

Summary Care Record - statement from the GPC, RCGP and BMA

Summary

NHS Connecting for Health guidance is now available to support practices that have already gone live, or are considering implementing Summary Care Records (SCRs). The GPC, RCGP and BMA have been fully involved in commenting on this guidance to ensure that it aligns with professional standards. It is our view that, in the long term, changes to GP systems and new Read codes are required to ensure that GP practices have the flexibility to record all patient consent options for the SCR in patient records. In the interim, this guidance will help practices understand and work with the functionality of current systems. Our position remains that the decision whether to proceed with SCR uploads rests with the GP practice.

Implementing the SCR Review Recommendations

Since the Department of Health review of the SCR, constructive discussions have taken place between NHS Connecting for Health, the GPC, BMA and RCGP with regard to implementing the review recommendations. This has included clarification and agreement around the scope, use and content of the SCR and agreement on the Public Information Programme materials. One of the main recommendations was a change to the consent model with the need to seek explicit patient consent for any additional information added to the core record of medication, allergies and adverse reactions (see box below). In the longer term, this requires a change to the functionality of GP systems as well as new Read codes. It is expected that new Read codes will be available from 1st April 2011. These codes will enable practices to record patients' consent preferences, including explicit consent for a core record and explicit consent for additional information. GP system changes to accommodate the new Read Codes will not take place until later in the year as it will take time for GP suppliers to implement the new functionality. The GPC, BMA and RCGP have agreed with NHS Connecting for Health a Professional Requirements document, which has informed the specifications for these system changes.

The core record, containing medications, allergies and adverse reactions is uploaded on the basis of implied consent. Additional information should only be added with explicit patient consent and should be information that is required to support patient care in an emergency or urgent situation. The SCR should only be viewed in emergency or urgent care settings with the explicit consent of the patient unless the patient is unable to give their consent for example, if they are unconscious.

Recognising that some practices have already gone live with SCRs and some practices wish to go live the GPC has been working with NHS Connecting for Health on guidance, which sets out the functionality of current GP systems and how limitations can be handled until new functionality is introduced. The GPC welcomes this NHS Connecting for Health guidance to help ensure that practices, which have gone live with SCRs are meeting the recommendations of the review and also to help practices who are considering going live to make an informed decision based on an understanding of current functionality of their GP system. The GP has also worked with NHS Connecting for Health to produce a GP practice checklist to assist practices in coming to a decision.

The SCR review also recommended the simplification of Public Information Programme materials. The GPC has commented on the new material particularly on the GP practice posters, which are now much more explicit about the need for patients to make a choice.

These materials are available at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/gppracinfo>

<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff>

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