

How secure is your patient data?

THE INFORMATION Commissioner, the UK's independent privacy watchdog, recently identified GPs as a data security risk. I wonder how long it will be before he turns his attention to consultants working in private practice.

The risks for consultants are similar to GPs who, as independent contractors and geographically dispersed, could put patient-sensitive data at risk without the right controls.

So, are consultants taking risks when transporting patient identifiable data? Definitely yes, according to the front-page news story.

Standard, unencrypted email is inherently insecure and should never be used to send confidential information. We need to be sure consultants do not use email inappropriately to send patient information.

Moving any data, electronic or otherwise, entails some risk. But



BY PETER CONNOR
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these can be minimised by best practice procedures for both access to and transmission of data.

Strong password protection, limiting access to data, and high encryption of any data in transit is the answer. Consultants should ensure these systems are in place.

My advice is to implement access restriction procedures to ensure patient data is available only to staff members who need it

to carry out their work. And any data that is copied or stored on portable devices, such as USB sticks, CDs and laptops, should be encrypted in such a way to make the data useless if it is lost.

A 'sleep-easy' option could be to use a professional data-exchange service for secure storage of patient information. Data is easily accessible and when information needs transmitting, say between hospital and consultant or between consultant and insurer, it is sent via a secure connection using the same level of encryption employed by UK banking systems.

Substantial fines can be imposed on organisations that commit serious breaches of the Data Protection Act. Consultants need to review data security in their practice and take steps to protect themselves as well as their patients.

'Buddies' will aid new private doctors

SHOULD WE do anything different for the next generation of consultants who want to work in the independent sector?

By common consent, these individuals will not have had the same volume of training and experience that existing consultants have had. But, by virtue of their consultant status, they will, however, have a right to work in the independent sector.

The well-seasoned in independent practice know only too well that it can be a lonely place. That support structure you got used to in the NHS is not there in your local private hospital. Consultants to date have managed pretty well, but what of the next generation?

At The Portland Hospital we have a special sensitivity to the management of risk, as we are the only substantial provider of private obstetric care. We have given this issue a great deal of thought



BY PETER J. CURTIS chief executive officer, The Portland Hospital

and the chairman of our medical advisory committee has had tremendous support for an idea we have developed to better manage that risk.

We call it providing new consultants with a named 'supporter', someone of the same specialty and an experienced member of

our hospital's medical society. It is someone who by definition knows our policies and procedures pretty much back to front and who also knows our staff, our equipment and our quirks.

It is someone who knows their way around. Our idea is that this person should be accessible for

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advice primarily of a clinical nature but also for other areas such as insurers or billing, rooms or medial secretaries and any other business issues.

By providing that formal relationship right from the start, we are convinced we can more safely and successfully introduce less experienced consultants into private practice. Since introducing this idea we have had an overwhelmingly positive response from the newest applicants to our medical society.