The Summary Care Record Programme in England

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What is the Summary Care Record?

- Each Summary Care Record (SCR) is a summary of key health information relating to an individual.

- The summary is sent electronically from a patient’s GP record and is stored securely on the national NHS ‘spine’.

- The vast majority of SCRs simply hold ‘core’ data of:
  - Medications (acute, repeat and discontinued)
  - Allergies
  - Adverse reactions

- Additional information can be included at the request of and with the express consent of the patient.
The SCR – key clinical information
24 hours a day, 7 days a week

60% - 70% of patients presenting for urgent or emergency care are not able to provide an accurate medication history.

Contacting the GP surgery to obtain that information is time consuming and depends on the GP surgery being open. This cannot be undertaken out of hours, at weekends or bank holidays, but has to wait until the next working day, sometimes three or four days away.

SCR is instantly available 24/7

National roll-out of the SCR

45.9 million patients have been contacted by mail across all 211 NHS CCGs.

45 million people in England now have an SCR – that’s >78% of the population.

An SCR is being viewed by a member of healthcare staff every 28 seconds – that’s over 1 million a year.

The opt-out rate is 1.4%
National roll-out of the SCR

- By the end of 2014 over 80% of patients will have an SCR
- By April 2015 over 85% of GP practices will have the improved capability to add additional information
- By the end of 2015 over 95% of patients will have an SCR
- By April 2016... Limit of the current business case

Summary Care Records
**Benefits**

Supporting safer and more informed prescribing by providing timely access to accurate information.

**Safety**

Supporting the delivery of appropriate care to patients.

**Quality**

Reducing the time, effort and resources required to obtain this information from the patient’s GP surgery.

**Efficiency**

Reducing the requirement on the patient to recall/repeat their medication information and supporting people with difficulties communicating.

**Effectiveness**

Supporting the delivery of safer and more informed prescribing.

**Patient Experience**

Supporting the delivery of appropriate care to patients.
Patient Demographics

Permission to View
Accessing SCRs in an Emergency

Viewing / Printing the SCR
**Implementing SCRa and Alert Viewer: Pre-requisites**

- Identify and agree ‘Scope of Use’
- Secure network - N3, IGSoC and relevant ODS set-up
- NHS smartcard provision and maintenance (Registration Authority)
  - Identification of appropriate roles and level of access e.g. Privacy Officers, Legal Access etc.
- Hardware / software configured (Warranted Environment Spec.)
- Training delivery and business process design
  - Train the Trainer
  - Reconciling alerts
  - Etc.

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**SCR: where can it help?**

Supporting urgent and emergency care across the NHS

[Diagram showing various care settings]
Benefits to patients

The SCR benefits patients:

• **Improving Patient Safety** - improving safety by providing timely access to accurate information, for example when prescribing medicines and assessing patients.

• **Empowering the Patient** - putting patients in control of their records by requiring clinicians to ask for permission to view the SCR. Patients can decide whether or not to have additional information and change their mind at any time.

• **Patient centred care** - “What is important to this patient?” Patients may have specific care preferences or relevant information for use in an emergency e.g. living wills or religious preferences concerning blood transfusion etc. Individual preferences can be included to improve quality of care.

• **Improved patient experience** - SCRs can reduce the burden on patients to remember, recall and repeat their clinical information.

• **Support for vulnerable patient groups** - Using SCRs can benefit vulnerable patient groups including: patients that struggle to recall or communicate their health information; dementia patients; patients that take multiple medications; transient or homeless populations; patients whose first language is not English and patients with learning disabilities.

SCR History and Scope

Dr Emyr Wyn Jones, Clinical Ambassador –
SCR National Implementation
Information for Health

Prime Minister Tony Blair – 1997

• ‘If you live in Birmingham and have an accident while you are, for example, in Bradford, it should be possible for your records to be instantly available to the doctors treating you’
A brief history…

- 2006 Ministerial Taskforce report on how to implement SCR.
- 2007-2008: Early Adopter PCTs were the first in England to create SCRs for patients.
- Public and professional concerns about security of data, breaches of confidentiality, government or others using the information for purposes other than the provision of health to the individual led to much media activity and campaigns such as the big Optout…
- 2009 National rollout starts – creating / viewing SCRs
- 2010: The Ministerial Review into SCR…

The ministerial review of SCR in 2010 concluded:

‘The Summary Care Record is the minimal information required to support safe care in urgent or emergency situations. Both review groups agreed that any further information added to the Summary Care Record should require explicit consent from the patient. Patients must not only be clear about the information contained in the Record but they must play a key role in deciding the evolution of the Record. This means that new arrangements should be introduced to define responsibility for decisions about the introduction of any new content to the Record. As a principle, any change to the scope of the Record must be driven by citizens and patients, with appropriate advice from professional bodies and tempered by knowledge of the Information Technology capability. This is important for building trust in the system.’

The SCR Expert Advisory Committee has been created to support this requirement.
SCR: What does it include?

- Originally the scope of the SCR was medication, adverse reactions and allergies plus any significant medical history from a patient’s GP record, with additional content added over time from other organisations delivering care to the patient e.g. discharge summaries.

Following the Ministerial Review in 2010 the content was limited to just the GP contribution. Anything beyond medication, adverse reactions and allergies required the GP to obtain the patient’s explicit consent.

Consideration of scope of content from new care settings falls within the remit of the Expert Advisory Committee.

SCR: Scope

- Defined in the SCR Scope document (circulated)
- Two distinct components of scope:
  1. **Content**: describes the information contained within the SCR and from where that information is derived.
  2. **Use or purpose**: describes how, by whom and in what care settings the SCR is used.

- Consideration for expanding the scope of SCR usage is one of the papers submitted to the committee.
Citizens’ expectations

• Most citizens assume that basic information known to their GP is available throughout the NHS in any care setting where they are seeking urgent or emergency care.

• “In an advanced National Health Service care system it is reasonable for citizens to expect that when they arrive in Accident & Emergency or require treatment out of hours that clinicians treating them have access to enough basic medical information to prevent anyone making wrong or even dangerous decisions” Sir Bruce Keogh (11/10/2012)

• “Eighty-five percent of the British public want any healthcare professional treating them to have secure electronic access to data from the GP record” YouGov poll, June 2014

A brief history...

• Today:
  • Over 44 million patients have a SCR (over 78%)
  • Over 20,000 SCRs being viewed per week
  • GP suppliers are providing enhanced functionality to support GPs in adding additional information to benefit patients. By April 2015, over 85% of GP practices will have this improved capability.
  • During 2015 - Most patients will have an SCR

The future – maximising opportunities for use of the SCR?
Thank you
We’d be happy to take questions
Useful links

SCR website:
www.hscic.gov.uk/scr
www.nhscarerecords.nhs.uk

SCR case studies:
http://systems.hscic.gov.uk/scr/staff/aboutscr/comms/case

SCR deployment map:
http://systems.hscic.gov.uk/scr/staff/impguidpm/deploy

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