The NHS Summary Care Record

Dr Emyr Wyn Jones DM FRCP
Clinical Ambassador – National Implementation
What is the SCR?

• The SCR is an electronic summary of key health information sent electronically from GP IT systems and held securely on the infrastructure known as the national ‘Spine’. It is updated in real-time

Core information in every SCR consists of:

• Patient demographics
• General Practitioner details
• Patient medication – current (acute and repeat) and discontinued medication – from the GP record.
• Recorded allergies and adverse reactions.
SCR - Current status:

**SCR creation**

96% of patients registered with a GP in England have had an SCR created

(>55 million people)

**SCR utilisation**

2.5m SCRs accessed last year to support urgent and emergency episodes of care
(anticipated to be > 3.5 million accesses in 2016)
SCR viewing in an organisation:

Implementing SCR viewing via the web-based ‘SCRa’ portal is:

• not complicated
• requires no significant capital expenditure on hardware, software or licences
• can be supported by regional SCR delivery teams.

Trusts need to identify:

• Privacy Officer
• Registration Authority (RA) agent.
Is the SCR secure?

• Shared only via encrypted HSC (‘N3’) Network
• Held securely on the National Spine
• Available only to Health/Care workers providing direct care via SmartCards with appropriate access rights.
• All accesses are auditable – Privacy Officers.
• Patients will be asked for ‘Permission to View’ their SCR before it is accessed
SCR and ‘Permission to View’

‘ . . . We will ask your permission if we need to look at information in your Summary Care Record. When this is not possible, for example if you are unconscious, we will make a note on your record and we will normally tell you. . . ’

• **NHS Care Records Guarantee – published by National Information Governance Board – last updated 2011**
Access Controls

NHS Summary Care Record Access Management

STOP. Has this patient given you permission to view their Summary Care Record?

Yes
View record

No
Access refused

The usual legal ethical and professional obligations apply when accessing a patient's clinical record.

Emergency Access

Do you need to access the record for other reasons?

Other access options

View this patient's demographic details
Find a new patient
Viewing the SCR - SCR application
General Practice Summary

This is a GP Summary sourced from the patient’s General Practice record. This summary may not include all the information pertinent to this patient. NB the patient may have opted to leave out items from this summary.


Time of sending 17/09/2009 14:30:45

Author: Dr Nick Sykes, c/o NHS National Programme

Allergies and Adverse reactions

The practice system holds no Allergies and Adverse Reactions

Repeat Medication

<table>
<thead>
<tr>
<th>Date first added</th>
<th>Medication Item</th>
<th>Dosage instructions</th>
<th>Quantity or duration</th>
<th>Reason for medication</th>
<th>Supporting information</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/03/2009</td>
<td>LANSOPRAZOLE caps (eg, grams) 30mg</td>
<td>TAKE ONE ONCE DAILY</td>
<td>28 capsule(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/03/2009</td>
<td>PARACETAMOL caps 500mg</td>
<td>TAKE TWO 4 TIMES/DAY</td>
<td>100 capsule(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/03/2009</td>
<td>FENTANYL lozenge + applicator 400micrograms</td>
<td>1 WHEN REQUIRED 1 HOURLY</td>
<td>90 lollipop(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/03/2009</td>
<td>MOVICOL sach</td>
<td>TWICE A DAY</td>
<td>56 sachet(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Where SCRs are being used:

More than 80,000 SCRs are being viewed each week by healthcare staff in a variety of care settings including:

- Hospital Pharmacists;
- Acute admissions wards;
- A&E Departments;
- Ambulance Services;
- GP Out of Hours services;
- 111 services;
- Walk in Centres;
- Minor Injuries Units;
- Community & Intermediate Care teams
Summary Care Record
Emergency hospital admission

http://systems.hscic.gov.uk/scr/patients/where
SCR benefits

**Safety**

40% of patients have a medication error identified when SCR is used (feedback from A&E clinical users)

**Effectiveness**

49% of patients guided to a more appropriate care pathway when SCR is used (feedback from 999 clinical hub users)

**Efficiency**

29 minutes time saved per patient undertaking a medicines reconciliation (audit results 2014)

“While I use SCR relatively infrequently, on EVERY occasion it has directly informed, changed and better aided patient care … when we use it, it counts enormously and directly saves lives.” ED consultant
Summary Care Record
The value of the SCR in urgent care

http://systems.hscic.gov.uk/scr/benefits
SCR Consent Model
– Core information.

- **SCR with Core Information** created for all patients who have not indicated their preference not to have a SCR – after a Public Information Campaign, which included individual mailings to all patients aged 16 or over registered with GP Practices.

- Minimum 12 week period after date of mailing before SCRs uploaded, for citizens to seek advice and consider their preference.
Over 85% of GP practices now have capability to enrich SCRs with a set of additional information - with patient consent.

Includes individual coded items and associated free text as recorded in the GP record.

SCRs with additional information include:

- Reason for medication
- Significant medical history (past and present)
- Anticipatory care information (such as information about the management of long term conditions)
- Communication preferences (as per the ISB-1605 national dataset)
- End of life care information (as per the ISB-1580 national dataset)
- Immunisations
The Ministerial Review (2010) confirmed that:

- Additional information can only be added to the SCR with explicit, fully informed patient consent.

An exception can be made for . . .

- Patients who do not have capacity to give fully informed consent – the GP may decide to enrich the SCR with additional information if that is considered to be in the patient’s best interest.
## SCRs with additional information

### Supporting end of life care

#### Treatments

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-Sep-2015</td>
<td>Anticipatory palliative care</td>
<td>Anticipatory palliative care medications and authorisation forms at patient’s home</td>
</tr>
<tr>
<td>06-Aug-2014</td>
<td>Radiotherapy started</td>
<td>Problem; First, Palliative - to metastasis right proximal humerus</td>
</tr>
</tbody>
</table>

#### Personal Preferences

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-Aug-2015</td>
<td>Not for attempted CPR (cardiopulmonary resuscitation)</td>
<td>Form completed and in district nurse file at patient’s home</td>
</tr>
<tr>
<td>26-Aug-2015</td>
<td>Preferred place of care - home</td>
<td></td>
</tr>
</tbody>
</table>

#### Services, Care Professionals and Carers

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-May-2015</td>
<td>Carer - mobile telephone number</td>
<td>Joan 07XXX XXXXXX</td>
</tr>
<tr>
<td>08-May-2015</td>
<td>Shared care - hospice / GP</td>
<td>Under care of hospice at home team XXXX XXXXXX</td>
</tr>
<tr>
<td>14-May-2014</td>
<td>Under care of oncologist</td>
<td>Doctor Stewart, Royal Infirmary, XXXX XXXXXXX</td>
</tr>
<tr>
<td>12-May-2014</td>
<td>Under care of Macmillan nurse</td>
<td>Wendy XX and team YY</td>
</tr>
</tbody>
</table>

These are key extracts from an example SCR with additional information.
SCRs with additional information
*Scenario 1: supporting end of life care*

Tom has lung cancer and the disease has progressed to a terminal phase. He has a life expectancy of a few months. Together with his wife Joan, Tom has made a competent decision to receive best supportive care and to die at home.

- Palliative Care Team offer Tom the choice to have an enriched SCR at his review.
- Tom agrees and his consent status is changed.
- Important additional information from his GP record is now automatically included in his SCR.
- One night Tom’s condition worsens, his breathing deteriorates and he coughs up blood.
- Joan wants to support Tom’s wishes to receive care at home so calls NHS 111 for advice.
- The call is transferred to the GP OOHs team.
- A GP calls back and accesses Tom’s SCR.
- Tom’s preferences can be seen and information about anticipatory medication.
- A district nursing team is contacted and administers the medication relieving Tom’s symptoms.
SCRs with additional information
Supporting end of life care

“The Summary Care Record provides a great opportunity for everyone to have their views and preferences digitally recorded by their GP practice*, and viewed when necessary, during the final stages of their life. This can bring enormous peace of mind to these individuals and those close to them, and help professionals who are trying to deliver care in accordance with the individual’s needs and wishes.”

Dr Bee Wee
NHS England Director for End of Life Care

* The SCR provides the end of life preferences entered in the GP practice system - complementing local Electronic Palliative Care Co-ordination systems (EPaCCS)
### Problems and Issues

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-Aug-2014</td>
<td>Peripheral neuropathy</td>
<td>Significant Past, End Date: 11-Sep-2015</td>
</tr>
<tr>
<td>22-Mar-2014</td>
<td>Under care of diabetes specialist nurse</td>
<td>Significant Active, Name Karen XXXX XXXXXX, Team XXXX XXXXXX</td>
</tr>
<tr>
<td>23-Feb-2013</td>
<td>Chronic kidney disease stage 3</td>
<td>Significant Active</td>
</tr>
<tr>
<td>23-Feb-2013</td>
<td>Diabetic nephropathy</td>
<td>Significant Active</td>
</tr>
<tr>
<td>16-Jan-2011</td>
<td>Diabetic retinopathy</td>
<td>Significant Active, Laterality: Bilateral, Background</td>
</tr>
<tr>
<td>05-Jul-2010</td>
<td>Recurrent severe hypoglycaemia</td>
<td>Significant Past, End Date: 11-Sep-2015</td>
</tr>
<tr>
<td>14-Apr-2008</td>
<td>Pure hypercholesterolaemia</td>
<td>Significant Active</td>
</tr>
<tr>
<td>02-Oct-2007</td>
<td>Essential hypertension</td>
<td>Significant Active</td>
</tr>
<tr>
<td>03-Jun-2004</td>
<td>Type 1 diabetes mellitus</td>
<td>Significant Active</td>
</tr>
</tbody>
</table>

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<td>Under care of diabetes specialist nurse</td>
<td>Problem; First, Name Karen XXXX XXXXXX, Team XXXX XXXXXX</td>
</tr>
</tbody>
</table>

*These are key extracts from an example SCR with additional information*
Kate is a busy working mother of three children. She has type 1 diabetes, complicated by neuropathy, eye disease and early stages of kidney disease. The last thing she wants is to be admitted to hospital.

As a patient with multi-morbidity Kate was identified by her GP practice as someone who could benefit from an enriched SCR.

A note was added to Kate’s record to offer her the choice next time she presented.

When asked Kate provided her consent.

Kate is out shopping with a friend when she feels shaky and weak.

Kate’s friend drives her to the nearest A&E department.

By the time she arrives her speech is slurred. Staff identify that she is suffering a hypoglycaemia episode.

Kate’s SCR is accessed and contains information about her diabetes and contact details for her liaison nurse.

Kate’s insulin dose is adjusted and her liaison nurse confirms that this is not unusual and Kate does not need to be admitted.
“Continuity of information is a vital contributor to continuity of care and better outcomes. The ability to enrich Summary Care Records beyond medications, allergies and bad reactions mean that more and more relevant information from the GP practice will be potentially available wherever a patient is receiving treatment in the NHS. This will improve safe, effective care and contribute to a positive experience for patients.”

Dr Martin McShane
NHS England Director for Long Term Conditions
“Sharing data appropriately is central to the implementation of the "Keogh" review of urgent and emergency care. We know that when relevant information is available to healthcare professionals outcomes, safety and patient experience are all improved. The ability to create richer Summary Care Records provides an excellent opportunity to share additional information such as care plans, and we strongly encourage primary care teams to consider processes to seek the required consent from those patients that would benefit most.”

Professor Jonathan Benger
NHS England Director for Urgent Care
SCRs with additional information

Supporting older patients

‘When treating older patients, the Summary Care Record, enriched with additional information gathered during the process of Comprehensive Geriatric Assessment, or as part of the proactive care processes within the primary and community care setting, can be used to support decisions from the beginning of any new episode of care. This will increase the likelihood that complex conditions are accurately recognised and more appropriate treatment plans put in place. This will contribute to safer, more effective and efficient care for older people across the urgent care system, potentially avoiding the need for hospital admission or helping facilitate earlier and safer discharge’

The British Geriatrics Society
SCR and local information sharing

The SCR, now and in the future, will:

- **Provide a nationwide data sharing solution** – a foundation for access to a key set of common information that all care settings need to access.

- **Complement local record sharing** - complex care co-ordination will still occur at a local level using local systems.

- Provide a cost effective solution for settings that have lower digital maturity and where local solutions are not in place.

- Provide a cost effective opportunity for health communities to accelerate local record sharing by enriching SCRs with additional information.
Where next for the SCR?

Requirement to expand access and develop the SCR

• National Information Board (NIB) - Personalised Health and Care 2020 references the need to **open up access more widely and further develop the SCR**
• Demand from a range of care professionals

The SCR Expert Advisory Committee

• Ensures proposals to expand the scope of the SCR are subjected to **consultation and analysis**
• Membership includes representatives of **patients and the public, clinical professional bodies and Royal Colleges**
• Seeks input from **wider audiences** and advice from **relevant expert stakeholders**
Web: www.hscic.gov.uk/scr
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