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NOTE, MAY 2025 – THIS PAGE WAS WRITTEN BEFORE THE RELEVANT LAW WAS COMMENCED AND THE SMALL SCALE PILOT BEGAN IN APRIL 2025. SEE <https://edyourself.org/pilot-areas-wales-cme-database/>

The Welsh government is currently consulting on a law making it compulsory for **Local Health Boards [LHB] and GPs** in Wales to **notify the local authority about all children between 5 and 16**, supplying the name, address, gender and date of birth for each child. As explained here, this amounts to half a million children <https://edyourself.org/gp-data-half-a-million-children-wales/>

The requirement for GPs to disclose data appears in regulation 4 of the Children Missing Education Database Regulations headed **Local Health Board and GMS contractor duty to disclose**. Read more [here](https://edyourself.org/data-sharing-childrens-database-wales/) <https://edyourself.org/data-sharing-childrens-database-wales/> This consultation CLOSED on 25.4.24.

GP Contracts

As explained in [this leaflet from the BMA](#) [British Medical Association] the majority of GP practices in Wales are run by **independent partnerships of GPs contracted by the Health Boards** to provide medical services according to the General Medical Services contract (GMS contract)

It is a condition of the contract that GPs must supply up-to-date patient lists to LHBs

PART 2
Patients

List of patients

- 22.—(1) The Local Health Board must prepare and keep up to date a list of the patients who have been—
- (a) accepted by the contractor for inclusion in the contractor's list of patients under paragraphs 22 to 25 and who have not been subsequently removed from that list under paragraphs 28 to 36, and
 - (b) assigned by the Local Health Board to the contractor's list of patients under—
 - (i) paragraph 43(1)(a), or
 - (ii) paragraph 43(1)(b) (by virtue of a determination of the assessment panel under paragraph 45(7) which has not subsequently been overturned by a determination by the Welsh Ministers under paragraph 46 or by a court).
- (2) The contractor must, upon receipt of a reasonable written request from the Local Health Board—
- (a) take appropriate steps (including contacting patients where reasonably necessary to confirm that their patient data is correct) as soon as is reasonably practicable, to correct and update patient data held on the practice's computerised clinical systems, and where necessary register or deregister patients to ensure that the patient list is accurate, and
 - (b) provide information relating to its list of patients to the Local Health Board as soon as is reasonably practicable and, in any event, no later than 30 days from the date on which the request was received by the contractor, in order to assist the Local Health Board in the exercise of its duties under sub-paragraph (1).

SOURCE = The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023
<https://www.legislation.gov.uk/wsi/2023/953/schedule/3/made>

For some reason the Welsh government wants GPs to pass **the same information to local authorities that they have given to the Local Health Board** even though the local authority will already be getting the data directly from the Health Board.

Last time the Welsh government tried to introduce a children's database, **family doctors were not included**. Read more [here https://edyourself.org/2024-wales-database-compared-with-2020/](https://edyourself.org/2024-wales-database-compared-with-2020/)

Section 29 Children Act 2004

The law behind the database is **section 29 of the Children Act 2004** as explained here <https://edyourself.org/legal-powers-for-childrens-database-wales/> Section 29 is the equivalent for Wales of section 12 of the Act for England. **Section 12 was the legislation for ContactPoint** for England which was scrapped in 2010.

Section 29(7) lists the people who are **required** to provide information for the database. **S29(7)(a)** covers everyone listed in section 28(1). These are people or bodies who *must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.* The list includes **Local Health Boards** but it does not include GPs so **the government will have to find a workaround if for whatever reason it specifically wants GPs to share directly with the local authority.**

28 Arrangements to safeguard and promote welfare: Wales

(1) This section applies to each of the following—

- (a) a **[F1]** local authority in Wales;
- (b) a Local Health Board;
- (c) an NHS trust all or most of whose hospitals, establishments and facilities are situated in Wales;
- (d) the **[F2]** local policing body and chief officer of police for a police area in Wales;
- (e) the British Transport Police Authority, so far as exercising functions in relation to Wales;

[F3] (ea) the National Crime Agency;

(f) a local probation board for an area in Wales;

[F4] (fa) the Secretary of State in relation to his functions under sections 2 and 3 of the Offender Management Act 2007, so far as they are exercisable in relation to Wales;

(g) a youth offending team for an area in Wales;

(h) the governor of a prison or secure training centre in Wales (or, in the case of a contracted out prison or secure training centre, its director);

[F5] (ha) the principal of a secure college in Wales;

(i) any person to the extent that he is providing services pursuant to arrangements made by a **[F1]** local authority in Wales under section 123(1)(b) of the Learning and Skills Act 2000 (c. 21) (youth support services).

(2) Each person and body to whom this section applies must make arrangements for ensuring that—

- (a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and

There is a way for the Welsh government to make this happen because **section 29(7)(f) gives the government the power to add more categories by way of secondary legislation**, namely *“a person or body of such other description as the Assembly may by regulations specify”*. **The Welsh government could use 29(7)(f) to make it compulsory for new categories of people to share children's details**, starting with GPs.

Children's Rights Impact Assessment

As identified [here on February 24th](#), the Children's Rights Impact Assessment leaves out any mention of family doctors which could compromise any *“targeted consultation”* with children if based on **incomplete or inaccurate information**, see screenshots below <https://www.gov.wales/childrens-rights-impact-assessment-draft-children-act-2004-children-missing-education-database>

The Children Act 2004 Children Missing Education Database regulations 2025 will require each local authority to establish and populate a database of all compulsory school age children in their area who are missing education, or the local authority has not been able to establish that they are in receipt of a suitable education. These regulations will also require local health boards (LHBs) to disclose to a local authority (LA) non-medical information to assist LAs in identifying children in their area that they do not know about, that is they are not known to the LA because they are not on a school roll, in education otherwise than at school (EOTAS) provision, known to be electively home-educated (EHE), or attending an independent school. The Education (Information about Children in Independent Schools) (Wales) Regulations 2025 will require independent schools to disclose to a local authority information regarding learners registered at their establishment. Both regulations provide the legal basis for the disclosure of data by local health boards and independent schools to LAs and will be made under existing powers of Welsh Ministers under section 29 of the Children Act 2004.

5. Communicating with Children and Young People

The previous consultation was open to all age groups and stakeholders. However, the consultation did not require respondents to provide their date of birth or age. Therefore, the Welsh Government does not hold this information.

Respondents felt that previous proposals were not proportionate, and as a result, the WG has refined the proposal which results in the database only including learners who are not in receipt of education as stated under article 28 of United Nations rights of child.

We will be consulting on the revised proposal, and this will again be open to all children and young people.

Given the complex nature of this work, we intend to undertake a targeted consultation with children and young people on these proposals as this is likely to be more effective in gauging and collating views. A child friendly version of the consultation documentation will be prepared to support this engagement.

Benefits Of GP List

One possible reason for local authorities to get children's names and addresses directly from GPs as well as from Local Health Boards is that it could be very useful for local councils to know which is the registered GP practice for any school-age child in the area **without having to ask the parent**, plus identifying those children who **don't** appear to be registered with a GP (since they will have school lists to compare)

Another possible reason is that the initial data disclosure will not provide names or contact details for parents, but if the GP practice is known then the local authority will be able to make **follow up enquiries with the individual doctors surgery** in order to complete the database records.

It would be very helpful if the Welsh government could explain its reasoning for adding GPs.

Public Consultation

There is a consultation on the proposed data sharing which closes on April 25th 2024. It includes a number of questions directed at GPs. The link for the consultation is here <https://www.gov.wales/node/59753/respond-online>



[GMC Response Wales CME Database Consultation](#)