TRANSCRIPT

Health Consumers Queensland Annual Forum 2018

Day 1

Let's get digital: My Health Record

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- **Matthew Ames, Co-chair, Australian Digital Health Agency**
- **Christine Bain, Gold Coast Primary Health Network**
- **Facilitated by Anne Curtis, Health Consumers Queensland**

Anne Curtis: Good afternoon. As you may all be aware or not aware, the Australian Government has made a decision that all Australians will have a My Health Record from this year. Unless you choose not to. So this is a really important subject. And to success it today and to inform you we have James Wilson with us, James is director of community partnerships at the Australian digital health agency, so James will talk about My Health Record and what it means, we have Christine with us, she's the communication manager with Gold Coast PHN and Christine will talk to you about the role of the PHNs around communication and engagement in regard to My Health Record. And to bring the consumer voice, we have Matthew with us, and Matthew is co-chair I hope I get this right, the Australian digital health agency so he will bring the consumer voice, we have a panel discussion at the end of their presentations where you will be able to ask questions and just to say that there may be a lot of questions around this, that Christine and the Brisbane North PHN staff are here today, they're outside, and so you're welcome to go and ask questions of them and tomorrow we'll have the Brisbane South PHN staff here to do the same so over to James.

James Wilson: Thank you Anne and thank you everyone for having us. I hope you enjoy our presentation over the next hour. I'd like to acknowledge the traditional owes and pay my respects to elders past present and emerging and I'd also acknowledge any Aboriginal people present here today. Is there a remote? For slides? This one here. OK. And we'll press green for go? No. We just have a video to open.

--- Video ---

(MUSIC)

My name is Julianna, this is the story of my son Harry and his journey through the health system. His running diagnosis at the moment the inflammatory bowel disease with liver disease. He became ill when he was three just before my second son was born, we tried a range of different treatment and eventually they found a combination of drugs that seemed to manage his symptoms, so he was on roughly 40 tablets a day, in the early days I used to plot his results on a spreadsheet, and that allowed the doctors to keep a track of what they were doing and how it was impacting him. Over time he reached year 102 doctors decided that it would be best if they removed his large bowel and all the things that I used to worry about was when he was in hospital he has an allergy and he used to wear that funny red hat and it was the only way they knew that he had an allergy.

After a period of recovery from the first operation, in year 12 he went back into hospital and had another big operation where they removed a whole lot of adhesions from his bowel. Every time I hat to go for an appointment they had to send a request ahead of time to have my records brought to my specialists on a little trolley because there were so many of them but now it just makes so much more essential that something like that should be digitalised. When Harry moved to adult care his 17 years worth of medical records was condensed into a three page referral letter. I knew it would mean that my new new specialist deny come at it from the perspective of understand where I came from as a patient which was difficult to deal with at first and quite frustrating, undoubtedly one of the biggest benefits for me as a patient is I can now access my medical record on an app on my phone which is if if you're somewhere my age goes with you everywhere irrespective of where you go and that is incredibly powerful because it means that my specialists and nursing staff and my psychologist know everything they need to know about me without me having to communicate it to them which saves them time, it saves me time and it mean that the care I efficient is a higher quality and it's more efficient in how quickly it's delivered.

--- Video ends ---

James Wilson: More than 5.8 million Australians are already using the My Health Record and have chosen to create one. The Turnbull Government is investing $374 million to further expand the system allowing every Australian to have a My Health

Record by December 2018. Unless they choose to opt out which we've heard from Anne. The opt out period will commence on 16 July and will end on 15 October. Christine will talk a bit more about the communications activity. But essentially communications with community will commence during the opt out period, materials are currently being Sen to a large number of stakeholders ahead of this time. Coordination, I'm getting there I think. Most of us use technology in our daily lives. Online banking, ride sharing for example, those of you who called an Uber to get here, show of hands? There's a couple. Maybe more taxis are more common here in Brisbane. Google maps and most of us would on own at least one smartphone, I own two. Most of you would be aware that we have a very disconnected health S many of you waste your time chasing your own health information to attend appointments now in the current status most health care professionals and practitioners generally want to provide the best care for their patient, health care historically has been siloed with information not being easily accessible between different health care practitioners and information is at risk sometimes of getting lost or it takes too long to get to clinicians to provide direct care and the number of times where information has gone missing when an appointment is there can be really frustrating for people and currently information is being sent over insecure means, such as email and dare I mention it fax machines because what could possibly go wrong if a fax goes to the wrong place. A coordinated and widely available electronic health care record would put you in the driver's seat of your health care.

My Health Record will lead to an improved health outcomes and assist with more streamlined health care experience. We're actually going on track, I'm getting the technologies, hope everyone is OK with the pace. My health care, My Health Record is a secure online summary of your health information and as a consumer you can choose who it's shared with, choose who can access it and choose what's in it and ultimately you can choose to opt out if you choose to but there are some benefits, the My Health Record system operates under the My Health Record Act of 2012. And the Act establishes the role, the functions of the system, a registration framework which is the IT system as well as importantly a privacy framework and the Commonwealth Department of Health is the policy owner of the My Health Record. The slide that we see occupy here now is the different types of documents that will go into a My Health Record.

The My Health Record is a summary of your health information. It is not the detailed history that you might have at your GP or at a local hospital or if you've been to a few local hospitals you may have five records one at each facility, this is a summary that is portable and you can take with you. There are shared health summaries that are general practice can populate, event summaries can come through allied health and aged care eventually, that is not fully functional at this point. Discharge summaries from hospital, specialist letters, pathology diagnostic imaging reports, the amount of times where I've been given a printout of your blood results and do people file it? In your recycling bin but hopefully somewhere you can't find it. Medicines prescriptions and dispense records, can be viewed in the My Health Record and eventually referrals to in addition to this consumers can include their own information about their own health care that being your health history, the example of Harry, Harry is a consumer representative or the digital health agency, he's 22, and he's very proactive with his health history and has populated his own health notes which is information that only he can see unless he shares it with clinicians, the other information that you can upload as a consumer is advanced care directives and documentation, I'm from NSW, and currently in a NSW hospital or system advanced care directives sit with the facility, not the individual so for example if you get admitted to a hospital and it's got your advanced care directive in another site it needs to be transfered over. It has been identified that the My Health Record would have the following benefits avoid adverse drug events improve systems, it will enhance patient self-management through having access to summary of your health information, there'll be improvements in patient outcomes through improvements in care coordination, some reduced time in gathering information as well as avoided duplication of services, including diagnostic imaging and pathology, currently if you go to one GP at the start of a week and get some bloods done it's not uncommon for some people to get sick and go into another GP to get the same set of blood done within a seven day period and the GPs sometimes don't talk to each other. If you can have that coordinated information it would save that duplicate testing, not - I guess the process of getting the tests but also around the information there.

A significant proportion of medical errors. What we do know is that having increased accessibility to patient information such as a My Health Record about two to 3% of hospital admissions are caused by medication errors which is every year is 230,000 people per year and the cost of that is about $1.2 billion annually and that's 2-3% of the option, two of three patients experience a medication error on admission, the My Health Record gives doctors as you're entering that information on what medications people are taking, rather than you walking in with a bag of drugs or a list that includes colours of medications, and over 3% of people staying in hospital experience an adverse drug reaction as a cause of or during admission to an Australian, found that over so% of these were considered to be life threatening, that's pretty significant.

About 12-13% of discharge summaries contain medication errors and that's about two per patient which is significant. It's estimated that about 50% of adverse drug reactions could be avoidable with a My Health Record. You might be wandering who can access your record. Privacy has certainly been called out as an issue or concern for consumers and also in relation to when can people access the record and under what circumstances? A person can control who act accessing their My Health Record in several way, the full slide is up there. They can choose to decline access to a specific document in their My Health Record, not have it uploaded and that's a conversation that you can have with your GP. It's around a consensual conversation around as a GP to a patient, do you consent to that information being uploaded and people have a right to say, "No I don't."

The only other time that someone can access a My Health Record record in the legislation is in an emergency, a clinician can exercise a break glass facility and that means that you're unconscious, they want to know if you're only any medication they can see that information there but this is an instances that carefully monitored and reported to a person. For example, a carer is not available to give consent, that's when the clinician can access it only in that emergency. There's an audit log so whenever someone logs in the details when they're there their status, their approved access is recorded, there are fines of up to $160,000 for unauthorised access plus two years in jail. This access to privacy is pretty serious. All instances are monitored and recorded. Matthew will call out some of the functionality later. The information in the My Health Record is for the patient and their health care providers and it's governed by the Australian privacy commissioner and they're the independent regulator of the privacy aspects of the My Health Record.

They provide advise to health care providers and assess data breach, the commissioner can also conduct an investigation without receiving a complaint if there's mishandling of personal information in the My Health Record suspected and as the consumer you have a right to call that out and contact the commissioner if you're concerned. The commissioner's office can help health care providers and understand their privacy obligations as well as answer questions individuals might have around handling their private and personal information. As the agency we are committed to ensuring every Australian benefits from having a My Health Record.

However, we do know that not every individual want to have one and I've said that and that or that is part of the reason why there is an opt out period. This is why every Australian will be given the opportunity this year to opt out from having a My Health Record created for them. In closing, our message is your health record is your hands and as Harry called out around having information around his mobile he takes it with him whenever he goes. He and many are embracing this concept placing themselves in the driver seat of their health care journey. Thank you.
APPLAUSE

James Wilson: I'd like to hand over to Christine. Just turn the mike down a little bit.

Christine Bain: To begin, I would like to firstly take this opportunity to acknowledge the traditional owners on whose land we meet today and pay our respects to elders past present and emerging, my first question is who here has a My Health Record? Hands up? That's very impressive. Well done everyone. Who here obviously dent have one has heard about a My Health Record? That's pretty good and out of who leer that's heard about it thinking that it's a good thing or doesn't know? So there's a mix in the audience. One of the rows that we're doing at the moment is a significant national community engagement and awareness campaign to we want to reach all Australians and let them know about the fact that everybody by the end of this year will have a My Health Record set up for them unless they choose not to have one.

So obviously it's a huge job for us to make sure that we at least let people know about what a My Health Record is and the benefits and then people can make an informed choice about whether they want to then have that record set up for them or opt out. Basically, the way we're going to engage the community and this has already begun in the last two or three months, which will increase as we move to the opt-out phase which James mentioned will start on 16 July and we basically are going to be involved in a multifaceted, multilayered and hugely targeted campaign. So basically we have a number of target groups that we want to reach so obviously there is the general public which is you and I and everybody, pretty much but we also want to ensure that we reach a number of other specific groups and there's a lot of work that's being done at the moment around the planning of information and activities to specifically reach those groups and as I've explained up here we're really targeting rural and remote communities, multicultural communities, Aboriginal and Torres Strait Islander people, people with a mental illness, people with chronic conditions, the disability sector and older Australians. What's happening is I work for Gold Coast primary health network and we're the Queensland hub for communication and engagement activities across the State for My Health Record.

So what that means is that I'm basically working with all my PHN colleagues across Queensland to make sure that all of our engagement is targeted and localised so that we can basically have the best chance of reaching local communities. So one of the pillars of our campaign is local grassroots engagement and when I say that it's things like this, it's being able to come to forums and be able to talk to consumers and people, a, to obviously inform you about what is going to be happening this year but also from our perspective to get feedback from you about ways we might be able to better reach and target people to provide information as I explained so that they can make an informed decision about their health record. It's a great opportunity for us to be here and we will be answering a number of questions straight after this presentation and we have a panel discussion so that you can do just that. As part of that, we basically, every primary health network has dedicated community engagement staff that have a mandate to get out in their local communities and engage, in other words talk to people about My Health Record. There are a couple of trial sites that were done around the opt out process, and that was Cairns and also North Queensland and the Blue Mountains and some of the research and findings from that which was significant engagement activities was that grassroots engagement and face-to-face engagement as a significantly important part of the campaign because talking to you face-to-face you can ask questions, you can discuss your concerns, your feedback can be fed back through the system and we can also make sure that obviously there is significant involvement engagement with consumers and it's just a critical part of our campaign so I don't think there's be many other campaigns that I can think of where such a lot of time and resources have been implemented across all of Queensland to get out and into the communities and talk to people. Just out of interest, how many people here are from western Queensland? We have a couple. What about central Queensland? We have a few more. Sunshine Coast? Got quite a few more. Very nice part of the world. But basically we have primary health networks in seven different regions in Queensland, including all the regions I just mentioned. And they're basically getting out into the communities and they're going to a range of different things, as I mentioned here, they're going to your local shows, to events they're liaising with all your key stake holder groups, basically the advantages of the primary health networks getting out and doing engagement is that they're already doing it and most primary health networks have consumer advisory committees a, a number of those committees are also being consulted around My Health Record and a number of consumer champions are come from those committees as well so that they can go out into the communities as well and at least talk to people about what a My Health Record is. We estimate that we are going to literally reach hundreds of thousands of people through this engagement activities, on the Gold Coast alone, for the last three months we've had engagement staff basically stationed there and all she's done literally is meet people and setting up meetings, going to events and so far she's probably engaged face-to-face directly with well over 2,000 people and she's potentially reached another 20,000 at the event and when I say face-to-face you might have 2,000 at the event, people can get information and take it but it's the people to whom she gives her time to also provide feedback because obviously communication is a two-way street and we value that feedback, so it's a very important mechanism for us and that's basically what's being rolled out on an even bigger scale from July right through to October. As we obviously continue to inform people about the initiative. As I mentioned here there's also a lot of engagement happening through the PHNs and also I'm also meeting a lot of peak health organisations for example across Queensland, we're also meeting consumer groups, Government organisations, a whole range of different groups to again get our message out so anyone who has any influence in the community or is out and about in the community we basically want to inform them so they can inform their clients or their consumers as swell so again this is a significant part of our engagement campaign. Supporting that campaign, as I mentioned which is a very diverse, that we have a wide range of advertising options, that are basically being developed by each State. As I said, one of the huge things we're doing with this campaign is it's tailor made for each region, this isn't just an initiative billion rolled out nationally, it's tailor made, what that means is that all local staff at their PHNs have all completed these regional plans which also outline a number of options on how to best reach all consumer, that includes your advertising options as well as your meeting and activities planned for the next few options and basically that's fed into a state-wide plan and that means that hopefully the advertising that we will be doing will be locally tailored for the local audiences and hopefully also using local people. We also targeting a wide range of publications where we'll be doing some advertising in editorial examples of that might be a bowling magazine that goes out to 40,000 people, we have just done a seniors magazine where we have a two page editorial and specific examples from seniors ABS how that record will work for seniors, and basically that's gone out to 110,000 publications across Queensland. Again it's all being underpinned by additional strategies to try and get the message out there.

And then there's as I said, specific strategies for targeted group, nacho for example have been involved with Aboriginal and Torres Strait Islander strategies as well as a huge body of work to specifically target the best ways that we can reach those communities working with AMSs and a whole range of different options and so the same with the multicultural community as an example, we're looking at translating our brochures into at least 20 different languages, we're looking at a whole range of publications, radio and different mechanisms whose community leaders and events to reach those events. Most recently on the Gold Coast we had Japan and friends today, we have a consumer champion who is Japanese, so she was able to go along to the day and speak to people in Japanese, because obviously that's not something that we have the expertise in but they do so we want to use every mechanism we can think of to engage consumers and as I said there about community champions we do have a number of people who are champions who are able to sort of - who are known in their local communities and can talk to their communities about this.

And also supporting our strategies of course is media and events so we're looking at, you know, your local papers and your regional communities running a story and a bit of an interview and things like that so that again with all these other options if you missed out hearing it here hopefully we'll pick you up somewhere else and you'll hear about it through the local press. The local media stories will be important. Regular information that's promoted at key stages of the opt out process so we keep this things current as we progress, case studies are a really useful tool around people's experiences from different groups and backgrounds, and recently the CEO of the Kathy Jackson health agency Tim Kelsy did a presentation to the press club and the reason he did that was to again brief journalists about the fact that this is coming, everyone will have a record and we need to let people know that you're going to have a record unless you choose not to have one, and if you have a record we would like you to also learn how to use it effectively.

As in the modern age, probably for people a wee bit younger than myself, we have a social media strategy so this strategy will look at a range of different things, including your Facebook, Twitter, Instagram, we'll be sharing posts and videos, we'll make it interactive and interesting and then we'll have social media influences, who have a number of followers that also can help promote it for us there's also a new dedicated website that the digital health agency has rolled out for further information. That's probably it for me and I might now hand over to to Anne.

Anne Curtis: Thank you. Can we pass over the questions and thank Christine. We move on to the next slide. We don't keep that one? Again, I'd like to introduce Matthew Ames, many of you may know his story and we're very lucky to have him with us today. He'll talk about his role but also from bring the consumer perspective to the value of having a My Health Record. And during this time there will also a sense of how to access and start up a My Health Record. Thank you, Matthew.

Matthew Ames: Thank you, Anne. I won't use the lectern otherwise you won't see me. I'm out this side. Thanks, it's fantastic to have be here to talk to you about My Health Record. My involvement in this particular project started a couple of years ago now, when the agency digital health agency contacted me probably at a fairly fortunate time, just before they had contacted me I'd had about a week or so before that had to travel down to Melbourne for some specialised surgery. So that particular trip down to Melbourne really sort of stuck in my mind, for a number of different reasons, but the things that came to my mind when the digital health agency talked to me were that I had to go to Melbourne a day early to get scanned for a couple of bone things inside my body, but the reasons I had to go down a day earlier and get a whole heap of scans unfortunately those scans were exactly the same scans that I had actually had in Brisbane only a few days earlier which is why the reason I had to go down there but I had to repeat go early, pay extra money, just to go through the whole process again simply because the system down in Melbourne didn't talk to the system up here in Brisbane, so the they got to same thing over again. That stuck in my mind and then following on the next day as I waited patiently, I think that's why they call it patients when we go to hospital, patiently in hospital doing my admission paper work, I'm sure many of you would have gone through this process and admission paper work is not one of my most enjoy able process, to give you context I'd lost count of surgeries by this stage, I have basically health records spread, I've had surgeries under five different hospitals leer in Brisbane, four in Melbourne and Victoria, and one in Chicago and I've also had multiple visits to - so many specialists, I think I've seen every specialist there is to see except for maybe a gynecologist, an observation, but I haven't quite worked out how to get to them yet.

Needless to say, my records are spread everywhere, there I'm sitting and doing the admission paper work, history, great, how long do we have? And I myself could not remember what I had had when, I didn't have that information with me, I didn't - if I'd gone and called everybody, I go to that place of what is it important for these guys to know, I'm triaging myself at that point because I don't want to spend two hours writing history so I found myself just basically writing a very short amount of information for my history.

It is written to me 20 times before to then go and wait again at a pharmacy wait for the script, I should be able to Skype from home, have a chat to two minute quick chat to the doctor, I need this again, no worries that should automatically flow to the script, who should automatically know that I've got a prescription there, who should SMS me on my phone when my medicine is available and then I tap a button and it gets delivered to my front door. Wouldn't that save everybody time, save everybody money? And wouldn't bit fantastic to have that ability to rate a doctor like an Uber driver, wouldn't that be wonderful? We can always check on the how we're going to go.

All of those benefits that we see in the rest of our life, we seem OK not having that in the health care sector. When the agency rang me and I went "I think we need to do something in this space." So I joined up as a consumer representative as a cochair for the diagnostic imaging and pathology side of things predominantly because all those things that I've painted in the future that we can do, let me be particularly clear, the My Health Record is not going to deliver that to us all today but the fundamental thing we need to deliver that France formation going forward is the infrastructure that underpins those things being able to be done so really I see My Health Record as that infrastructure, it's the base case, it's the very first step. I'll go through some demonstrations in a second about how to get what it looks like for those who haven't been in, but you'll see it is pretty basic.

I don't use mine a lot. But I know that it's there to capture things that I do going forward and the thing that I also know is that I am at the sort of comfortable edge of the technology space. I hate paper, pen and paper is my foe. Technology I can deal with. But I'm not like everybody else and we're all very different so if thing that I would really hope that everybody takes out going forward to My Health Record is that thing we keep saying about informed choice. With this piece going forward, arm yourself and those around you with a really good knowledge of what the benefits can be and a really good knowledge of what the risks can be so that you can weigh up those risks versus the benefits to determine how you participate. I think the really good thing about My Health Record that I quite like and from my understanding it's the only with one in the world where we as consumers get to see what the clinicians are putting in. That has lots of pros and cons in it but we also get to interact on a basis that we get to choose. If you're very comfortable technology you can sit back, do nothing, hit record and it will start being populated. That's OK. There obviously are some risks associated with data being put in a particular location and it depends on your level of comfort and those risks but the good thing is there's an ability to choose various levels of engagement. You can choose whether or not you want to be notified the people look at your record who haven't looked at it before, you can go to the next level and put PIN control it's control exactly who gets your records or don't and if those aren't comfortable to you, you can opt out all together.

My encouragement to everybody at the moment is the discussion I think over the next six months is very much going to focus on whether to opt out or not. It's a bind air discussion, I don't think it is going to help us have the discussion about the rewards and the risks. The benefits for me are definitely there. I think the benefits for us as consumers if we have that infrastructure and we can advocate for further advances are certainly going to be there, but we got to start somewhere. We got to understand those benefits for ourselves, and the broader community to decide whether or not the benefits and the risks and which side of that particular spectrum we want to sit on. So I'll go through a couple of practical pieces. Firstly how to get in there. First those, whether we like it or not as consumers we have to goer go in through MyGov which has benefits and cons but this is the process of actually just getting in and a quick overview of what the My Health Record looks like. Hopefully this comes up. Great. OK.

Most of you, particularly if you've dealt with the Tax Office or Centrelink should have seen this page before, so this is - my name is not Harry Flynn, so this is not me, the basically you get two step authentication, so it's reasonably secure, I'm told it's more secure as a bank so if we feel comfortable doing online banking where people can get our money, that's one of the things I tend to test whether or not. I have all my four kids in there as well so I can see where things are at, it gives you the immunisation history as well which is really handy with kids, this is quick snapshot of where you are, it's - gives you a bit of basically allergies and medicines is a key thing in there, the number of times I've had a red hat and had to tell doctors what my allergies are is I can't count and the other thing is there it lists everything as documents. No matter where they come from.

At the moment, it's fair to say it's a dump of information and as I said it's a bit of a first start. I'm working with a couple of groups to really improve the volume and usage of pathology and diagnostic imaging reports as well so that we have access to those and it's interesting, a lot of you as consumers and advocates would have heard the whole it's dangerous to give consumers information, that conversation is still happening, and I think that's a really good test to say that this is worthwhile, because people are concerned about doing it, so with those concerns, actually becomes health literacy will become more important. As people access the data, and see the clinicians notes that's all information that we have haven't necessarily had access to before and informing ourselves and others and how we improve our health literacy is one thing that will be part and parcel of that transformation going forward. The next piece is actually looking at - is this the access controls - this is looking through those documents and what tripe of documents there may be and what you are likely to see, in your record. So you can see there you can pick different types of documents, and you will see clinical records, which might be discharge summaries I think, yep, medicines, information, medical overview so all the PBS information when you go to the doctors, Medicare will get there. Advanced health care planning can be listed there so that thing around emergencies, people will have that advanced care documents, pathology and diagnostic measures are the ones I've been dealing with and you can open each particular one and there's lots of different information in there so at the moment all the information is there, I wouldn't say from a consumer's perspective it's particularly user friendly at the moment. The ability to search for things, basically everything will be uploaded as PDF documents so things can talk to each other. You have to open each of those documents to find what is within them.

Search functionality is certainly on the topic with the digital health agency, and things like pathology reports again, that will be each individual report at the moment as a start, but as we develop and there's a working group being put together to see how do we get atomic data, individual data points so you could say too I'd really like to see my blood sugar levels over the past so many years and it will be able to pull out that specific information in time but that's not available yet. My hope is that it performs a platform for lots of other things. One thing that contributed to the about to diagnose what happened to me, was just things like temperature, so as we go through digital transformation, we have digital thermometers that can connect and we can track and see variations in temperature and how can we use that connect to records upload them so we have histories as well. So one thing that I'm advocating for that hasn't been adopted yet is things around consumers being able to upload information so that we add to the record a lot more. The final walk-through that I have is around the security pieces that I mentioned before. And the ability to see and look at who has been into your record, that audit trail that James talked about earlier and the ability to add control, so you can see here you can control access by individuals by health care professionals as well and here it's just saying you can manage the access of a particular individual health care provider, and you can kick them out if you really want to, so there is quite a lot of control, and what they can access and how you can control individual access, you can look at the motivation piece, you can limit access, this is about setting and access code, so you can set a code for access to your record that will then enable only those people who have that access code to be able to access your records.

And I think, is that it? Yep. I think the thing that is different about the My Health Record somewhat has been the step to actually give us all the record without express consent but once you - we are given a record there's automatic consent for health professionals to access our record so if you do nothing that's what will happen and that is quite different to what we've had historically. What we need to do is inform people about how they can control those records, if you see fit, so the able is there, we just need to ensure that people are aware of how they can do that and that the ability is there to control access. Thank you.
APPLAUSE