

FUNCTION CREEPS?

Surveillance is part and parcel of a good public health system but there are limits. Most public health workers are aware that surveillance can have an adverse impact on those populations being studied, it can become intrusive and stigmatising. There is still room for debate and action on two surveillance systems currently being developed. The health community is beginning to ask questions and to voice doubts about the development of the NHS database of patient records, the Care Record Service aka "The Spine", and its relationship to the national ID Card scheme and its associated database the National Identity Register (NIR).

The BMA have raised concerns about the security of confidential information held on the Spine and are concerned that the public need to opt-out of the system rather than opt-in. At a LMC conference this summer 54% of delegates voted in favour of a proposal to advise GPs to consider withdrawing from the Spine, despite being reassured by a representative from Connecting for Health - the Team overseeing the project - that those with a "legitimate" reason for withholding information would be able to do so.

Even with the confidentiality and consent concerns there are still many who point to the health benefits to the patients and to populations. It's the link to the national ID card scheme that raises the deeper issues regarding the erosion of civil liberties and the potential for social control.

Government ministers have consistently denied that there will be a link between the NIR and the Spine. However following the collapse of yet another government database project earlier this year - the Citizens Information Project - the government announced that it intended to incorporate its functions with the NIR. Amongst the benefits described was the "NHS targeting specific citizen groups for screening campaigns". Earlier this year Andy Burnham, a junior Home Office minister with responsibility for promoting ID cards, said there was an "impressive benefits case" for use of ID cards by the NHS.

This subtle shifting of the goalposts is often described as "function creep". The evidence comes from our previous experience of ID cards during the Second World War. They were not abandoned until seven years after the war had finished. During that time their function had crept from the original food, clothing and Post Office transactions to a point where they were being used by 38 different government departments.

If the Care Records Service, or any other health service, is going to be linked to the NIR, there needs to be a full public debate to gauge public consent or dissent. If you work in the health service you need to have that debate now. Are you working for the government or for the public? Where do you stand on function creep?

If you wish to work with the Politics of Health Group on this or any other public health issues please contact Debbie at contact@pohg.org.uk