

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

Summary Care Record Update

1. Introduction

The Summary Care Record (SCR) is a national initiative, making patient information held on a GP practice clinical system securely available into other NHS settings. By default the information (in addition to demographics) made available is:

- current medications,
- allergies,
- adverse reactions.

This core information can be enhanced to include additional items from the GP held record, either in agreement with patients to meet individual needs or based on “community” needs, in support of a specific pathway for instance. In 2010 services will be able to “attach” information to the SCR, such as patient discharge letters. The SCR also provides the patient with a means of accessing their clinical record using a facility called ‘Healthspace’.

The SCR is currently available to 81% of Durham and Darlington practices, with 100% potential capability in 2010. From the current state this greatly enhances the critical mass of patient records that could be made available to ‘non-GP practice’ services locally.

Access to the SCR is currently ‘read-only’ and will be embedded into clinical systems, or is available via a secure web browser. This latter option provides the opportunity for the SCR to be made available locally in previously “unreachable” care settings (i.e. accident and emergency (A&E), medical assessment units, acute pharmacy, mental health crisis teams); and with the correct policies and technical infrastructure this could also include social care.

Document management				
Version	Date	Summary	Owner's Name	Approved
1.0	21/12	Summary Care Record Update	Mark Walsh	
2.0	25/02/10	Presented to Integrated Business Board	Pat Keane	

The consent model for the SCR is based on a patient 'opt-out'. A general public information campaign precedes a direct mail-shot to patients from practices agreeing to progress. The patient then has a minimum of twelve weeks to opt-out, otherwise the SCR is uploaded from the GP system. A patient is also able to opt out anytime after the 12-week period, including after upload.

The LMC approved progressing the SCR in July 2009. A NHS County Durham (NHSCD) SCR business case to support urgent care was also approved in July, with funding. A regional public awareness campaign is due to start in January 2010, coordinated by the NE SHA, with the role hosted in NHS County Durham and Darlington (NHSCDD).

PBC groups are being approached to progress, creating the critical mass of records (on a geographical basis) required for beneficial SCR use. As PBC clusters agree to progress relevant urgent care services are then identified for potential use. Darlington and Durham Dales PBCs have agreed to progress the SCR in Q4 2009/10, and the remaining PBC groups will be approached.

2. Implications and risks

The SCR was a requirement of the Operating Framework 2009/10, and currently Durham and Darlington are the furthest progressed in the North East.

With the public information campaign imminent all staff should have a basic awareness of the SCR and should refer any questions to the PALs team, which has been briefed. The campaign could lead to some media coverage and negative publicity, such as questions on patient confidentiality, and these will be handled using existing communication processes (liaising with the NE SHA).

Decisions are required on the timing of the mail-shots to the remainder of the local population, which has potential cost-savings, and the administration of 'Healthspace' accounts. More information is in the appendix.

3. Recommendations

The board is asked to note the progress of the Summary Care Record locally, in particular the communications exercise starting in January 2010.

4. Author and sponsor director

Author: Mark Walsh
Title: Head of IM&T Programme Management

Director: Pat Keane
Title : Director of Strategy and Involvement
Date: February 2010

Purpose of paper	Information sharing ✓ Decision Required ✓
How does the paper support / have implications for:	
NHS County Durham's 4 Strategic Aims	Safe, effective patient centred care: the SCR will greatly enhance the capability to make key information available in appropriate care settings.
Our Vision Our Future workstreams	Acute (Urgent) Care, with potential for other workstreams such as 'End of Life Care' through local enhancements to the SCR.
World class commissioning competencies	1, 2, 3, 4, 5, 8.
Standards for better health	n/a
Use of resources	n/a
Targets and Vital signs	2009/10 Operating Framework target.
NHS Constitution	<ul style="list-style-type: none"> • Make the transition as smooth as possible when you are referred between services • Right of access to your own health records. These will always be used to manage your treatment in your best interests.
Darzi Principles	Initiative developed/progressed with PBCs and GPs.
Impact on / Involvement of partners	Developed/progressing in conjunction with all partners.
Equality & Diversity	n/a
Other policies / Issues	n/a

Appendix

Mailshots

As individual practices, through the PBC groups, agree to progress the SCR a mail-shot is coordinated for the practice patient-list. A mail-house was awarded a national central contract in November to distribute the mail-shots, and Connecting for Health (CfH) also announced that any mailshots in 2009/10 will be centrally funded. This central cost will be used for Darlington and Durham Dales practices.

The other PBCs have not yet been consulted regarding the SCR, and the practicalities of using the current approach (SCR presentation at PBC, period of consultation through to practice decision) may prevent a decision on the mailshots in time to meet the 2009/10 central funding deadline. The cost savings to date have been approximately £49,000 and would be circa £110,000 for the remaining practices (Sedgefield, Derwentside, Durham and Chester-le-Street and Easington).

Management executive is requested for advice on other mechanisms for consulting PBCs (on behalf of the remaining practices) on the SCR and whether the mailshots can be performed in 2009/10.

Healthspace administration

Healthspace allows a person to view their medical record through a secure web-site. A person requesting a Healthspace account requires a username and password, which is assigned through a 2-3 minute authentication process which must be face-to-face.

Nationally only 1,500 Healthspace accounts have been requested, recognising the infancy of the SCR, although the whole adult population is eligible (530,000 in Durham and Darlington).

Healthspace will not be included in initial local SCR communications until a process for administration is agreed, the potential options are:

1. A dedicated Healthspace administrator employed in the PCT
2. Adjust current PCT roles to include administration
3. GP Practices to administer the accounts using reception staff.

Options 1 and 2 appear impractical due to (i) demand for Healthspace is impossible to predict and will be ongoing (ii) the logistics of providing a good patient service to meet unpredictable requests, emanating from anywhere within the localities.

Option 3 is recommended, as it would be natural for patients to request through their GP practice. However, this would require initial training (three hours) for appropriate practice staff, and would be an ongoing activity. This could be extended to include other appropriate independent contractors and patient 'hubs' such as Urgent Care Centres.

A management executive decision is requested on the preferred option for Healthspace administration.