area for which the police force is maintained) to take all such lawful measures, and make such reports to the appropriate prosecutor, as may be necessary for the purposes of bringing the offender, with all due speed, to justice'. Section 17(1)(b)

The police collect and record information for specific police purposes which are defined as:

- protecting life and property
- preserving order
- preventing the commission of crimes and offences
- bringing offenders to justice
- any duty or responsibility arising from common law or statute.

WHAT TO DO IF YOU SUSPECT A PATIENT HAS BEEN INVOLVED IN A CRIME



Documentation to be used by the Police and the NHS in requesting and providing information

Type of Request	Action by Police	Action by NHS Staff
<p>Witness Statement from NHS Staff</p> <p>A verbal request for time critical witness statement</p> <p>A written request for non-time critical witness statement</p>	<p>Police Officer* will provide:</p> <ul style="list-style-type: none"> • name, rank and identification number • unique Incident/crime number • reason for request for witness statement and the information required <p>Police Officer will:</p> <ul style="list-style-type: none"> • record statement in official notebook or major incident form • retain statement in compliance with Government Protective marking and ACPOS retention policy <p>Police will provide:</p> <ul style="list-style-type: none"> • name, rank and identification number • unique Incident/crime number • reason for request for witness statement and what information required 	<p>NHS will provide:</p> <ul style="list-style-type: none"> • witness statement detailing first hand account of something seen, heard or experienced. Clinical staff may also be able to provide evidence of opinion in addition to factual information. • verify statement by signing and dating official police notebook, major incident form or official reply. <p>NHS will: Complete local NHS incident reporting form and retain in accordance with local procedures</p> <p>NHS will provide:</p> <ul style="list-style-type: none"> • statement detailing first hand account of something seen, heard or experienced. Clinical staff may also be able to provide evidence of opinion in addition to factual information. • verify statement by signing and dating notebook or official reply <p>NHS will</p> <ul style="list-style-type: none"> • complete local NHS incident reporting form and retain in accordance with local procedures

*References to police officers in this annex include plain clothes officers who can additionally be asked to show their warrant card as identification

<p>Condition or Discharge Update Report</p> <p>A verbal request for time critical information</p> <p>A written request for non-time critical information</p>	<p>Police Officer will provide:</p> <ul style="list-style-type: none"> • name, rank and identification number • unique Incident/crime number • reason for request <p>Police Officer will:</p> <ul style="list-style-type: none"> • record update in official notebook • retain in compliance with Government Protective Marking and ACPOS retention policy <p>Police Officer will provide:</p> <ul style="list-style-type: none"> • name, rank and identification number • unique Incident/crime number • reason for request <p>Police Officer will</p> <ul style="list-style-type: none"> • record update in official notebook • retain in compliance with Government Protective Marking and ACPOS retention policy 	<p>NHS will provide the requested update</p> <p>NHS will complete local NHS incident reporting form and retain in accordance with local procedures</p> <p>NHS will provide the requested update</p> <p>NHS will complete local NHS incident reporting form and retain in accordance with local procedures</p>
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<p>Request for Personal Data</p> <p>Verbal request for time critical information authorised by supervisory police officer</p> <p>A written request for non-time critical information</p>	<p>Police Officer will provide:</p> <ul style="list-style-type: none"> • name, rank and identification number • unique Incident/crime number • reason for request <p>Police Officer will</p> <ul style="list-style-type: none"> • record information in official notebook • retain in compliance with Government Protective Marking and ACPOS retention policy • arrange for retrospective Section 29 form* to be sent to NHS under confidential cover <p>Police Officer will provide:</p> <ul style="list-style-type: none"> • as above and enclose Section 29 form* under confidential cover. 	<p>NHS will provide the information requested</p> <p>NHS will complete local NHS incident reporting form in accordance with local procedures and retain Section 29 form* with it when received</p> <p>NHS will provide the information requested and retain Section 29 form* and completed incident reporting form in accordance with local procedures.</p>
<p>Written request for information from a patient’s medical record</p>	<p>Police Officer will provide:</p> <ul style="list-style-type: none"> • Section 29 form* to NHS or • signed ‘consent’ form completed by subject of the enquiry. 	<p>NHS will provide information requested and retain Section 29 form*, consent document and completed incident reporting form in accordance with local procedures</p>
<p>Procurator Fiscal Request</p>	<p>Procurator Fiscal will provide letter delivered by Police or Recorded Mail</p>	<p>NHS will provide requested information and retain PF letter and completed incident reporting form in accordance with local procedures</p>
<p>Sheriff Court Warrant</p>	<p>Court will provide Sheriff’s Warrant delivered by Police or Recorded Mail</p>	<p>NHS will provide requested information and retain Warrant and completed incident reporting form in accordance with local procedures</p>

*A ‘Section 29 form’ for use by Police Forces is attached as Appendix 6

NHS requesting information from the Police

	Action by NHS Staff	Action by Police
<p>Information about criminal record or possible danger posed by patients</p> <p>A verbal request for time critical information</p>	<p>Complete Section 29 form giving:</p> <ul style="list-style-type: none"> • name and details of NHS staff member • contact telephone number for counter check • Email (if secure) or fax to the Police Liaison Officer 	<p>Assess information as requested.</p> <ul style="list-style-type: none"> • Check ID of requester. • Either fax or email response. • File a copy of request and file response
<p>Written request for not-time critical information</p>	<p>Complete Section 29 form as above and fax or email it to the Data Protection Unit or equivalent</p>	<p>Assess information as requested.</p> <ul style="list-style-type: none"> • Check ID of requester. • Either fax or email response • File a copy of request and file response

*A 'Section 29 form' for use by the NHS is attached as Appendix 7

YOUR RESPONSIBILITY FOR ENSURING PUBLIC SAFETY AND THE PREVENTION OF CRIME

If you suspect the patient you are treating:

- has committed a crime
- is a victim of crime
- could harm people in the community

IF THERE IS AN IMMEDIATE RISK TO PUBLIC/STAFF SAFETY CONTACT THE POLICE AT ONCE

Otherwise follow the following steps:

- Step 1.** Discuss the situation with the manager in charge of the department/ward/health centre/ambulance control.
- Step 2** Examine the seriousness of your concern. Points to consider include:

- *are you legally required to report the issue?*
- *is there a public safety or public health interest?*
- *could crime or disorder be prevented?*
- *could a crime be prevented or detected or an offender apprehended?*
- *would involving the police be in the interest of the person concerned?*
- *Is a vulnerable person in the community at risk?*

Other important pieces of information that can help you decide include:

- **Child Protection/Vulnerable Adult Guidelines**
- **Drug Abusing Parent Protocol**
- **Missing Person Protocol**
- **Zero Tolerance Protocol**

- Step 3** In consultations with your manager and others (e.g. clinical director, professional lead) decide if your concerns about the patient are justifiable. If so contact your Police Liaison Officer immediately.
- Step 4** Once you have done so document your findings using an incident reporting form and consider contacting:
- 1) **Communications Manager in case of media interest**
 - 2) **Senior Manager on duty for the Hospital/Health Care Centre.**

Your Key Local Numbers are: [this might include]

Line Manager:	Ext:
Duty Manager:	Ext:
Senior Clinician:	Ext:
Caldicott Guardian:	Ext:
Police Liaison Officer:	AAAA AAA AAAA

INFORMATION SHARING BETWEEN NHS SCOTLAND AND THE POLICE

Form for a Police Force to request disclosure of personal information

[Name of Police Force]

REQUEST FOR DISCLOSURE OF PERSONAL DATA

Data Protection Act 1998, Sections 28(1) and 29(3), Schedules 2 & 3

Contact Name:	_____	Collar Number:	_____
Address:	_____ _____		
Telephone:	_____		

I am making enquiries about the person named below, which are concerned with: -

- * (a) safeguarding national security
- * (b) the prevention or detection of crime
- * (c) the apprehension or prosecution of offenders
- * (d) in order to protect the vital interests of the data subject or another person, in a case where-
 - (i) consent cannot be given by or on behalf of the data subject, or
 - (ii) the data controller cannot reasonably be expected to obtain the consent of the data subject.

Name:	_____	Date of Birth:	_____
Address:	_____ _____		
Nature of Enquiry:	_____ _____ _____		
Incident No.	_____		

Reason that the information is necessary:

I certify that the data is required for the reason(s) stated above.

I understand that if any information on this form is omitted or wrong I may be committing an offence under Section 55 of the Data Protection Act, 1998.

Name and Number:	_____	Rank:	_____
Signed:	_____	Date:	_____

NOTE: Complete in duplicate. Original to Data User, copy to be retained by the officer/section concerned.

INFORMATION SHARING BETWEEN NHS SCOTLAND AND THE POLICE

Form for an NHS Board to request disclosure of personal information

[Name of NHS Board]

REQUEST FOR DISCLOSURE OF PERSONAL DATA Data Protection Act, 1998 Schedule 3(3)

Data User:	_____	Contact Name:	_____
Address:	_____ _____		
Telephone:	_____		

I am making enquiries in order to protect the vital interests of the person named below or another person

Name:	_____	Date of Birth:	_____
Address:	_____ _____ _____		
Nature of Enquiry:	_____ _____ _____ _____ _____		

Reason that the information is necessary:

_____ _____ _____ _____

I certify that the data is required for the reason(s) stated above.
I understand that if any information on this form is omitted or wrong I may be committing an offence under Section 55 of the Data Protection Act, 1998.

Name and Number:	_____	Position:	_____
Signed:	_____	Date:	_____

NOTE: Complete in duplicate. Original to Data User, copy to be retained by the officer/section concerned.