

9th September 2024.

Dear health colleague,

Further to [NHS England » Key principles for ensuring continuous health records of adopted children](#), NHS Safeguarding has received 113 enquiries seeking clarification about other party guidance with regards to protecting the continuity of the adopted child's records.

Whilst work is being undertaken to revise any other guidance, please find the considered clarification statement from NHS Safeguarding, which is a collective response reflecting on your enquiries.

Currently the process at its most simple is:

- An adoption order is made by a Court. This is true for both stranger adoptions and step-parent adoptions.
- The Court send a notification to the General Register Office (GRO) who in turn notify Patient Demographic Service (PDS) National Back Office (NBO)
- PDS NBO invalidate the original NHS number and allocate a new NHS number.
- This information is forwarded to Primary Care Support England (PCSE) who act as an intermediary with Primary Care General Practice and notify the General Practice of the change of NHS number and change of name.
- The General Practice then manage the actual process of ensuring the child's whole clinical record is under the new NHS number.
- The General Practice will need to work with other users of the same electronic record systems to ensure their records are also updated, such as local acute care units or community trusts.
- Currently the system has been set up so that only Primary Care GPs are automatically informed of the new NHS number.
- Local systems should be in place to disseminate that information to other health services since currently it is not possible for PDS NBO or PCSE to notify NHS Trusts nor Child Health Information Service (CHIService) at the same time.
- Even though the letter refers to the PCSE GP guidance, the records management principals are for all health records in all providers once they are notified of the adoption order status.
- **The only change is that the records are maintained intact.**

Notwithstanding any other centrally issued guidance by the Department of Health and Social Care or Department for Education, the records of adopted persons can only be placed under the new family / surname / last name when an adoption order has been granted. Before an adoption order is granted, an alias may be used but more commonly the birth names are used.

Medical records are covered by robust protocols for managing third party information and that if any redaction was required it would be considered if there was a request to view the records (SAR Subject access request by adopter or adoptee) hence adding the reminder on the records.

Please be advised to add the High Priority reminder – ‘This record may contain highly sensitive 3rd party information Ua0Xb (READ) 393547004 (SNOMED). Do not disclose 3rd party information without clarification with the Caldicott Guardian.’”

The clinical record supplier will be able to provide their own merge-records SOP. If you foresee further unintended consequences then maybe a conversation with TPP and EMISS directly would be appropriate – and please share any learning with us too.

If the change leads to breaches then we will need to address that with clearer guidance. You can help the system learn as you implement the change required.

Background

Each adopted child is an individual and their circumstances are all different. The clinical record is their record not anyone else’s.

We cannot know what information may be important to them as an adult as for any one’s medical record. We would argue it is even more important for adopted children.

This work has been undertaken to reduce clinical risk to ensure records stay intact so we all need to ensure this happens for the sake of our adopted children. We understand that this is a significant change of practice however the merge / replacing the new number on the old record is to ensure that the record is maintained in its entirety as it was the day before the adoption order was made when the child and their new family has the whole record.

All the information in communications and letters and in the journal is about the child and if it was on their record it is about them. That part of their life should not be erased.

When the child is placed for adoption there should have been work done on the record to mark in error all the administrative information about birth families and updated groups and relationships. This is no different from a child who goes into long term foster care /kinship care /special guardianship order. They are no longer looked after by their birth family but we don’t remove information about their early life from their record. They all have all the child protection history and conversations with biological parents. We have systems to manage 3rd party information in place already.

For clinicians having access to the whole record is important, many adopted children have complex health histories and understanding their previous management is very important.

This work has very much focused on community records as the paediatricians and nurses involved in the work over the years have sat in community services and acute trusts and worked with adopted and looked after children hearing their views on this

too. Many systems now follow the Leeds-approach since this includes all the important socio- environmental information.