



Your emergency care summary

Introducing the New Summary Care Record Consent Codes

Summary

Following work between NHS Connecting for Health, the BMA and RCGP, new codes are being introduced to support GP practices to accurately reflect patient Summary Care Record (SCR) consent preferences. GP systems will require an upgrade to recognise the new codes in order to control the flow of information to the SCR. Until systems have been upgraded, existing codes should continue to be used to control the information sent to the SCR.

Briefing

As part of the bi-annual release of UK clinical codes, new SCR Read and CTV3 codes will be made available and may become visible in GP practice systems.

Read and CTV3 codes are used to set and record patient's SCR consent preferences and to control the flow of information to the SCR based on a patient's preference. New codes are being introduced to improve the controls available within GP practice systems and to assist practices in keeping a coded record of all patient SCR consent preferences.

New codes will reflect the following patient SCR consent preferences:

- Implied consent
- Express consent for core (Medications, Allergies and Adverse Reactions)
- Express consent for core and additional information
- Express dissent

Please note - the new Read and CTV3 codes will not be recognised by your GP practice system, to control the flow of information to the SCR, until your system supplier has made changes and your practice is notified.

Until then existing SCR Read and CTV3 codes must continue to be used to control the flow of information to the SCR i.e. where a patient wishes to opt out or to add additional information, existing codes must continue to be used.

If you choose to use the new codes to record patient consent preferences locally you must continue to use existing Read and CTV3 codes in parallel until you have been notified that your system has been upgraded.

Summary of GP Systems

Supplier - System	Estimated timescales for recognising new codes
TPP - SystemOne	Spring 2012
EMIS - LV	Winter 2011
INPS - Vision	Spring 2012
iSoft - Synergy	TBC



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Further Support

Further support with SCR consent management and the introduction of the new SCR Read and CTV3 codes can be found by:

- Visiting the SCR website for background information on how SCR consent is managed by GP practice systems and the SCR enhancements that will be coming in GP IT systems at <http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/gpracinfo>
- Contacting your SHA Interface Manager, details at <http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/staff/aboutscr/ji-team>
- Contacting your GP system supplier for any system specific questions
- Emailing your question to the SCR enquiries mailbox at – SCR-enquiries@nhs.net



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Annex 1 - Frequently Asked Questions

1. What should I do now if a patient wants to opt out?

Continue to follow existing processes either using the relevant code to record an opt out (93C3 in Read or XaKRY in CTV3) or by selecting that the patient 'Does not want to have a Summary Care Record' from the SCR consent management screen with your GP practice system.

2. Should I wait to deploy SCR until the new codes are available in my system?

No, because existing SCR codes control the flow of information to the SCR in accordance with the choices available to patients.

3. Will existing SCR consent codes still work when our system has been upgraded to recognise the new codes?

Existing codes will either continue to work or, for example in TPP SystemOne, users will see a message informing them that the old code has been replaced.

4. My patient wants a 'core only' SCR, how should I record this?

You do not need to record a code in order for a patient to receive a core SCR. However, if a patient expresses that they wish to only have a core record you can use the new code for "Express consent for core", to document their wishes, when it is available.

5. There is a code for "Express consent for core Summary Care Record dataset upload". Does this mean patients have to opt-in to get a SCR?

No, patients receive an SCR under implied consent and are not required to opt in to the SCR. The code for "Express consent for core Summary Care Record dataset upload" can be used to revert back a patient to core SCR only, after they have previously expressed a different preference. The code can also be used as a means of recording that a patient has expressed that they only wish to receive a core SCR.

6. Does this mean we can modify our new patient process?

When your system is upgraded to recognise the new SCR consent preferences you will be able to introduce the use of "Express consent for core Summary Care Record dataset upload" within your new patient process. Please see the GP Practice guide for more information:

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



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7. The choices a patient has seem to have changed. Do we need to communicate this to all our patients?

Patients can choose whether or not they have an SCR and must consent to any additional information being added to their SCR over and above the core of medications, allergies and adverse reactions. These choices exist now and remain unchanged with the introduction of the new codes. Therefore no additional patient communication is required.

8. My patient wants a core and additional SCR now, how should I manage this?

Record that the patient wants core and additional SCR by modifying the patient's consent setting in your GP practice system. This is done either by adding the 93C2/XaKRx or by selecting 'Patient wants to have a Summary Care Record' within your system consent management screen. Further system specific steps are then followed to add additional items to a patient's record. Further information about additional information including content, managing consent and how to add additional information using the GP IT systems can be found at:

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

9. Can I start using the new SCR consent codes and what will happen as a result?

You can start to use the new codes to record patient SCR preferences locally. However, if you are either opting out a patient or enabling additional information you must ensure that existing codes are used until you have notification from your GP practice system supplier that your system has been upgraded.

10. Should I delete old SCR consent codes?

There is no need to delete old codes as they form part of the patient's medical record.

11. How will I know when my GP practice system recognises the new SCR consent codes?

You will receive notification from your supplier that your system has been upgraded along with any relevant training and guidance materials from your supplier.

12. I have entered some of the new SCR consent codes already. Do I need to do anything?

You should ensure that existing codes are used to control the flow of information to the SCR. Any new codes will not need to be deleted but the relevant existing codes should be added to patient records. You will be notified by your supplier when your system is able to recognise the new codes.



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Annex 2 - Existing SCR Read/CTV3 Codes

The following Read/CTV3 codes are currently used to manage SCR consent preferences:

Consent Preference	Code ¹		Code Label	System Action
	Read 2	CTV3		
Implied Consent	N/A	N/A	N/A	An SCR will be created for the patient on initial upload of data from the GP practice and updates to core items will be sent thereafter
The patient wants to have a Summary Care Record (express consent for core and additional information)	93C2.	XaKRx	Consent given for upload to national shared electronic record	Allows additional information to be sent to the SCR
The patient does not want to have a Summary Care Record (express dissent)	93C3.	XaKRy	Refused consent for upload to national shared electronic record	Patient opted out of the SCR

¹ EMIS LV, InPS Vision and Isoft Synergy use Read codes. TPP SystemOne use CTV3 codes.



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Annex 3 - New SCR Read/CTV3 Codes

From the 1st April 2011, the following codes may be available in code browsers within GP practice systems:

Consent Preference	Code ²		Code Label	System Action
	Read 2	CTV3		
Implied consent ³	9Ndl.	XaXbX	Implied consent for core Summary Care Record dataset upload	An SCR will be created for the patient on initial upload of data from the GP practice and updates to core items will be sent thereafter
The patient wants a core Summary Care Record (express consent for core)	9Ndm.	XaXbY	Express consent for core Summary Care Record dataset upload	An SCR will be created for the patient on initial upload of data from the GP practice and updates to core items will be sent thereafter
The patient wants a Summary Care Record with core and additional information (express consent for core and additional information)	9Ndn.	XaXbZ	Express consent for core and additional Summary Care Record dataset upload	Allows additional information to be sent to the SCR
The patient does not want to have a Summary Care Record (express dissent)	9Ndo.	XaXj6	Express dissent for Summary Care Record dataset upload	Patient opted out of the SCR

Please note: until you have received notification that your system has been upgraded to recognise new SCR consent codes, you should continue to use:

- **93C2./XaKRx – to allow additional information to be sent to the SCR**
- **93C3./XaKRy – to opt patients out of the SCR**

² EMIS LV, InPS Vision and Isoft Synergy use Read codes. TPP SystmOne use CTV3 codes.

³ Implied consent will automatically be set as part of the go live process. Practices will not be required to set this manually for every patient prior to going live with SCR.