

**Witness Name: DAVID HANSON**

**Statement No: WITN0439001**

**Dated: 16 April 2026**

## **THE NOTTINGHAM INQUIRY**

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### **FIRST WITNESS STATEMENT OF DAVID HANSON ON BEHALF OF PRIMARY CARE SUPPORT ENGLAND**

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I, David Thomas Hanson, will say as follows:

#### **Introduction**

1. I am the Head of Patient Services at Primary Care Support England (“**PCSE**”). I have been asked by PCSE to provide a witness statement to assist the Nottingham Inquiry (the “**Inquiry**”) with the matters set out in the Rule 9 Request dated 11 March 2026 (the “**Request**”).
2. PCSE is a service provided under contract to NHS England by Capita Business Services Limited (part of the Capita plc group, “**Capita**”). Capita is a process outsourcing and professional services company that provides a range of administrative, support, and technology services to public and private sector organisations in the United Kingdom, including under contract to NHS England.
3. PCSE is committed to supporting the Inquiry in its important work and on behalf of PCSE, I have provided the information contained in this statement to the best of our knowledge and ability in response to the Request.
4. I began working for Capita in May 2000 as an Administrator within the Pension Services department. During my progression through a number of operational

- roles, including Supervisor and Operations Manager, I attained relevant management qualifications, including a Level 7 Diploma in CMI Strategic Management and Leadership, a Level 5 Diploma in CMI Management and Leadership, a Level 3 Diploma in CMI First Line Management, and an NVQ Level 4 in Management. I have extensive experience in operations, and from September 2015 to April 2020, I worked as a Senior Operations Manager within Capita. In that role, I was responsible for document storage operations across several sites, including managing staff, ensuring regulatory compliance, working with supplier management, and improving processes.
5. Between April 2020 to October 2024, I held the role of Head of Operations in Capita's Intelligent Communications ("CIC") function, with overall accountability for records management services across four facilities, including the PCSE Medical Record service. Within this remit, CIC is responsible for the maintenance and management of archived records for patients who are no longer registered at practices or who are deceased, on behalf on PCSE. My role included overseeing the secure handling and movement of sensitive records, as well as ensuring effective service delivery and supporting clients.
  6. In October 2024, I became Head of Patient Services for the PCSE contract. In this role, I provide senior strategic and people leadership across Patient Services. My areas of responsibility within PCSE include managing patient registration processes for General Practitioner ("GP") practices, such as overseeing new registrations, removals, and updates to patient demographic information, overseeing the secure movement and tracking of paper medical records between GP practices, and maintaining the National Performers Lists for GPs, dentists, and opticians, which involves providing a digital platform for clinicians to manage their registration and compliance. This includes administering the processes and systems that ensure healthcare professionals are appropriately qualified and authorised to practise, managing patient registrations when automation is not possible, and resolving data quality issues.
  7. In my current role, I am accountable for ensuring that PCSE's services are delivered as effectively as possible. This includes meeting agreed targets and service levels, and overseeing risk management. I lead efforts to improve and

develop our services, ensuring any improvements or changes are delivered within agreed timescales and budgets. I also act as an operational lead for PCSE within NHS England, maintaining the client relationship and ensuring we fulfil our contractual commitments. I am also involved in resource planning, compliance, and providing leadership to our operational teams.

## **Background**

8. NHS England commissions PCSE to provide national digital, logistical, and administrative support services to primary care, including the physical movement of patient medical records.
9. PCSE Online (a web-based portal) and the PCSE Website support GP practices, dentists, opticians, pharmacists, commissioners, and other stakeholders in England by providing centralised systems for accessing and managing a range of services, including:
  - (a) Requesting removal of a patient from the practice list, raising enquiries relating to duplicate and confused NHS numbers assigned to patients, and changes in relation to patient adoption or gender;
  - (b) Overseeing the secure movement and tracking of paper medical records between GP practices;
  - (c) Processing electronic General Ophthalmic Services claims for optical practices, either through PCSE Online or via integration within third-party practice management systems;
  - (d) Administering GP payments and pensions and supporting associated financial processes through digital systems;
  - (e) Maintaining the National Performers Lists for GPs, dentists, and opticians, providing a digital platform for clinicians to manage their registration and compliance; and
  - (f) Managing pharmacy market entry, change of ownership processes, notifications of practice mergers and closures, and the ordering service

of NHS England-approved supplies, such as prescription pads and other essential materials.

10. In this capacity, PCSE is also responsible for facilitating the secure physical movement of patients' paper medical records when a patient transfers between GP practices, including:
  - (a) Transfers between GP practices within England where electronic transfer is not possible;
  - (b) Transfers into England from GP practices in another Home Nation (defined as Wales, Scotland, and Northern Ireland), including the Isle of Man; and
  - (c) Transfers out of England to GP practices in another Home Nation.
  
11. While PCSE's primary role is the movement of paper records, there are limited circumstances in which it is involved in transferring digital records. For example, PCSE repatriates loose clinical notes that are received in paper format and subsequently scanned into its Client Relationship Management system. These scanned notes are then sent electronically to the new GP practice, either by email or via a "Secure File Transfer Protocol," which is a standard networking protocol for the secure transfer of files between connected systems. "GMS3" forms (temporary resident forms from a practice where the patient is not registered but has had a consultation with a medical professional) are received in both paper and digital formats and sent electronically to the patient's registered GP practice by email. Full medical records are only sent as paper copies. However, in response to either an Urgent Medical Record or Incomplete Record request (see paragraph 51 below), PCSE may receive and forward an electronic patient summary or, in cases of missing records, a digital copy.
  
12. PCSE is not responsible for the electronic transfer of digitised medical records between GP practices in England. Such transfers are handled through an NHS England system to system messaging platform known as "GP2GP". Where records have been fully digitised and transferred successfully using GP2GP, as set out in NHS England's Standard General Medical Services (SGMS)

Contract, no paper record need to be physically moved by PCSE. The GMS Contract requires that when a patient registers with another provider (e.g. a GP practice), and the previous GP practice receives a request for the complete records, the practice must send the complete records via GP2GP and to send only those records held solely in paper form as hard copies.

13. Where historical paper medical records exist, electronic transfer via GP2GP cannot occur or fails, or a patient is transferring between GP practices in different Home Nations, as set out in the GMS Contract, the previous GP practice must print the patient's electronic record for transfer. PCSE then facilitates the physical movement of these records. PCSE communicates directly with GP practices regarding missing or incomplete records, only when notified by a GP practice of such an issue (see paragraph 51 below).
14. To ensure secure movement of physical records, PCSE provides or enables the printing of transit tracking labels, which are affixed by the GP practice to a sealed polybag containing the records. These polybags are sealable, opaque plastic bags, made from robust recycled material and featuring an adhesive peel-and-seal strip, to ensure the security, confidentiality, and integrity of the records during transit. Each label contains a barcode, which is scanned by the courier at defined points to provide an end-to-end audit trail.
15. PCSE does not access, review, validate, amend, summarise, or verify the contents of the medical records, which are sealed by the previous GP practice prior to collection. Responsibility for the accuracy and completeness of the record content remains with the GP practice that created and released the record. When processing records received from Wales or another Home Nation, PCSE uses the NHS number to identify the practice for onward movement, and its checks are limited to cross-referencing the patient's name and date of birth for accuracy.

### **Sharing of records within England**

16. When a patient registers with a new GP practice in England and their previous registration was also with an English GP practice, their electronic health record is transferred using GP2GP.

17. GP2GP is an NHS England-approved, system-to-system electronic messaging platform that enables the secure transfer of a patient's electronic medical record directly between GP clinical systems. It is designed to support continuity of care and reduce reliance on paper records.
18. Where a patient's medical record has been fully digitised, NHS England does not require any paper record to be transferred, as all clinical information is moved electronically via GP2GP.
19. If the record has not been fully digitised, or if GP2GP transfer fails, the previous GP practice must print the electronic record. That printed record, along with any paper records held, is then transferred physically using the PCSE-facilitated process described above.
20. Guidance published on the PCSE Website addresses concerns about incomplete paper medical records received by GPs in the Home Nations from England, such as empty "Lloyd George" envelopes. Lloyd George records are historical paper-based records for GP patients that were used across the United Kingdom before GP records were digitised. Many patients still have Lloyd George records containing information recorded prior to digitisation. In this service, once scanned, these paper records are also referred to as 'scanned paper notes.'
21. As GP2GP does not operate for patients moving from England to out of area practices, GPs are reminded that when a patient transfers to a GP in Wales, Scotland, or Northern Ireland and a request to transfer their record is received, the Lloyd George envelope should include a full printout of the electronic record and be sent via the PCSE process. GPs are reminded of this requirement through the PCSE website and webinars PCSE hold, and are advised to contact PCSE for support, if required. The GP practice remains responsible for transferring both electronic and paper Lloyd George notes and confidential information, having full regard to confidentiality and data protection requirements, the Records Management: NHS Code of Practice guidance [NUHT0000057], and any relevant guidance from NHS England or the

Information Commissioner's Office. PCSE is not responsible for ensuring records are complete.

### **Sharing of records between practices in England and Wales**

22. There is no electronic sharing of GP records via GP2GP between England and Wales, as GP2GP is an NHS England-approved system commissioned only for use between GP practices in England.
23. As such, electronic system-to-system transfer of primary care records is available only where both the previous and new GP practices are based in England. GP practices in Wales operate under NHS Wales systems and governance arrangements, which are not integrated with GP2GP. Consequently, when a patient transfers between England and Wales, records must instead be transferred in physical form, with the movement facilitated by PCSE.

### From England to Wales

24. When a patient registers with a Welsh GP practice following a previous registration with an English GP practice, PCSE issues a transit label to the English practice. The English practice prints the patient's medical record (where required and unless the records are already held on paper), seals it in a polybag, and attaches the transit label. The polybag is secured using the adhesive strip and the tracking label is affixed externally. Upon collection, the courier scans the label to confirm handover. If any visible damage is identified, the courier returns the bag to the practice for repackaging
25. Sealed polybags are transported to the local service centre, where vehicle checks are completed to ensure all bags have been offloaded and each bag is scanned on arrival, to identify the new GP practice. If damage is observed during processing, the bag is immediately placed into a separate secure sack, sealed, and sent to PCSE's medical records storage facility. There, PCSE staff identify the patient record, repackage it securely, following the same polybag procedure, before routing in onward. This process protects Patient Identifiable Data and maintains chain-of-custody integrity.

26. Within courier service centres, scanned medical-record bags are either stored temporarily before transfer or held for delivery to the new GP practice. Bags destined for the same practice are placed into practice-specific sacks, with each record scanned and checked against a manifest. Once full, the sack is sealed with a cable tie, affixed with a transit label identifying the receiving practice, scanned onto the delivery vehicle, and scanned off upon delivery to the new practice.

#### From Wales to England

27. Conversely, when a patient registers with an English GP practice after being registered with a Welsh GP practice, NHS Wales is responsible for collecting the medical record and / or printed electronic record from the Welsh practice. Records moving to England are consolidated by NHS Wales and delivered in bulk to the PCSE Medical Records Archive, the central archive for holding records of deregistered and deceased patients and processing those that cannot be transferred directly between GP practices. When records are processed in each service centre to identify their onward destination, they are sorted into ‘ In Area,’ where the new GP practice is part of that service centre, or ‘ Out of Area,’ where the new GP practice is not part of that service centre. Transit labels are used to identify the relevant location, whether that is another service centre, PCSE’s Medical Records Archive, or a Home Nation. All ‘ Out of Area’ records are collected regularly and taken to a central sortation location, where records for each service centre, archive, and Home Nation are collated and distributed onwards.
28. Banding and packing are undertaken in Wales, prior to delivery to PCSE. To ensure that records are kept complete and to prevent loss or mix up, records (typically A4 size) are secured within an A4 folder using elastic bands in a cross formation. PCSE considers that at least 90% of records from the Home Nations are A4-sized and banded this way. If bands are damaged, PCSE replaces them with higher quality bands. The remaining 10% of records arrive in one or more Lloyd George envelopes, which are also banded together if necessary.

29. Once banded, the records are placed inside a large polybag, which is packed to prevent movement. Upon arrival at the PCSE Medical Records Archive, the records are passed to PCSE. The records are then unpacked and placed into box, each typically containing 15-20 records. Each box is labelled with the number of records, date received, and the applicable area (e.g. Wales or Scotland), before being processed.
30. PCSE identifies the patient's current registered GP practice by using the patient's NHS number, name, and date of birth from the medical record, checking these details against the Personal Demographics Service ("PDS"), the national master database of all NHS patients in England, Wales, and the Isle of Man. Each patient's record is then placed in an individual polybag, sealed, and issued with a PCSE transit tracking label, before being dispatched to the new English GP practice via a secure courier.
31. When processing records, PCSE only verifies that information which identifies the patient; it does not assess the completeness or quality of the records, as this falls outside its remit. PCSE has not observed any discernible difference in timescales for transfer, or in the reported completeness or quality of records received, when comparing transfers from Wales to England with those within England.

#### **PCSE's role in record handling**

32. PCSE's role is limited to the collection, storage, redistribution, and tracking of paper medical records following a patient deduction or transfer. A 'patient deduction' refers to the removal of a patient from a GP practice for reasons other than registering with a new GP, such as moving outside the practice boundary without re-registering within 30 days, moving abroad, death, or unknown whereabouts. A 'transfer' occurs when a patient registers at a new GP practice whilst having an active registration at a previous one. The new registration results in the patient being deducted from the previous practice.
33. PCSE only receives records that are physically released and sent by GP practices or Home Nation services. It does not generate clinical records and

- has no visibility of, or access to, records retained by GP practices or transferred electronically via GP2GP.
34. PCSE does not have any involvement in, or form any view on, the actual contents of the shipping bags it receives. Medical records are sealed by the originating GP practice prior to transfer and PCSE assumes, without verification, that the bags contain the records as provided. PCSE is not responsible for the content, completeness, or clinical accuracy of the records it receives, and does not add to, remove from, review, summarise, or validate the contents. Responsibility for creating and ensuring the completeness of the medical record remains solely with the originating GP practice(s). PCSE does not assess the completeness or usefulness of the contents.
  35. Where a patient's record has been fully digitised, there may be little or no paper record to transfer. In such cases, PCSE may receive only a partial paper record or none at all, depending on what the GP practice has retained in physical form. This applies equally to records from England or Wales.
  36. PCSE may receive incomplete records, for example where historical parts of the record remain with a previous GP practice or were never forwarded. In such circumstances, PCSE's role is limited to checking its central storage and facilitating contact with the last known registered practice. PCSE does not reconstruct, amend, or supplement the record content.
  37. For cross-border transfers between England and Wales, PCSE is dependent on NHS Wales and Welsh GP practices to release and forward the records. PCSE can only process and forward what it receives.

**Records sent to a patient's new GP**

38. Where transfer via GP2GP cannot occur, or where the patient is transferring between different Home Nations, the records sent to the new GP practice are provided in paper form.
39. These typically include:

- (a) the Lloyd George envelope including any paper medical records (where one exists); and
  - (b) any printed electronic record produced by the previous GP practice where required.
- 40. The previous GP practice is responsible for identifying all paper records it holds and printing any electronic content for transfer. PCSE facilitates the secure physical movement of those records but does not determine their content.
- 41. PCSE is dependent on the previous GP practice to make the complete primary care record available for transfer, as it does not create, validate, or determine the contents of medical records.
- 42. The previous GP practice, as the data controller, is responsible for holding, maintaining, and releasing the full primary care record. PCSE's role is limited to facilitating the secure movement of records that have been released and provided for collection.
- 43. This responsibility includes:
  - (a) ensuring that all paper records held by the practice are made available; and
  - (b) printing and releasing any digitised electronic records where GP2GP transfer has failed or is not possible.
- 44. PCSE has no visibility of, or access to, records that are not released by the previous GP practice, and does not review, supplement, or verify record completeness. Any absence or incompleteness of records reflects what was held and provided by the previous GP practice, rather than PCSE.
- 45. The new GP practice is responsible for determining whether the records received are complete. If the records are incomplete, PCSE offers services to support the identification and transfer of the missing records to the practice (see paragraph 51 below).

#### Summary print-outs

46. PCSE does not prepare any summary print-out for a patient's new GP practice. Any summary, extract, or printed version of a patient's medical record is prepared by the previous GP practice, where required, including where electronic transfer via GP2GP has failed or is not possible.
47. PCSE's role is limited to facilitating the secure physical movement of the records provided by the GP practice. It does not create, compile, summarise, amend, or determine the content of any medical record or summary document, nor does it provide clinical interpretation or oversight.
48. PCSE does not have access to nor is it involved in verifying, the training, qualifications, or clinical competence of GP practice staff who prepare records or summary documentation. Those individuals are employed by and operate under the governance of the GP practice. PCSE does not provide policy or guidance on the processing or retention of records upon receipt.

#### GP requests for full set of records

49. When PCSE requests a patient's medical record to be returned following a patient deduction or transfer, the previous GP practice is expected to make all clinical information available for collection, including both paper records and, where applicable, printed electronic records if GP2GP transfer has failed or is not possible.
50. The movement of medical records can be tracked by GP practices in England via PCSE Online, which is managed through role-based access and user management by a practice 'super user' or 'main contact.' PCSE Online GP practices to:
  - (a) Track the status of inbound records;
  - (b) View a list of outbound records that need to be prepared for collection;
  - (c) Order additional tracking labels for large records or damaged labels;
  - (d) Order additional polybags when stocks at the practice are low; and

- (e) Move a record or paper-based clinical notes for which the practice does not have a label.
51. If the new GP practice receives only part of a record, or no record at all, there are two PCSE services available to support resolution:
- (a) Incomplete Medical Records

Where a record is received but appears to be missing a specific period or component, the new GP practice notifies PCSE. PCSE does not assess or validate the content or completeness of the records, but supports the practice by contacting previous GP practices where the patient was registered, to request any previous records, and specify what is outstanding if details have been provided. If missing information or records are identified, PCSE will facilitate their onward transfer to the new GP practice.
  - (b) Missing Medical Records

Where a record cannot be located, PCSE will contact all known last touch points in the record's journey, including storage providers and previous GP practices, to attempt to locate it. If found, the record will be forwarded to the new GP practice. Where the record cannot be located, PCSE will facilitate the provision of a reconstructed record, using any available clinical information. Further guidance for practices is available on PCSE's website [WITN0439002].
52. If a new GP practice requests a full set of records, there is no prohibition on the provision of such records by PCSE. PCSE does not withhold or filter information, and the scope of records provided is dependent solely on what has been released by the previous GP practice. PCSE's role is limited to facilitating the secure movement of those records and does not extend to the creation, amendment, or selective disclosure of record content. PCSE would only follow up with a previous GP practice if informed by the new practice that records were incomplete or missing.

## **Role of PCSE in VC' s transfer of primary care provider**

53. Patients' medical records and their associated movements are linked to an individual' s NHS Number and to registration and deduction events against it. When an NHS number is allocated to a patient, a record is created in the PDS (see paragraph 30, above).
54. To identify the date PCSE receives any particular set of patient records, PCSE will first identify the relevant individual' s NHS Number. This is done using the demographic details of the individual, with a search run on the NHS Demographic Spine Application, a user interface for the PDS and part of the Primary Care Registration Management ("**PCRM**" ) system. The PCRM system enables patients to register with GP practices and maintains a historical record of GP registrations. The system does not hold any clinical information, medical records, or documents, and no such information is available to PCSE through PCRM. Clinical records for registered patients are held by GP practices, which remain the data controller for those records while a patient is registered with them.
55. PCSE does not hold information as to the exact date on which records concerning VC were received from NHS Wales Shared Services Partnership and subsequently delivered to the new GP practice, University of Nottingham Health Service ("**UNHS**" ). However, a record under the relevant individual' s NHS number was sent to UNHS on 12 December 2017, as evidenced in PCSE' s Records Management Database [WITN0439003].
56. PCSE' s involvement in this process was limited to the facilitation of the physical movement of the record to UNHS.
57. PCSE does not hold any correspondence relating to the transfer of VC' s records. PCSE has reviewed its internal systems that hold information relating to complaints and enquiries regarding medical records and cannot find any other information in relation to VC prior to 2023. Correspondence was received on 8 September 2023 from UNHS, raising that they had not received a

deduction notification following VC being detained [WITN0439004]. The deduction was required to enable VC's record to be sent to Medical Record Storage for safe storage due to VC being deregistered. PCSE provided guidance on this, and the deduction notification was created by the practice.

58. PCSE does not have access to clinical systems to access medical records or create summaries, and is therefore satisfied that it holds no correspondence or documents relating to VC other than those already described above. PCSE is therefore unaware of the content or specific information that was provided to UNHS.

### **Recommendations**

59. While PCSE's remit is limited to the secure physical transfer of paper medical records and does not extend to the content, completeness, or clinical accuracy of those records, the current lack of interoperability between electronic record systems in England and the devolved Home Nations, such as the inability of GP2GP to facilitate electronic transfer of records between England and Wales, requires continued reliance on manual, paper-based processes.
60. PCSE deems the phased introduction of the National Document Repository ("NDR") by NHS England as a positive development in this regard. The NDR is a secure and centralised digital platform designed to modernise the management of patient medical records and enables GP practices and PCSE to upload, access, view, and download digitised medical records, including digitised Lloyd George paper records. The purpose of the service is to make patient information easier to locate, manage and share, while ensuring full compliance with national data protection requirements.
61. The NDR supports practices by, in our view, reducing the need for physical storage or third party storage solutions, lowering administrative burden during patient registration or movement, enabling faster responses to record requests, and ensuring that digitised medical records are stored securely. PCSE understands that the NDR team is planning for future expansion to include the Home Nations, with initial focus on Wales, and PCSE understands that ongoing dialogue is in place regarding this work.

62. PCSE supports the scope and functionality of the NDR being expanded nationally and, where possible, integrated with systems used by the Home Nations and other agencies involved in patient care and safeguarding. This would support more effective risk assessment, continuity of care, and collaborative working across organisational and geographical boundaries.

**Statement of Truth**

63. I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:                     **GRO-B**                    

Dated:           16/04/2026

**Index to First Witness Statement of DAVID HANSON**

<b>No.</b>	<b>Inquiry URN</b>	<b>Document Description</b>
1	NUHT0000057	Policy document, RE: Records Management NHS Code of Practice, NHS England
2	WITN0439002	Webpage showing guidance for missing and incomplete records
3	WITN0439003	Record from PCSE' s Records Management Database dated 12 December 2017
4	WITN0439004	Correspondence from UNHS dated 8 September 2023