
STATUTORY INSTRUMENTS

1999 No. 1057 (S. 75)

NATIONAL HEALTH SERVICE, SCOTLAND

**The National Health Service (General Medical Services)
(Scotland) Amendment (No.2) Regulations 1999**

<i>Made</i>	- - - -	<i>29th March 1999</i>
<i>Laid before Parliament</i>		<i>1st April 1999</i>
<i>Coming into force</i>	- -	<i>1st May 1999</i>

The Secretary of State, in exercise of the powers conferred on him by sections 19, 105(7) and 108(1) of the National Health Service (Scotland) Act 1978(1) and of all other powers enabling him in that behalf, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the National Health Service (General Medical Services) (Scotland) Amendment (No.2) Regulations 1999 and shall come into force on 1st May 1999.

Amendment of the National Health Service (General Medical Services) (Scotland) Regulations 1995

2. In Schedule 1 to the National Health Service (General Medical Services) (Scotland) Regulations 1995(2) (terms of service for doctors), for paragraph 32 (records) substitute—

“Records

32.—(1) In this paragraph, “computerised records” means records created by way of entries on a computer.

(2) Subject to sub-paragraphs (4) and (5), a doctor shall keep adequate records of the illnesses and treatment of his patients providing such details as the Secretary of State may from time to time determine after consultation with an Organisation which is in his opinion representative of the general body of doctors, and shall do so—

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- (1) 1978 c. 29; section 19 was amended by the Health Services Act 1980 (c. 53) (“1980 Act”), section 7, by the Health and Social Services and Social Security Adjudications Act 1983 (c. 41) (“the 1983 Act”), Schedule 7, paragraph 2, by the Medical Act 1983 (c. 54), Schedule 5, paragraph 17(a), by the National Health Service and Community Care Act 1990 (c. 19), section 37 and by the Medical (Professional Performance) Act 1995 (c. 51), Schedule, paragraph 29(a) and is to be read with the Health and Medicines Act 1988 (c. 49), section 17; section 105(7) was amended by the 1980 Act, Schedule 6, paragraph 5 and Schedule 7 and by the 1983 Act, Schedule 9, paragraph 24; see section 108(1) for the definitions of “prescribed” and “regulations”.
- (2) S.I. 1995/416 to which there are amendments not relevant to this instrument.

- (a) on forms supplied to him for the purpose by the Health Board; or
- (b) by way of computerised records,

or in a combination of those two ways.

(3) Records to be kept by a doctor providing maternity medical services shall contain such particulars, including particulars of the services rendered by the doctor, as may be determined by the Secretary of State after such consultation as is mentioned in sub-paragraph (2).

(4) Where a doctor proposes to keep computerised records, he shall first obtain the written consent of the Health Board, unless records are also kept in terms of sub-paragraph (2)(a).

(5) The Health Board shall consent to a doctor's application to keep computerised records if it is satisfied that—

- (a) the computer system upon which he proposes to keep them has been accredited by the Secretary of State or another person on his behalf as satisfying the requirements contained in the Requirements for Accreditation for General Medical Practice Computer Systems in Scotland from time to time in force;
- (b) the security measures and the audit function incorporated into the computer system as accredited in accordance with paragraph (a) have been enabled; and
- (c) the doctor will comply with sub-paragraph (6),

and the Health Board may withdraw its consent if it ceases to be so satisfied.

(6) Where a doctor keeps computerised records he shall comply with such guidelines and directions pertaining thereto as may be issued by the Secretary of State.

(7) A doctor who keeps computerised records shall, as soon as possible following a request from the Health Board, allow the Health Board access to the information recorded on his computer system by means of the audit function referred to in sub-paragraph (5)(b).

(8) A doctor shall send the records relating to a patient to the Health Board—

- (a) as soon as possible, at the request of the Health Board; or
- (b) where a person on his list dies, before the end of the period of 14 days beginning with the date on which he was informed by the Health Board of the death, or (in any other case) before the end of the period of 30 days beginning with the date on which he learned of the death.

(9) To the extent that a patient's records are computerised records, a doctor complies with sub-paragraph (8) if he sends to the Health Board a copy of those records—

- (a) in written form; or
- (b) with the written consent of the Health Board, in any other form.

(10) The Health Board shall consent to the transmission of information other than in written form for the purposes of sub-paragraph (9)(b) if the doctor has specified—

- (a) how the record will be transmitted;
- (b) the format of the transmitted record;
- (c) how he will ensure that the record received by the Health Board is identical to that transmitted; and
- (d) how a written copy of the record can be produced by the Health Board,

and the Health Board is satisfied as to these matters; and the Health Board may withdraw its consent if it ceases to be so satisfied.

(11) Where a doctor keeps computerised records he shall not disable, or attempt to disable, either the security measures or the audit function referred to in sub-paragraph (5)(b)."

St Andrew's House,
Edinburgh
29th March 1999

Sam Galbraith
Minister for Health, Scottish Office

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations further amend the National Health Service (General Medical Services)(Scotland) Regulations 1995 ([S.I. 19951416](#)).

The terms of service for doctors contained in Schedule 1 to those Regulations are amended to enable doctors to keep medical records relating to their patients either on paper or on computer or both. Where a doctor wishes to keep records either wholly or partly on computer, he must first obtain the Health Board's consent.