

# National Programme For I.T. in the NHS

## Paper to the Summary Care Record Advisory Group

**Title**

Minutes of the Extra-Ordinary Summary Care  
Record Advisory Group held on 25 June 2009

**Submitted  
By**

Kate Davidson

**Executive Summary**

Minutes of the Extra-Ordinary Summary Care Record Advisory  
Group meeting held on the 25 June 2009.

**Reason for Submission:**

For approval

**Minutes of the Extra-Ordinary Summary Care Record Advisory  
Group Meeting  
Thursday 25 June 2009  
Austen Room, Tavistock House, London**

**Present**

Dr Gillian Braunold	Clinical Director, Summary Care Record (Acting Chair)
Nigel Brayley	College of Emergency Medicine
Rosey Foster	Contact a Family
Prof. Trish Greenhalgh	Team Leader, Evaluation Team
James Hawkins	Programme Director, Summary Care Record
Rachel Merrett	BMA Secretariat (on behalf of Dr Joanne Bailey)
Phil Nixon	Senior Project Manager, NHS CFH

**Also in Attendance**

Kate Davidson	Secretariat, NHS CFH
Carly Fothergill	Secretariat, NHS CFH

**Apologies**

Dr Joanne Bailey	BMA
David Colin-Thomé	National Director for Primary Care
Carol Clarke	Resources, Services and Governance Director, Informatics Directorate, NHS CFH
Sophie Corlett	Policy Director, MIND
Dame Elizabeth Fradd	RCN
Tim Evans	Chief Executive, Bolton PCT
Ian Hayes	The Terence Higgins Trust
Dr Hasmukh Joshi	RCGP
Angela Styring	GP Practice Manager

## 1. Welcome

The chair welcomed the members to the extra-ordinary meeting of the Summary Care Record Advisory Group.

The purpose of the meeting was to update the group on the emerging findings of the independent study of the use of the Summary Care Record (SCR) in unscheduled care settings, one year on from the publication of the SCR Early Adopters Independent Evaluation Report.

## 2. Discussion about interim findings

Professor Trish Greenhalgh presented the interim findings of the UCL evaluation of the use of the SCR in GP out of hours consultations, GP home visits, nurse telephone conversations, nurse walk-in centre consultations, Accident and Emergency (A&E) admissions and the Medical admissions unit.

The group noted that the small sample size used in the study meant that the findings were only provisional at the current stage of the evaluation.

The group considered the emerging findings and engaged in detailed discussion about the potential implications of the findings.

The group noted that the evaluation team's interim findings suggested that in Primary Care and Out Of Hours settings, where utilisation of the SCR was sufficient to draw provisional findings, emerging benefits of the use of the SCR could be identified.

The group acknowledged that Out of Hours consultations often had a significant psychological, cultural or social dimension that had to be taken in account when witnessing the care setting.

The group discussed the interim findings from Secondary Care settings. The group recognised the complexity of the Secondary Care environment compared to Primary Care and the effect this had on the use of the SCR in Secondary Care settings.

The group noted that in A&E departments the SCR is just one of many resources available to a number of staff members involved in the patient's care, making the logistics of record access much more challenging than in Primary Care.

It was noted that the use of the SCR in A&E settings was limited to date as a critical mass of records created had not yet been achieved.

The group heard that there was no integration as yet between the SCR application and the software used in A&E departments. However, iSoft Lorenzo, Cerner Millennium and Ascribe were developing their systems to

integrate with the SCR which would increase record accesses in Secondary Care settings.

The group acknowledged that it was too early in the project to be able to draw conclusions about the benefits associated with the use of the SCR application in Secondary Care. The Evaluation Team would continue to monitor the A&E settings.

The group suggested that the evaluation team should broaden the focus of its study to include additional care settings, in particular, Medical Assessment Centre utilisation by hospital pharmacies, surgical out-patients and day surgery, the ambulance unit for level 3 calls, and mental assessment units. The group noted that record access in these settings would be reported on in due course.

Professor Greenhalgh acknowledged the importance of clinical involvement in interpreting the situations witnessed by the evaluation team and perceiving the nuances of change in consultations that are enabled by the SCR.

The advisory group members welcomed the interim findings and were appreciative of the explanations of how record access was being evaluated.

The group noted that the SCR Programme was currently briefing ministers to gain support for a nationally driven Public Information Campaign.

The SCR Programme Team would also increase the focus on Secondary Care implementation.

### **3. Any Other Business**

There was no other business for discussion.

## Annex A

# Update to SCRAG from UCL evaluation team June 09

We note developments in the strategic direction of the NPfIT overall and the SCR in particular. We also note the motions passed at the recent Local Medical Committee conference. This wider context is significant to our study but is not covered here. This update will focus mainly on emerging empirical findings from our study of the use of the SCR in unscheduled care settings. We have so far followed 108 encounters (of a target sample of 200) between patients and clinicians in the following settings:

- GP out of hours consultations (both 'base visits' and telephone)
- GP home visits
- Nurse telephone consultations
- Nurse walk-in centre consultations
- A&E – both 'minor' cases and 'major' cases (with an emphasis on unconscious patients or those unable to communicate)
- Medical admissions unit (where patients from A&E or GP referrals await investigations or bed)

We now have a 20,000 word qualitative dataset, which we have analysed using a thematic qualitative approach. We also have a quantitative dataset on the proportion of cases in which the SCR was (a) available; (b) accessed; (c) considered to have contributed to the quality of care; (d) considered to have reduced onward referrals; and (e) considered to have improved patient safety. Whilst our findings at this stage are provisional, and the sample size is not yet large enough to justify sharing the quantitative data, we believe the following provisional findings merit consideration by SCRAG:

### *PROVISIONAL CONCLUSIONS FROM PRIMARY CARE*

We have not yet completed our data collection or analysis but we tentatively suggest the following key conclusions in relation to the use of the SCR for primary care out of hours consultations:

1. Technical issues with Adastra have been largely resolved and the SCR is now potentially accessible in out of hours consultations.
2. However, in many cases the SCR is not available or accessible, for a variety of reasons.
3. When available, the SCR sometimes adds value, especially in complex clinical, psychological and social cases.
4. The SCR may introduce new risks but these appear to be uncommon and relatively minor.

### *PROVISIONAL CONCLUSION FROM A&E*

We have not yet completed our data collection or analysis but we tentatively suggest the following key conclusions in relation to the use of the SCR for A&E cases:

1. The A&E Department is a complex place where care is typically delivered by multiple staff members in a tightly coordinated but largely unstructured and rapidly changing way. This makes the logistics of individual log-ons to computer terminals and gaining consent to view the SCR much more challenging than in primary care.
2. Information needed to manage unconscious and other 'major' patients is predominantly real-time, rapidly changing data on the patient's here-and-now clinical condition. The SCR, as a 'historical' and relatively static document, seems to make a limited contribution in most acutely sick patients.
3. Technical compatibility problems between the SCR and routinely used software packages in A&E remain.

END