

Update on NHS electronic summary care record in England

On 15 March 2007 Connecting for Health (CfH) announced the start of the early adopter pilots of the NHS summary care record scheme in England in two practices in the North West.

Dr John Holden, medico-legal adviser
Publication date: 30 March 2007

At the same time Connecting for Health (CfH) has rolled out an information campaign to all GPs in England in the expectation that the publicity attached to the early adopter pilots may stimulate interest among some patients who may seek further information from their GPs.

The MDU's understanding is that in the first instance, only limited information will be transferred to the summary care record (current medications, known allergies and "bad reactions to medicines in the past"), even when it is rolled out countrywide. But, in the longer term, the intention is to put more information onto the record.

GP members should receive the following guidance documents from CfH:

1. Patient form: "Request for all clinical data to be withheld from Summary Care Record". For GPs to make available for patients aged over 16, eight weeks before Summary Care Records are created in their area.
2. Patient information leaflet – "If you do not have a summary care record". This is a handout for patients who do not wish to have a summary care record which explains the implications of this decision.
3. Guidance for GPs - Guidance on managing requests for no Summary Care Record during the period of the Early Adopter Programme. This gives further details on the choices available to patients.
4. Dear Colleague letter– Summary Care Records (for GPs)

Any GP who has not received this information can contact CfH by [email \(mailto:nhscarecords@nhs.net\)](mailto:nhscarecords@nhs.net).

Ethical considerations

Patients who do not want their information to be transferred to the summary care record will have this wish respected and are offered a number of options that are set out in the documentation.

The document providing guidance for GPs gives a summary of the legal advice the Department has received in a section called "Consent, Data Protection and Legal Points" (from pg 4) and we draw members' attention to this section.

The guidance for GPs does not, however, cover GPs' ethical duty to ensure patients are aware of how information about them will be shared in the healthcare team. However, on 26 March, the GMC made the following statement to Pulse, which the GMC's head of standards and ethics has confirmed:

"It is best practice to seek consent to disclosure of patients' confidential information whenever that is practicable; that is part of good communication between doctors and patients. But most patients understand and accept that information must be shared within the health care team (including referrals to secondary care) in order to provide their care.

GPs following the reasonable processes laid out by Connecting for Health for the uploading of patients' summary care records will not be liable to disciplinary action by the GMC. "

This specific advice from the GMC about the Connecting for Health summary care record pilots does not replace the GMC's guidance in Confidentiality: Protecting and Providing Information. Paragraph 10 contains a requirement for doctors to ensure that their patients are aware that their information is shared within the healthcare team, unless they object to this, and also that they understand what will be disclosed if the GP shares identifiable information with anyone employed by another organisation or agency. The new, specific guidance, merely means that the GMC considers it is reasonable to assume that if the processes laid out by Connecting for Health are followed, the patient's express consent will not need to be sought to upload the summary care record for that patient.

MDU advice

In the light of the GMC's statement above, GPs are advised to consider a number of things. They will need, for example, to satisfy themselves that the CfH publicity campaign has indeed reached all their patients, that all their patients have read and understood the leaflets and, if the GP has not heard from them, have decided not to seek an appointment with the GP to ask any questions, and not to "opt out".

For GPs whose patients approach them to ask for further information about the summary care record, they will need to decide whether the information provided to them and their patients answers all the questions they or their patients may have about the scheme. If it does not, they will need to contact CfH to clarify any outstanding issues.

The roll out will only cover GPs uploading a limited and specified amount of information to the summary care record. Patients who either give consent, or who opt out at this stage may need to be contacted again, at the next phase of the roll out when it is intended

to upload more, and different, information, to ensure that they fully understand the implications and to allow them the opportunity to express a view on what, if any, additional information is uploaded.

Keywords:

- [computerised information system](#)
([hidden_A-Z_keyword_results.asp?keywordID=1606&keyword=computerised+information+system&contentTypeCategory=1](#))
- [computerised record](#) ([hidden_A-Z_keyword_results.asp?keywordID=1160&keyword=computerised+record&contentTypeCategory=1](#))
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