



Dear Colleague

## GUIDANCE ON SHOTGUN AND FIREARMS MARKERS IN CLINICAL RECORDS

### Purpose

1. The intent of the communication is to highlight to clinical staff the terms and coding that would be used in GP clinical records to support the requirements of the recent [CMO/Police Scotland letter on Firearms licensing](#). GPs completing the Firearms Licensing Medical Information Proforma should do so after they have satisfied themselves that they have suitably comprehensive records to complete the form. The consent of the patient agreed in the application to the Firearms Officer allows Police Scotland to approach the GP and any specialist doctor who is treating and/or completing the Medical Information Proforma for the applicant, whether they are in the NHS or private, third sector or other sectors. Police Scotland always discuss this with the applicant and keep them updated on the progress of their enquiries.
2. GPs sharing Firearms Markers using KIS are advised that they do not need to seek specific consent from the patient prior to sharing this data given the legal basis outlined in Paragraphs 3 and 4 below. Duty of Confidentiality is satisfied by ensuring applicants have a reasonable expectation that their information may be shared between Police Scotland and registered medical practitioners as part of the assessment process. Other professional groups who provide patient care have a professional duty of confidentiality under the requirements of their registering organisation or employers. Implicit consent under Duty of Confidentiality is given by agreeing to take forward the Firearms Licence application process. This allows Police Scotland to approach, for example, the GP and any specialist doctor who is treating and/or completing the Medical Information Proforma for the applicant, whether they are in the NHS or private, third sector or other sectors.

From the Chief Medical Officer  
Professor Sir Gregor Smith

30 June 2022

SGHD/CMO(2022)28

#### Addresses

##### For action

NHS Board Medical Directors – to cascade to all doctors, including GPs  
Police Scotland

##### For information

NHS Board Directors of Public Health  
NHS Board and Special Board Chief Executives  
NHS Board and Special Board Chairs  
NHS Board Primary Care Leads  
NHS Board Leads for Forensic Medical Services  
SAS  
NHS24  
British Medical Association  
General Medical Council  
Medical and Dental Defence Union of Scotland  
Medical Protection Society  
Medical Defence Union  
Academy of Medical Royal Colleges and Faculties in Scotland  
COPFS – to cascade to Forensic Pathologists  
Care Inspectorate  
SPA

#### Further Enquiries to:

##### For clinical issues

Dr Mini Mishra  
Senior Medical Officer  
St Andrew's House  
EDINBURGH, EH1 3DG  
[Mini.mishra@gov.scot](mailto:Mini.mishra@gov.scot)

##### For policy issues

Mathew West  
Policy Officer  
Safer Communities Division  
[Firearms.enquiries@gov.scot](mailto:Firearms.enquiries@gov.scot)

##### For Police Scotland Firearms Licensing issues

[FirearmsLicensingPolicy@scotland.pnn.police.uk](mailto:FirearmsLicensingPolicy@scotland.pnn.police.uk)

Police Scotland always discuss this with the applicant and keep them updated on the progress of their enquiries.

3. The legal basis for sharing this information is covered by UK GDPR Article 6 as follows:
  - Public bodies (e.g. Police Scotland and public health bodies will rely on
    - Art. 6 (e) their public task: necessary to perform a task in the public interest or for official functions, and the task or function has a clear basis in law.
  - Private healthcare organisations: they are likely to rely on Art. 6(c) Legal obligation – the processing of the data, including sharing with Police Scotland, is necessary for these organisations to comply with the law (Firearms), Art. 6(d) Vital Interests - the processing is necessary to protect someone's life, or Art. 6 (f) Legitimate Interests (the provision of private healthcare services).
4. Since health data is categorised under UK GDPR, the processing is subject to the following conditions under Art. 9:
  - Art. 9 (g) for reasons of substantial public interest
  - Art. 9 (h) for health or social care purposes
  - Art. 9 (i) for archiving, research and statistics purposes following proportionate data minimisation controls (e.g. anonymisation as applicable).
5. Practitioners are reminded that the ultimate aim of this is to, as far as possible, protect patients, the public and health and social care staff from harm that may occur if medically unfit people have access to firearms.

### **Firearm and shotgun coding for GP IT Systems**

6. The revised [Firearms Licencing Medical Information Proforma](#) asks that GPs put a 'firearm application made' flag on the patient's clinical record and update this with a 'firearm certificate held' flag on a patient record when Police Scotland notify them that the certificate has been granted. In the case of Firearms Markers in Clinical Records, requirements under 'Duty of Confidentiality' (via the consent in the application form) and UKGDPR (as in paragraphs 3 and 4 above) must both be fulfilled.

The appropriate coding for this is as in the following table:

Term	For clinical systems using <b>Read v2</b> : or local system specific codes where indicated.  [Note that the stops are important parts of the code and must be included]		SNOMED CT
	EMIS PCS local code	Vision/Cegedim local code	
Has applied for firearm certificate	^ESCT1433382	9DP1.	1366291000000101
Has shotgun certificate		9DP0	812091000000109
No longer has shotgun certificate		9DV..	1033741000000102

Has firearm certificate	9DP..	812101000000101
No longer has firearm certificate	9DT..	1033721000000109

7. GPs are reminded of the importance of adding codes to indicate that a patient no longer has a certificate when they are notified by Police Scotland that a certificate is not granted (refused), revoked, or cancelled. The reason for Police Scotland's request to update and supercede the code/marker, to indicate that the individual no longer has a Firearms and/or Shotgun certificate, will not be divulged.
8. Renewals of certificates are managed before their expiry date and the marker only needs to be changed where you are notified by the Police that the applicant no longer has the firearms certificate and/or no longer has the shotgun certificate.
9. The previous [CMO/Police Scotland letter on information sharing](#) gave guidance that GPs should use of the Key Information Summary (KIS) to ensure patient safety by sharing details of the firearms/shotgun status via the KIS with other health and care professionals, including in hours and out of hours services. Information sharing by this means is covered by existing arrangements for sharing information within the NHS ([Intra NHS Scotland Information Sharing Accord](#)) and [PCA\(M\)\(2019\)15 - Joint Controller and Information Sharing Agreement between NHS Scotland Health Boards and GP Contractors](#)

### **Transfer of Patient Records between GP Practices**

10. Where the codes listed above are used, the GP2GP electronic record transfer process should transfer details of the shotgun/firearms coding between practices. Practices are reminded to ensure that they create appropriate alerts in their systems where these codes exist on incoming records, as well as creating a new KIS for any newly registered patients where this code is present.
11. Where GP patient record transfer is by means other than GP2GP, practices are reminded to ensure that their summarising processes highlight these codes, include them in their clinical records and create appropriate alerts and KIS.

### **Visibility in Unscheduled Care Services and Secondary Care**

12. Use of the KIS allows visibility of Firearms/ Shotgun status to be visible to other health and care professionals providing patient care. Clinicians are encouraged and reminded to consider this information appropriately when dealing with conditions where access to firearms may be deleterious to either individual patient, public safety or staff.
13. Clearly if a patient develops conditions while they hold a firearms and/or a shotgun licence, including as a firearms dealer (as below) which could affect a their suitability to possess a firearm or shotgun as noted in the previous CMO letter, the GP should highlight their concerns to Police Scotland (as per the [CMO/Police Scotland letter](#)):
  - Acute Stress Reaction or an acute reaction to the stress caused by a trauma including post-traumatic stress disorder
  - Suicidal thoughts or self-harm or harm to others
  - Depression or anxiety
  - Dementia
  - Mania, bipolar disorder or a psychotic illness
  - A personality disorder

- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition or combination of conditions, which may affect the safe possession of firearms or shotguns.

14. In addition to mental health and neurological conditions clinicians are reminded to consider other conditions such as those of a terminal or palliative nature where access to firearms may result in adverse outcomes e.g. completion of suicide.

15. Following a risk assessment of the circumstances, where necessary, teams should make contact with Police Scotland prior to attendance at a location where there are firearms/shotguns, to protect the personal safety of themselves and the general public.

### **Recording and Communication to patient's registered GP Practice by other GPs/GMC registered doctors**

16. GPs/GMC registered doctors, who are not from the patient's registered GP Practice, completing the Firearms Licensing Medical Information Proforma, should do so after they have satisfied themselves that they have suitably comprehensive records to complete the form.

17. They should record this activity in the clinical records of the patient.

18. Where the Firearms Licensing Medical Information Proforma is completed by a GP/GMC registered doctor, who is not from the applicant's registered GP practice, the Police will contact the applicant's registered GP practice and request a marker be placed on the patients clinical records and produce a KIS appropriately.

### **Action**

19. We would be grateful if you could ensure that the above process is implemented. Thank you very much for your support in this vitally important matter of public and personal safety and public interest.

Yours sincerely

*Gregor Smith*

**Professor Sir Gregor Smith**  
**Chief Medical Officer**