

# CASEWORK POLICY

Policy Title: Accessing Medical Records

Reference: CW-POL-18 Version: 3.0

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## The CCRC's Quality Statement

The CCRC is committed to achieving high-quality case reviews as quickly as possible. In order to achieve this, we operate under a Quality Management System; please see 'Q-POL-01 CCRC Quality Policy' for further information. Our policy documents are available on our website: www.ccrc.gov.uk.

If you or someone you represent has difficulty accessing the internet then please contact us via 0300 456 2669 (calls charged at local rate) and we will send a hardcopy of the relevant policy free of charge.

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#### Introduction

This document sets out the CCRC's policy on when and how it will use its legal powers under section 17 or 18A of the Criminal Appeal Act 1995 to obtain personal information from patient medical records.

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The CCRC will have regard to policy 'CW-POL-23 Witness Credibility Checks' for occasions when the use of the section 17 or 18A powers for medical records relate to the CCRC making enquiries to assess witness credibility.

## **Key Points**

- 1) Unless otherwise stated, all references to 'sections' are in relation to the Criminal Appeal Act 1995.
- 2) The CCRC places a high priority on respecting the confidentiality of patient medical records.
- 3) In deciding whether to use its legal powers to obtain medical records, the CCRC will have regard to its obligations under the European Convention on Human Rights (ECHR).
- 4) The CCRC will make enquiries only where those enquiries are necessary, reasonable, proportionate, strictly limited to what is required and in no way arbitrary.
- 5) If the CCRC has not sought the consent of the patient, the relevant public body will be provided with a summary of any information that has persuaded the CCRC not to seek consent.
- 6) The CCRC will seek no more than the level of disclosure necessary in each case.

## **Definitions**

Key Word	Meaning		
Commission	The CCRC		
ECHR	European Convention on Human Rights		
GP	General Practitioner (usually your doctor)		
NHS National Health Service			

# 1 The CCRC's power to obtain information from public bodies

1.1 A full explanation of the CCRC's legal powers under section 17 of the Criminal Appeal Act 1995 and information about how it approaches the exercise of those powers is set out in policy 'CW-POL-27 Power to Obtain Material from Public Bodies (s.17)'.

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- 1.2 Briefly stated, section 17 applies where the CCRC believes that a person serving in a public body has 'possession or control' of a document or other material which may assist the CCRC in the exercise of any of its functions. When requested to do so, a public body is under a duty to make such material available to the CCRC, providing such a request is reasonable.
- 1.3 Section 17(4) provides that the duty imposed on a public body is not affected "by any obligation of secrecy, or other limitation on disclosure (including any such obligation or limitation imposed by or by virtue of an enactment) which would otherwise prevent the production of the document or other material to the Commission or the giving of access to the Commission". In other words, the duty on a public body to comply with a notice under section 17 is not affected by matters such as the general sensitivity of the material, or medical confidentiality, or the existence of a court order for public interest immunity, or by legislation such as the Data Protection Acts or the Official Secrets Acts.

# 2 The CCRC's power to obtain information from private bodies or individuals

- 2.1 A full explanation of the CCRC's legal powers under section 18A and information about how it approaches the exercise of those powers is set out in policy 'CW-POL-28 Power to Obtain Material from Private Bodies and Individuals (s.18A)'.
- 2.2 In summary, section 18A gives the CCRC the power to apply to a Crown Court for an order compelling a private body or individual to provide material to the CCRC. In order to grant an order, the Court must think that the document or other material may assist the CCRC in the exercise of any of its functions.
- 2.3 Section 17(4) applies for the purposes of section 18A; the same provisions outlined above in <u>paragraph 1.3</u> apply to an order made under section 18A. Failure to comply with an order from the Crown Court would put an individual or company in contempt of Court and potentially subject to the associated sanctions.

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# 3 The CCRC's approach to obtaining medical records

- 3.1 The CCRC places a high priority on respecting the confidentiality of patient medical records and recognises the general public interest in ensuring that a frank and open relationship between patient and doctor can be maintained.
- 3.2 In deciding whether to use its legal powers to obtain medical records, the CCRC will have regard to its obligations under the European Convention on Human Rights (ECHR). Personal information, including official records and medical data, is protected by Article 8 of the ECHR. Making enquiries relating to medical information is an interference with a person's Article 8 ECHR rights unless the enquiry is "necessary in a democratic society for ... the protection of the rights and freedoms of others", in this case the applicant's right to a fair trial. The CCRC will make enquiries only where those enquiries are necessary, reasonable, proportionate, strictly limited to what is required and in no way arbitrary.
- 3.3 In any event, the CCRC will not make any attempt to access patient medical records unless it believes that at least one of the following conditions is satisfied:
  - The patient has given informed and voluntary consent (in writing) to the CCRC seeing his/her medical records.
  - II. All reasonable efforts have been made to obtain consent, but these have failed; **and** there is a real possibility that the medical records contain information without which the thoroughness of the CCRC's review would be significantly reduced in a relevant way.
  - III. There are grounds for the CCRC to believe that an approach to the patient might either:
    - Cause a risk of distress or harm to the patient that is disproportionate to the possible value of the information to the CCRC's review; or
    - b. Cause a risk of disorder or offending that is disproportionate to the possible value of the information to the review; or
    - c. Significantly compromise the integrity of the CCRC's enquiries

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<u>and</u> there is a real possibility that the medical records contain information without which the thoroughness of the CCRC's review would be significantly reduced in a relevant way.

- 3.4 If the CCRC has not sought the consent of the patient, the relevant public body will be provided with a summary of any information that has persuaded the CCRC not to seek consent. This is to assist the public body in assessing its own obligation to seek consent or to inform the patient that information has been provided to the CCRC.
- 3.5 The CCRC will seek no more than the level of disclosure necessary in each case. Where it is possible to do so, the CCRC will identify the precise nature of the information it seeks and request an extract from the patient's medical records. Where it is not possible to be specific, the entire record will be requested.

# 4 Procedure adopted by the CCRC

- 4.1 All decisions to access medical records, whether with or without patient consent, must be endorsed by a Group Leader, a reasoned decision being recorded in the case narrative.
- 4.2 Any decision to access medical records without patient consent must additionally be endorsed in by In-house Counsel, the reasoned decision being recorded in the case narrative.
- 4.3 In order to ensure that clear lines of legal responsibility and communication are maintained, when seeking to obtain patient medical records held by a GP the CCRC may:
  - a) Issue the relevant statutory notice to the Regional Medical Director or GP.
  - b) Copy the request to the Legal Team at <a href="mailto:england.legal@nhs.net">england.legal@nhs.net</a> (even for Welsh or Northern Ireland cases).
  - c) Provide the patient's consent (or the reasons why obtaining consent is impracticable or inappropriate).
  - d) If appropriate, require disclosure of relevant medical records within a specified period of time.

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e) Liaise with the relevant parties in relation to the return of the medical records.

# 5 The practical application of section 17 to medical records

- 5.1 NHS hospitals are public bodies and are therefore required to produce patient medical records to the CCRC when a reasonable request is made. Generally, the CCRC will issue a statutory notice under section 17 direct to the hospital concerned.
- 5.2 A GP practice is also a public body within the meaning of section 22. This is because the revenues consist wholly or mainly of money provided, through taxation, by Parliament or the Northern Ireland Assembly.

# 6 Medical records held by private hospitals

- 6.1 As private hospitals are by definition not public bodies, the CCRC will seek to use section 18A, as outlined above in Section 2.
- Where NHS medical care is provided within a private hospital, the terms of the contract will almost invariably create a similar situation, so that the NHS exercises 'control' over such medical records for the purposes of section 17.

## 7 Safeguards against onward disclosure

7.1 Within the CCRC, sensitive information is stored and handled under secure conditions. At some point in the review the CCRC may have to consider whether information contained in medical records should be disclosed. The CCRC's approach to disclosure of information is set out in policy 'CW-POL-19 Disclosure by the CCRC'.

## 8 Storage, Disclosure, and Disposal

8.1 Medical records obtained by the CCRC will be stored in accordance with section 8 of CW-POL-23.

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## **Appendices**

None

## **Relevant CCRC Documents**

Q-MAN-01 CCRC Quality Manual
Q-POL-01 CCRC Quality Policy
CW-POL-19 Disclosure by the CCRC
CW-POL-23 Witness Credibility Checks
CW-POL-27 Power to Obtain Material from Public Bodies
CW-POL-28 Power to Obtain Material from Private Bodies and Individuals

**Legal Documents** (available for free from <a href="www.legislation.gov.uk">www.legislation.gov.uk</a>) Criminal Appeal Act 1995

## **Document Control**

Document author: Head of Investigations

Issue authorised by: Director of Casework Operations

# **Version History**

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15/07/2021	1.0	First Issue	21/04
03/06/2024	2.0	Amended: 4.2, 5.2	24/13
		Deleted: 4.2 (subsections), 5.3, 5.4	
23/10/2025	3.0	Amended: 4.1.	25/24
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