

National Programme For I.T. in the NHS

Paper to the Summary Care Record Advisory Group

Agenda Item No: 2

Title

Minutes of the Summary Care Record Advisory Group held on 26 March 2009

**Submitted
By**

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Executive Summary

Minutes of the Summary Care Record Advisory Group meeting held on the 26 March 2009.

Reason for Submission:

For approval

**Minutes of the Summary Care Record Advisory Group Meeting
Thursday 26 March 2009
Meeting Room 1, Richmond House, London**

Present

Dame Elizabeth Fradd	RCN (Acting Chair)
Dr Joanne Bailey	BMA
Nigel Brayley	College of Emergency Medicine
Sophie Corlett	Policy Director, MIND
Rosey Foster	Contact a Family
Angela Styring	GP Practice Manager

Also in Attendance

Dr Gillian Braunold	Clinical Director, Summary Care Record
Siobhan Roberts	Communications & Engagement Lead, NHS CFH
Kate Warner	Secretariat
Lucy Baxter	Secretariat

Dialled In

James Hawkins	Programme Director, Summary Care Record
Ian Hayes	The Terence Higgins Trust

Apologies

David Colin-Thomé	National Director for Primary Care
Carol Clarke	Director of Stakeholder Engagement and Care Records Service and SRO CRS, NHS CFH
Tim Evans	Chief Executive, Bolton PCT
Dr Has Mukh Joshi	RCGP

1. Welcome

The chair welcomed all members and noted the apologies received.

2. Minutes of the Previous Meeting and review of actions

The minutes of the meeting held on 29 January 2009 were accepted as an accurate record of the meeting.

SCRAG/09/01 – Complete. Siobhan Roberts would circulate the link to view the DVD explaining the SCR to teenagers once the final version of the DVD was available. Hard copies of the DVD would also be posted to interested SCRAG members.

Action: SCRAG/09/04 – SCRAG members to send their postal address to the Secretariat in order that copies of the DVD explaining the SCR to teenagers can be posted to them once finalised.

SCRAG/09/03 – Complete. The group heard that an update on how the SCR met the Next Stage Review requirements would be provided under agenda item 6. Gillian Braunold would circulate a paper on this to the SCRAG once it had been finalised.

All other actions were complete.

3. Summary Care Record Programme and HealthSpace update

Summary Care Record update

Gillian Braunold provided the group with an update on the Summary Care Record (SCR) programme.

The group heard that the Spine Release 2008-B upgrade had successfully delivered Permission to View functionality to the Spine. Twenty per cent of PCTS were now formulating plans to implement the SCR.

EMIS was currently progressing through the second stage of witness testing. INPS was expected to achieve full roll out approval following a software upgrade in the Summer of 2009.

The group noted that PRIMIS+ would pilot training to support data quality improvement in Primary Care in PCTs and Practices in April 2009.

The first Ambulance Service had gone live with access to the SCR through the web based application.

The SCR website was currently being refreshed. The Go Live was scheduled for April 2009. Although not vastly different to the current site, the new site would reflect a warmer look and feel and the content searching facility would be more intuitive.

The group heard that the SCR Early Implementer PCTs continued to receive a significant number of Freedom of Information (FOI) requests concerning the SCR.

The group heard that the SCR Programme continued to make steady progress.

Almost 800,000 patients had been sent the Public Information Programme (PIP) material and the number of patients opting not to have a SCR remained under one per cent. 39 Practices were live with the SCR and 10 sites were accessing the SCR.

Since Aadastra had integrated with the SCR, a four fold increase in accesses to the SCR had been recorded. The SCR Programme had received positive feedback from Clinicians using the SCR application in Out Of Hours (OOH) settings.

The SCR Programme would proactively capture and report the positive stories about the unforeseen benefits the SCR had produced.

HealthSpace Update

Gillian Braunold provided the group with an update on the HealthSpace Programme.

HealthSpace continued to be rolled out in areas where patients had SCRs created.

Work to develop HealthSpace Communicator was progressing well. The group noted that, as clinical communications using the HealthSpace communicator tool would form a clinical record, a requirement for a function to ensure that all communicator messages would be stored and retrievable would be ensured.

4. Primary Care Registration Process

The group discussed the registration process in SCR practices.

Following the PIP mail out to registered patients, new patients registering at practices would be given information about the SCR in their registration packs.

The group discussed the most effective way to ensure that all patients received clear information about the SCR service operating at their practice.

The group agreed that it should recommend that PCTs send leaflets about the SCR service to all newly registered patients along with the new medical card which would give clear details about where to find further information

and how to opt out of the service. The group agreed that this would constitute an additional control to strengthen the existing arrangements for informing patients about the SCR. NHS CFH should explore this option more fully.

When a patient moves from a SCR practice an addendum stating that the patient is no longer registered at the practice along with the date and time of this addendum is added to their SCR.

5. SCR Good Practice Guidelines

Gillian Braunold outlined the considerations for practices signing up to the SCR.

The group heard that participating practices needed to pass an accreditation standard for Data Quality and needed to participate in the Information Governance Toolkit before they could start sending patient records to the SCR. It was the responsibility of the clinician at the practice to maintain the data quality for the patient record.

A new requirement had been identified to allow messages and updates to the SCR from non Smartcard enabled sessions (e.g. an emergency locum) to be queued until sent to the Spine by a Smartcard user.

It was recommended that it should be the PCT's responsibility to continually audit data quality and Smartcard use at practices.

Dame Liz Fradd would bring the recommendation around PCT monitoring of SCR data quality and Smartcard use at practices to the attention of the National Information Governance Board (NIGB).

Angela Styring felt that support for practices engaged in housekeeping of the SCR was not readily available.

Action: SCRAG/09/05 – Gillian Braunold to ensure that the training and support for housekeeping of the SCR meets the requirements of the NHS.

6. SCR Opt Out Process

The group noted that currently the decisions of patients who chose not to have a SCR were recorded and stored locally at their GP practice.

The revised Permission to View functionality incorporated into the Spine in March 2009 included the ability to store the patient's decision not to have a SCR on the National Spine. New requirements for the GP system suppliers to enable the local GP system to set the consent on the National Spine were in the process of being issued. Until the GP systems were upgraded, patients who had opted out of the SCR would only have their decision recorded in the GP system. Work was ongoing to ensure that patients who

had opted out at the practice have that opt out setting migrated onto the national spine setting before any other source material is sent to the SCR.

The group discussed the options for this migration. The group heard that these options needed to be considered further and any associated risks analysed before recommendations could be made. The group would be further updated on this at the May 2009 SCRAG meeting.

Gillian Braunold updated the group on the revised SCR opt out guidance that had been issued by NHS CFH following feedback from Early Adopters and the University College London Independent Evaluation.

The guidance made it clear that it was now possible for patients to opt out of the SCR without attending the practice in person.

Following a successful pilot in Dorset PCT, the SCR Implementation Board recommended that all PCTs should adopt a more flexible approach to the opt-out process, for example, allowing patients to download the SCR opt out form from the internet and post it to the PCT.

The group discussed the requirement for NHS CFH to notify the NHS of changes or updates to materials used to communicate to patients and the public about the SCR.

Action: SCRAG/09/06 – Gillian Braunold to ensure that NHS CFH looks into options for implementing a process for notifying the NHS of changes or updates to materials used to communicate to patients and the public about the SCR.

7. Meeting the Next Stage Review

Gillian Braunold updated the group on how the SCR would play a significant part in supporting the objectives of High Quality Care for All, the Next Stage Review.

Action: SCRAG/09/07 – Gillian Braunold to ensure that the slide decks highlighting how the SCR and HealthSpace can help SHAs and PCTs meet the requirements of the Next Stage Review are circulated to the SCRAG prior to discussion at the May 2009 meeting.

Action: SCRAG/09/08 – Secretariat to include Meeting the Next Stage Review on the May SCRAG agenda for further discussion.

8. SCR Governance

The group heard that the end of the SCR Early Adopter Programme and the move towards national rollout had prompted a review of the SCR Governance arrangements.

The group noted the main changes to the SCR governance arrangements and discussed its position in the new arrangement.

10. Any Other Business

The role and value of the SCR Advisory Group was discussed. The group agreed that it should provide the same level of scrutiny and advice to later stages of the SCR programme as it did for the Early Adopter stage. The group also agreed that it provided valuable representation of patient organisations to the SCR programme.

Gillian Braunold stressed the importance of maintaining the SCR Advisory Group and focussed on the benefit of the advice and recommendations that the group provided to the SCR programme.

The SCRAG Terms of Reference (TOR) outlined the objectives of the group. It was agreed that the TOR would be reviewed at the May 2009 meeting.

Action: SCRAG/09/09 – Secretariat to include a review of the SCRAG Terms of Reference on the May 2009 SCRAG agenda.

Rosey Foster advised the group that the Institute of Healthcare Management (IHM) was working with the British Army to investigate a way to transfer departing Army personnel medical records from the Army to the NHS. James Hawkins advised the group of the joint DH and Defence Medical Services programme for the transfer of medical records.

Action: SCRAG/09/10 – James Hawkins to send Rosey Foster and the SCRAG details of the joint DH and Defence Medical Services programme for the transfer of medical records.