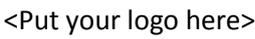


Template Standard Operating Procedures for accessing Summary Care Record		
 		
Policy Prepared By:		
Date Prepared:		
Policy Approved By:		
Date Approved:		
Review Date:		

Introduction to Summary Care Record

The Summary Care Record (SCR) is a form of electronic patient summary containing key clinical information. It has been created using information held by a patient’s GP.

As a minimum the SCR contains:

- Medicines: Acute, repeat and discontinued repeat items (discontinued items will be dependent upon the GP system which created it) ;
- Allergies;
- Adverse reactions

The SCR is updated automatically every time the above information changes on a GP system.

This pharmacy has been identified as part of the Proof of Concept project for Community Pharmacy access to SCR being developed by NHS England and HSCIC.

In what scenario might the Summary Care Record be used?

The SCR is an additional tool, which the pharmacist or pharmacy technician can use to support the care of their patients. It doesn’t replace existing sources of information such as the patient’s GP, PMR system or discussion with the patient.

In line with the current scope of use for the Summary Care Record, it is predominantly to be used to support urgent or unscheduled care. The following list of practice scenarios is not exhaustive, but provides some examples of when the SCR might be used. The SCR could be used in any situation where the pharmacist / pharmacy technician considers it to be appropriate, in accordance with their professional judgement.

Essential services:

- When dispensing prescriptions, to check the current medicines, medicine history, allergies, and adverse reactions, to support patient care.
- Supporting self care for public health services and promoting healthy lifestyles – knowing what (other) medicines a patient is taking.

Advanced services:

- During a medicines use review (MUR) to verify and compare medicines currently being prescribed for the patient and their allergy status, where this is not already known. Pharmacy PMR systems often provide electronic templates for MURs.
- For provision of the New Medicine Service (NMS).

Locally commissioned services:

- When supplying medicines under a locally commissioned service to check the current medicines, medicine history, allergies and adverse reactions to avoid interactions, allergic reactions and adverse reactions. Examples include:
 - Supply or administration of medicines on NHS Patient Group Directions (PGD)
 - During minor ailments consultations (MAS) to confirm suitability of Over The Counter medicines with regular medicines and in the light of any allergies, adverse reactions, or diagnoses listed.
- When dispensing an emergency supply (at the request of the patient) to verify the name, form, strength and dose of medicine previously had by the patient.

Permission to View a Summary Care Record

The SCR has a permission to view consent model. The patient's permission must be sought to view that patient's SCR for each care episode. It is essential that the patient provides informed consent. Additional materials and discussion may be needed to support pharmacists and to ensure patients fully understand what they are giving consent for.

Pharmacists and Pharmacy Technicians must only access a patient record to enable direct provision of a pharmacy service. It would be inappropriate and unethical for registered pharmacy professionals to access information from records for purposes unrelated to the pharmacy service the patient is requesting be provided.

[local process choice – delete as appropriate]*** Prior to each viewing of the SCR, we will obtain explicit written consent from the patient. This should provide a full audit trail if it is later required by the Privacy Officer. A copy of this record will be retained in the pharmacy and will be made available to the NHS privacy officer if required.

[local process choice – delete as appropriate]*** Prior to each viewing of the SCR, we will obtain explicit verbal consent from the patient. This is to be recorded in the PMR to provide an audit trail if it is later required by the Privacy Officer.

If the patient is not *able* to give permission to access their SCR, then pharmacists should consider whether “access in an emergency” should be progressed.

Procedure for Viewing a Summary Care Record

Pharmacists and Pharmacy Technicians are authorised to undertake the following:

P1 Establishing a need to access (legitimate relationship (LR)) and permission to view

1. Pharmacist or Pharmacy Technician makes a professional judgement that viewing the SCR would be beneficial to providing direct care to the patient.
2. The patient should be provided with an explanation about viewing SCR, as part of seeking permission to view. This should be simple, straightforward, honest and appropriately communicated.
3. The patient's permission and consent is sought to view their record.
4. **[local process choice – delete as appropriate]***** A written record of the permission to view is made and signed by the patient using the 'Permission to View Your NHS Summary Care Record' form. A copy of this record will be retained in the pharmacy and will be made available to the privacy officer if required.
5. **[local process choice – delete as appropriate]***** A contemporaneous note should be made in the PMR in order to record that SCR has been accessed, whether there was consent or it was emergency access, and any associated advice/provision.

6. If a competent adult refuses to give consent clearly explain the consequences of their decision, taking care that you do not pressure the patient to accept your advice. You should make a record in the PMR if a patient refuses to give consent. This should include the discussions that have taken place and the advice you gave. Do not proceed to view their SCR.
7. For further information on capacity, children and young people refer to GPhC Guidance document on consent, referenced at the end of this document. As a principle, for children, the child's capability to provide consent for themselves should be considered. If they are not able to, then it is acceptable to accept consent from the parent/guardian. For adults where capacity is lacking, only those with legal authority can provide consent on another person's behalf. If this is not in place, then the "access in an emergency" route should be considered.

P2 Locating a patient on the SCR

1. [local detail – amend as appropriate]*** Use any of the desktop computers located in the main dispensary/consultation room/etc.
2. If not already entered, enter your smartcard into the reader and when prompted enter PIN.
3. [local detail – amend as appropriate]*** Log onto the NHS Spine portal/SCR application using the shortcut on the desktop.
4. Find the correct patient by entering the NHS number if known. This is the preferred method of searching. If you have already safely identified the patient in your PMR, you may wish to copy and paste the NHS number from there.
5. Should the NHS number not be available search using a minimum of surname, gender and date of birth. Postcode and first name can also be used. Advanced search functions are available if needed.
6. Locate the correct patient from the patient list and to proceed click on the patient.
7. Over 75% of the population of England have an SCR as of August 2014, but in the event that the patient has dissented from having a SCR or their practice has not yet uploaded a SCR, a cross in the top right of the screen will display 'No summary care record exists'. In such cases this should be explained to the patient and pharmacist will have to use their professional judgement and use existing sources of information such as the patient's GP, PMR or discussion with the patient to make clinical decisions.

P3 Permission to View / Access Management

8. Once a patient has been located, the access management system will ask you to confirm that the patient has given you permission to view their SCR; if they have click yes to confirm.
9. If you are a locum accessing SCR, you MUST select emergency access, and continue to detail this branch NACS code and details, which are ***, and also confirm the patient's permission was received or give a full explanation as to why access is being made without the patient's permission.
10. If the patient is unable to give their permission, select the emergency access button and give a full explanation as to why access is being made without the patient's permission.

P4 Viewing the SCR

11. The SCR will automatically launch with a screen showing the time and date when the GP last updated the SCR. Scrolling down will show medicines, allergies and adverse reactions. It may show additional information too.
12. Only if needed should the SCR be printed either on paper or to file e.g. PDF. If on paper it must be securely filed or securely destroyed. If a pdf, it may be securely attached to the patient PMR record, or securely deleted. Once the record has been viewed, log out using the exit tab.

13. If you access SCR again within 45 minutes, you will be asked do you want to return to the last patient you accessed.

P6 Notes on Interpreting the SCR

- GP system suppliers are in the process of upgrading their systems to make improvements in the way that SCRs are displayed and updated. For a period of time some records may have the old view and some will be updated
- The updated SCR view will show:
 - 12 months of acute medicines
 - Last issued date included
 - Text stating that care has been discontinued at a practice – shown when a patient has moved practice, clearly displayed at the top of the SCR.
 - 6 months of discontinued repeat medicines.
- Be aware that you may sometimes see many of the same medicines listed in both repeat medicines and discontinued repeat medicines. This is because some GP systems will add an entry into the discontinued repeat medicines when they re-authorise a repeat medicines. This is in the process of being reviewed, but with the alternative being that no discontinued medicines will be displayed.

P7 Record Keeping: Record, Record, Record

14. [local process choice (but strongly recommended) – delete as appropriate]*** A contemporaneous note should be made in the patient's PMR notes indicating that consent to view the SCR had been obtained together with a summary of the decisions /interventions made and outcomes. This could be invaluable at a later date in helping to demonstrate that the pharmacist provided the appropriate standard of care at a particular time, and/or to account for professional decision making.
15. [local detail – amend as appropriate]*** File the written record of the 'Permission to View Your NHS Summary Care Record' form. A copy of this record will be retained in the pharmacy and will be made available to the privacy officer if required.
16. During the pilot phase there will be a summary table to completed following access to SCR. Brief details to capture outcomes from the use of the SCR should be noted in the relevant column. This will be located ***.

Information Governance and Confidentiality

Internal Procedures

Information governance (IG) refers to the processes by which personal information is collected, managed, transmitted and used in a secure and confidential way in an organisation. The NHS Health and Social Care Information Centre (HSCIC) IG toolkit for community pharmacy provides the pharmacy profession with guidance and a compliance framework to enable them to address Information Governance. We complete an annual assessment and audit of our IG compliance and this can be found in SOP document *** .

All patient identifiable data used by pharmacists and technicians, whether accessed from national NHS care records or stored in local or networked systems is subject to relevant NHS IG requirements. These cover many aspects of good practice in information management and security including prevention of accidental disclosure, security of hardware and software, staff training, management of critical incidents and various others. This document should be read in conjunction with Information governance SOPs **, which includes our annual audit and assessment of compliance with the IG standards.

Our internal information governance lead is ***.

Information Governance Controls: Local Privacy Officer

Viewing SCR's will trigger a mechanism of alerts, which are visible to the local privacy officer. These will be regularly reviewed to ensure that access is appropriate and may be audited against the [local detail – amend as appropriate]*** consent forms that we will hold/PMR.

The local privacy officer is:

Tel:

Email:

Liability (to be updated Set. 2014)

The SCR service provides guidance for healthcare professionals about liability associated with record use. However the current consensus is that healthcare professionals have a number of record sources available to them, and that they should use their professional judgement concerning the best record to access in each instance. For example, if a pharmacist has a query about the supply arrangements for a patient receiving a clinical trial medicine, then it would be professionally justifiable for the pharmacist to seek the information to answer the query from systems other than the SCR. It is accepted professional practice that pharmacists currently complete many routine tasks (such as straightforward over the counter sales or the supply of repeat medication) without referring to additional sources of information, and having access to the summary care record is not expected to radically alter this situation.

[Local detail – amend as required] Our NPA/other Professional Indemnity Insurance covers the use of the SCR.

Technical Specification

- Downgrade internet explorer to SCR-compatible version 8
- Ensure IP address access to SCR; Probably already achieved as part of the EPSr2 upgrade. NB There may be more than 1 IP address range due to dual data centres
- Allowing access to the appropriate site – NHS Spine Portal Summary Care Record Application (SCRa) via N3 connection
- Checking java version to comply with HSCIC requirements
- Checking Identity agent version is correct
- Pharmacist/Pharmacy Technician smart cards. Specific roll based access control added to their cards in order to access patient information. In addition to role code R8003 [EPSr2] the following have been added to smart cards by our sponsor:
 - B0257 - View non ETP Clinical data
 - B0264 - Access SCR application
 - B0085 - claim a relationship with a patient
 - B0168 - View SCR when permission could not be requested

Training and Preparation

Pharmacists and pharmacy technicians will be provided with a copy of this SOP and training notes from HSCIC/local support on viewing SCR.

Pharmacists and pharmacy technicians should make sure they are familiar with our internal information governance procedures, along with GPhC guidance on consent and confidentiality and may choose to make a CPD entry.

SCR Test NHS Numbers

The following NHS numbers have been provided by HSCIC that can be used to test access or used during training purposes:

9990402132

9990252947

9990252955

9990243271

9990281025 (this NHS number has an enriched SCR – this will not be commonly seen)

Further reading:

Department of Health .The Care Record Guarantee. January 2011, Version 5

<http://systems.hscic.gov.uk/rasmartcards/strategy/nhscrg>

RPS, APTUK, NPA. Electronic Health Records: Guidance for Community Pharmacists and Pharmacy Technicians. November 2012

<http://www.rpharms.com/promoting-pharmacy-pdfs/electronic-health-records-guidance-dec2012.pdf>

General Pharmaceutical Council Standard for Confidentiality 2012

http://www.pharmacyregulation.org/sites/default/files/Guidance%20on%20Confidentiality_April%202012.pdf

General Pharmaceutical Council. Standard for Consent. 2012

<http://www.pharmacyregulation.org/sites/default/files/GPHC%20Guidance%20on%20consent.pdf>

Summary care record

<http://systems.hscic.gov.uk/scr>

Support

IT Support

Our PMR system supplier *** is aware of the pilot and could also be contacted on ***

Professional Support, Initial Training and Project Lead:

National support:

sharonwilson@hscic.gov.uk

mohammed.hussain11@nhs.net