



Summary Care Record Public Information Programme – ‘How to’ guide

A guide for communications leads on how to manage their public information programme.

Summary Care Records (SCRs) are being implemented across England, as described in the NHS Operating Framework, which outlines the need for local informatics planning, with board-level ownership and support to deliver information enabled service transformation.

A patient's SCR will contain limited but important information such as details of allergies, current prescriptions and any bad reactions to medicines that the patient has had.

With explicit agreement from the patient, SCRs may include other important information, for example a long term condition such as asthma or diabetes.

A patient's SCR will be available to NHS healthcare staff anywhere in England to provide them with care – and will be of most benefit in an emergency or out-of-hours.

Healthcare staff must be involved in supporting or providing that patient's care in order to look at their SCR – and always ask their permission before they look at the SCR.

Communications to support national rollout

A key part of the national rollout of SCRs is the patient mailing stage known as the Public Information Programme (PIP).

Each Primary Care Trust (PCT) and/or Strategic Health Authority (SHA) needs to implement a PIP to support SCRs in their area.

This is because SCRs are being implemented under a model of informed implied consent. Patients have to opt-out if they do not want to have a SCR made for them rather than opt-in if they want one.

One of the bases on which the implied consent model has been adopted is on the understanding that patients are clearly informed about the changes that are taking place and the choices they have.

The NHS has an obligation to pursue best endeavours to inform the public about these changes, in particular those deemed as hard to reach groups. This is the purpose of the PIP.

PCTs may also come under intense scrutiny from regulatory bodies, professional bodies, the media and observers and commentators on their PIP.



Your emergency care summary

As a communications professional, you are at the front line of communicating the introduction of the SCR and supporting patients and NHS healthcare staff to understand how the SCR works and the choices patients have available to them.

You need to inform your stakeholders such as Patient Advice and Liaison Service (PALS), local media, Members of Parliament and local voluntary groups about SCRs, their benefits and the implications.

NHS Connecting for Health (NHS CFH) will provide guidance, materials, and resources to support you in managing your PIP, but it is your role to carry out the 12 week PIP effectively.

Timing is key in managing your PIP effectively.

Below you will find a detailed 'how to' guide for all the parts of the PIP:

- Developing the communications strategy and plan
- Planning local media outreach
- Mailing out patient information packs
- Engaging and promoting SCRs locally
- Handling patient enquiries, and
- Evaluation.

Many will need to be done simultaneously, so please refer to the visual overview contained in the toolkit for timings:

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

You should also work closely with your local SCR project implementation team so that the project is properly co-ordinated and your communications and engagement activities are closely aligned with overall roll-out activities.

1. Developing the communications strategy and plan

We recommend that you appoint a senior communications lead to manage the PIP.

The programme is a major task and you will need a dedicated communications professional to be accountable for its implementation.

Use the visual overview provided in the toolkit, the instructions below and your own local timetable to draw up external and internal communications strategies and plans.

Decide who from your team is going to be involved, assign roles and responsibilities and involve them in the development of the communications plan. Inform anyone else in your team who will be affected by the roll-out.

Internal and external communications plan

Use the materials in the toolkit such as the staff fact sheet and case studies, to inform all internal and external stakeholders who will be affected by the PIP and by patient enquiries arising from the patient pack mail out.



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These include:

- General Practitioners
- General Practice staff
- NHS healthcare staff/partners
- Local Medical Committees
- Overview and Scrutiny Committees/Councillors
- Voluntary sector
- Patient Advice and Liaison Services/Patient and Public Involvement groups
- Local media
- Community and social groups
- Caldicott Guardians
- Members of Parliament.

See sample stakeholder map for more detail:

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

Identify champions

Your communications will be made easier if you have both a patient and a clinical champion who can explain the benefits of the system to media and stakeholders.

Your SCR programme or project board, set up to oversee implementation of SCR in your area, should assist you in identifying clinical and patient champions.

You will need to provide media training for these spokespeople.

Materials

You should find everything you need in the PIP toolkit.

Customisable materials from the toolkit can be downloaded and printed locally on-site, and, wherever possible, you should download other materials electronically and print them locally if needed.

Limited quantities of some materials may be available to order in 2011. Check the website for details:

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

Allow enough time from submission of your order to ensure your materials arrive in time, and reflect this timescale in your communications plan.

When ordering and/or downloading material, ensure you have taken ALL your stakeholders and local organisations into account, e.g. GP practices, walk-in centres, out of-hours, PALS centres, libraries, schools, day centres etc.

2. Planning local media outreach

You should lead on planning and implementing a pro-active media campaign that will start before and will continue through the 12-week PIP period and last as long as the PIP is newsworthy after the PIP period has ended.

You should provide all your spokespeople with appropriate media training. This is important, particularly for patient and clinical champions. In the first instance, you should release information to the local media.



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Consider the following methods:

Press release

The PIP toolkit contains a template press release which has been used with NHS stakeholders. You may wish to combine distribution of this release with press briefings.

Spokespeople

You will need to identify people who can speak to the press on your behalf, for example your Chief Executive, local clinical lead for the SCR programme or a patient champion. We have learnt from early adopters that clinical spokespeople need to be booked well in advance to take into account their other commitments.

Case studies

It may help with your media relations to draw up some scenarios of how the SCR will benefit patients and staff, to help journalists and stakeholders understand the service. You can use the case studies provided by NHS CFH and featured in the PIP toolkit.

Once the 12-week PIP is completed, you may wish to use the SCR roll-out as a media story. For example source positive case studies or announce that implementation has been a success and made a difference to patient care.

Organise reactive media

You are responsible for local media enquiries arising from the PIP and SCR implementation. Enquiries about national implementation should be referred to the Department of Health press office at nhscfh.pressoffice@nhs.net

Equally, if the enquiry is of national significance, inform NHS CFH as soon as possible through your normal SCR communication channel.

3. Mailing out patient information packs

Each patient aged 16 and over, or due to turn 16 during the public information period, must be sent an individual patient pack containing a personalised letter, leaflet and opt out form.

Pack materials

1. Letter
2. Leaflet
3. Freepost opt-out form

The customisable letter to the patient should be addressed from the patient's GP or the PCT.

NHS CFH has supplied an approved template letter within the PIP toolkit with highlighted sections for local tailoring. The leaflet is standard and does not need to be customised.

Mailing

You are responsible for set up and postage costs for your mailing. A central mailing house call off contract is in place to support you with your mailings. Guidance on how to call off this service is available at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/documents/mailhouseguide.pdf>

If you choose an alternative mail house supplier instead of the central mail house facility, consideration should be made to the following:

- Do you have a robust process in place to safely and securely manage a freepost opt out return process for patients?

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- How will you deliver the letters and leaflets to the mailing house?
- How would the mailing house prefer to receive the order, in complete packs or all the elements separate?
- What is the lead time for assembly, print and postage?
- What is the cost of the mail sort?

You will need to set up a patient confidentiality agreement with the mailing house for it to handle confidential patient demographic data (an example is included in the PIP toolkit). Your local information governance lead can tell you more.

You also need to assess what quality checks the mailing house will undertake to confirm the mailing is carried out safely, and do your own quality checks.

If you are using a local mail house you should discuss your Public Information Programme mailing needs with your [CFH National Implementation Manager](#) who will provide you with advice on the materials ordering process to support local PIP mailings.

Data extract for mailing

You will need to work with your local GP practices to gather the data for the mailing. You will need to determine:

- Who will extract the data – you or the GP practice?
- If there are a lot of practices, do you have the resources to get the databases?
- Does the practice/PCT resource know how to extract the data from the different systems?
- How are you going to manage a high number of databases – labelling them is vital

- How are you going to get the data to the mailing house?

You should seek advice from your local Information Governance officer.

4. Engaging and promoting SCRs locally

Some patients may be missed by the patient mail out – for example, those who are not registered with a GP or who have recently moved.

You should supply places such as GP practices, hospitals, libraries, day care centres, walk in centres, clinics, chemists, Patient Advice Liaison Service (PALS) centres, citizen's advice bureaus and any other local health community outlet, with plenty of posters and signposts to further information to help them promote the changes and the importance of choice for patients.

Additionally, you could consider offering spokespeople to talk on local and specialist radio, (see media section), organising drop-in sessions at GP surgeries or NHS locations, setting up an exhibition and placing information on your local health and community website.

Hard to reach and vulnerable groups

We recommend that you use whatever established communications and marketing routes or channels you have to communicate with your hard to reach and vulnerable groups. Some groups for you to consider working with:

Patient groups

The LINKs function within your PCT will be able to help you engage with patient groups. They will have established routes to reach and consult with patients, including individuals, patient focus groups and community sector groups.



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The voluntary sector and advice centres

The voluntary sector is an important route to contacting hard-to-reach groups, e.g. ethnic minorities and the homeless. Many voluntary groups offer advice and will need to know the basics of the programme. Some of them will even be health service providers in their own right and will be happy to distribute materials if provided. The LINKs team will be able to help make contact with this sector.

5. Handling patient enquiries

Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) function within your PCT will receive calls concerning SCRs and it is important the team are aware of the PIP schedule and have access to all the information, plus a supply of patient information to hand to give out to those who request them.

NHS Care Records patient website

A national website is available for patients to support them with their queries. As well as detailed information about SCRs the site contains a list of frequently asked questions:

www.nhscarerecords.nhs.uk

Summary Care Record Information Line

A Summary Care Record Information Line is in place to answer queries from patients and the public and can provide translation and text phone services also.

If patients have additional queries that cannot be answered by your local PALS, they can phone the Summary Care Record Information Line on 0300 123 3020.

Members of Parliament briefings

Patients worried about issues such as security may well approach their local Member of Parliament, so it is best to ensure all local Members of Parliament are informed early. This could be done face-to-face or via a letter or briefing pack. These briefings need to be organised by you.

6. Evaluation

It is good practice to evaluate any communications programme. Please do this using your normal measures. Some lessons from the NHS:

- Appoint a senior communications lead
- Timing is key
- Thoroughly prepare the ground
- Keep staff informed of the timetable
- Use clinical and patient champions to give your message impact
- Use all available communications channels
- Be clear that patients need not do anything if they are happy to have a SCR
- Be clear about the local arrangements for opting out for those unhappy about having a SCR.