

English Summary Care Records

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Charlie McCay

- 15 years national eHealth Interoperability Projects
 - GP2GP, Retinal Screening, Standards Engagement
- 3 years on Board and Technical Chair HL7 International
- Gold Standards Framework - IT support for End of Life Care
- Sintero – XDS/CDA Commodity Open Interoperability Nodes (COIN)
- SemanticNet – representing HL7 in EU network of excellence project
- *NOT* representing UK or English NHS policy
 - but happy to comment on it

Key Themes

- Why is there a Summary Care Record?
- What is the Summary Care Record?
- Contracts
- Healthcare Politics

England Needed a National Program

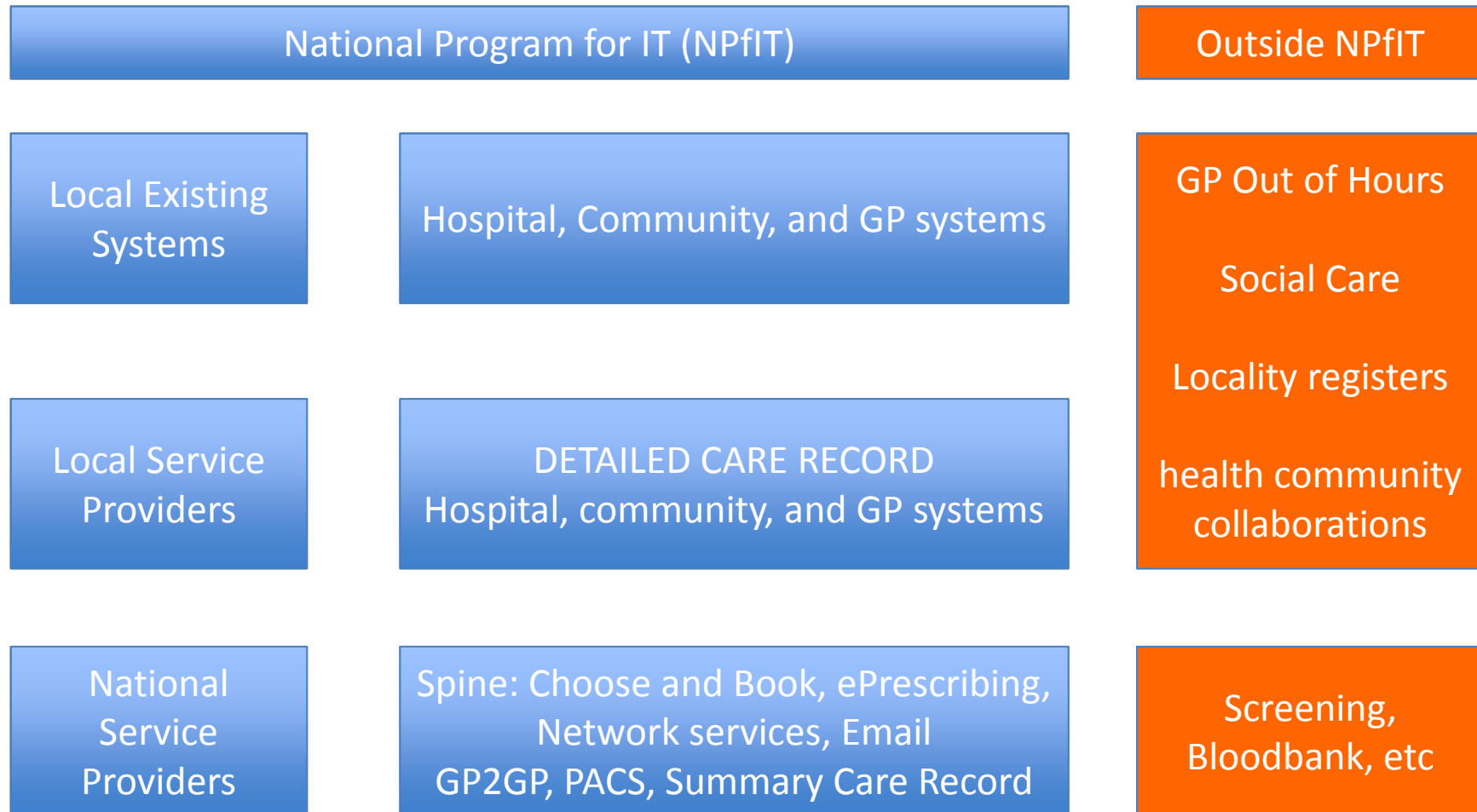
- Chronic conditions – shared care
- NHS reorganisations happen often
- Evolving understanding of clinical best practice
- The way that care is delivered evolves
- Rising expectations

... Wanless Report

Wanless report...

- Wanless
 - More National clinical guidelines
 - double spending on NHS ICT
 - ring-fenced ICT spending
 - Central mandated standards to ensure compatibility
- What is happened in England (NPfIT)
 - Central purchase of software and services
 - Central EHR services ensure compatibility

National Program Overview

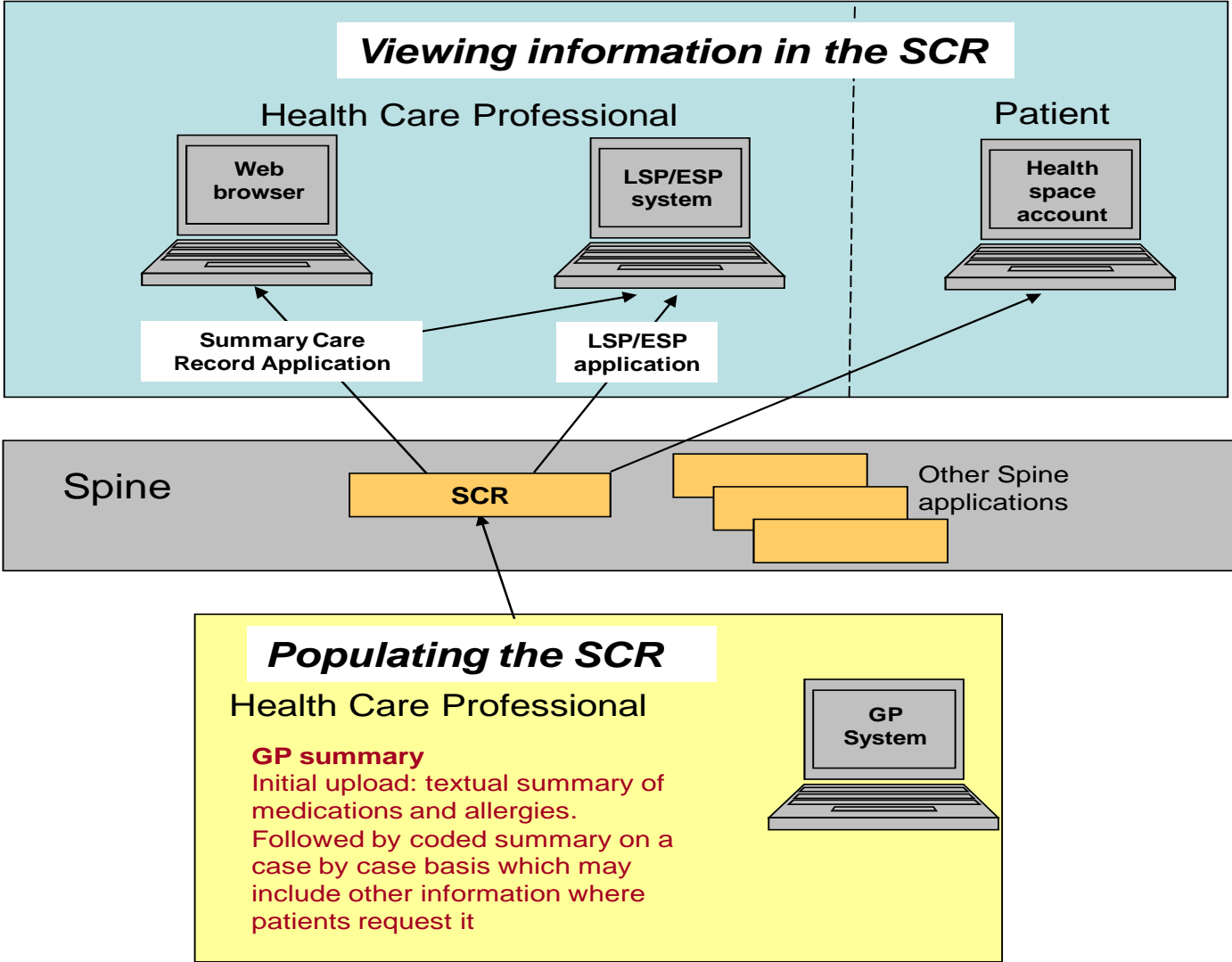


What is the SCR?

The SCR is an electronic summary of key health information. It will hold limited essential information (medication, adverse reactions and allergies) derived from the patient's GP record

Additional information may be included at the request of (or with the explicit consent of) the patient. Examples of additional information are: significant medical history; care plans for patients with long-term conditions or end of life preferences; any other information considered relevant by the patient or GP.

System Overview



Patients Choices

There will be a *minimum* of 12 weeks to opt out before an SCR is created

The upload of information to the SCR should only take place once the GP practice and the Primary Care Trust (PCT) agree that patients have been adequately informed about the process and properly enabled to opt out should they wish

Patients can change their mind at any time

A patient will be asked before their record is viewed

Nic-qtp-donotuse XXTESTPATIENTREIZ DoB 23-Jul-1948 Male NHS 999 028 1025

Clinical | Patient details | HealthSpace

Actions for this patient

GP Summary | Clinical correspondence | Show all



General Practice Summary Created 17-Sep-2009

This is a GP Summary sourced from the patient's General Practice record. This summary may not include all the information pertinent to this patient. NB the patient may have opted to leave out items from this summary. [Tell me more](#)

Time of sending 17/09/2009 14:30.45

Author **Dr Nick Sykes, c/o NHS National Programme**

Allergies and Adverse reactions

The practice system holds no Allergies and Adverse Reactions

Repeat Medication

Date first added	Medication item	Dosage instructions	Quantity or duration	Reason for medication
07/08/2009	LANSOPRAZOLE caps (ec grans) 30mg	TAKE ONE ONCE DAILY	28 capsule (s)	
07/08/2009	PARACETAMOL caps 500mg	TAKE TWO 4 TIMES/DAY	100 capsule (s)	
07/08/2009	FENTANYL lozenge + applicator 400micrograms	1 WHEN REQUIRED 1 HOURLY	90 lollipop (s)	
07/08/2009	MOVICOL sach	TWICE A DAY	56 sachet (s)	
07/08/2009	ORAMORPH oral soln 10mg/5ml	20ML (40MG) EVERY 4 HOURS, IN ADDITION CAN BE GIVEN ANOTHER 20ML (40MG) ONE HOURLY IF REQUIRED	1000 mls	

Discontinued Repeat Medication

The practice system holds no record of Repeat Medication that has been recently discontinued

Acute Medication

Date prescribed	Medication item	Dosage instructions	Quantity or duration	Reason for medication
07/08/2009	GLYCOPYRRONIUM BROMIDE inj	FOR EXCESSIVE RESPIRATORY SECRETIONS, 400MCG (2ML) TO	10 ampoule	

In the last six months:

◀ 17-Sep-2009 [General Practice Summary](#)

National Rollout of the SCR

9 million people have a SCR (there are 53 million registered patients in England)

Records uploaded by over 1250 GP practices in 82 PCTs (there are 8250 practices in 151 PCTs in England)

Opt out rate just over 1%

33 million patients contacted in 125 PCTs (there are 43 million registered patients over 16 years old in England)

SCR live in several care settings including: GP out of hours; emergency departments; acute admissions wards; walk in centres.

Benefits are being seen particularly in GP out of hours services with users reporting an increased level of confidence in clinical decision making resulting in a reduction to onward referral patterns, an impact on prescribing decisions and a contribution to improvements in patient safety.

Focusing the Value Proposition

- 2002-2006 seen as a common granular core record across primary and secondary care, integrated with local records systems
- 2006-2010 scope constrained to being a document store to support distributed care
- 2010- summary information from GPs to support Urgent and Emergency Care

Observations

- Clear responsibility for maintaining the content – only supplied by GP
- Clear, focused, measurable purpose
- Trust of professionals and patients cannot be taken for granted

Contractual Basis

- Local Service Provider (LSP) and National Application Service Provider (NASP).
 - Ten year contract – payment on delivery
- GP Systems of Choice
 - GPs do not have to take LSP systems
- Additional Supply Capability and Capacity
 - Framework contract to include many more suppliers
- Interoperability Toolkit
 - Locally commissioned systems to follow consistent standards
- Locally Specified Systems

Interoperability Toolkit

- Bring together NHS trusts to agree common requirements and standards
- Develop reusable specifications
- Centrally Fund and help early reference implementations
- Objective to promote consistency
- Used in locally managed procurements

Healthcare Politics

- National Solution
 - Small number of systems for a unified NHS
 - Economies of scale
 - Platform for redefining services
- New Government
 - “Liberating the NHS” healthcare strategy
 - No Healthcare Information Strategy released
 - “Connect All” and “Local Responsibility” key themes
 - National Program Cancelled – but national systems retained

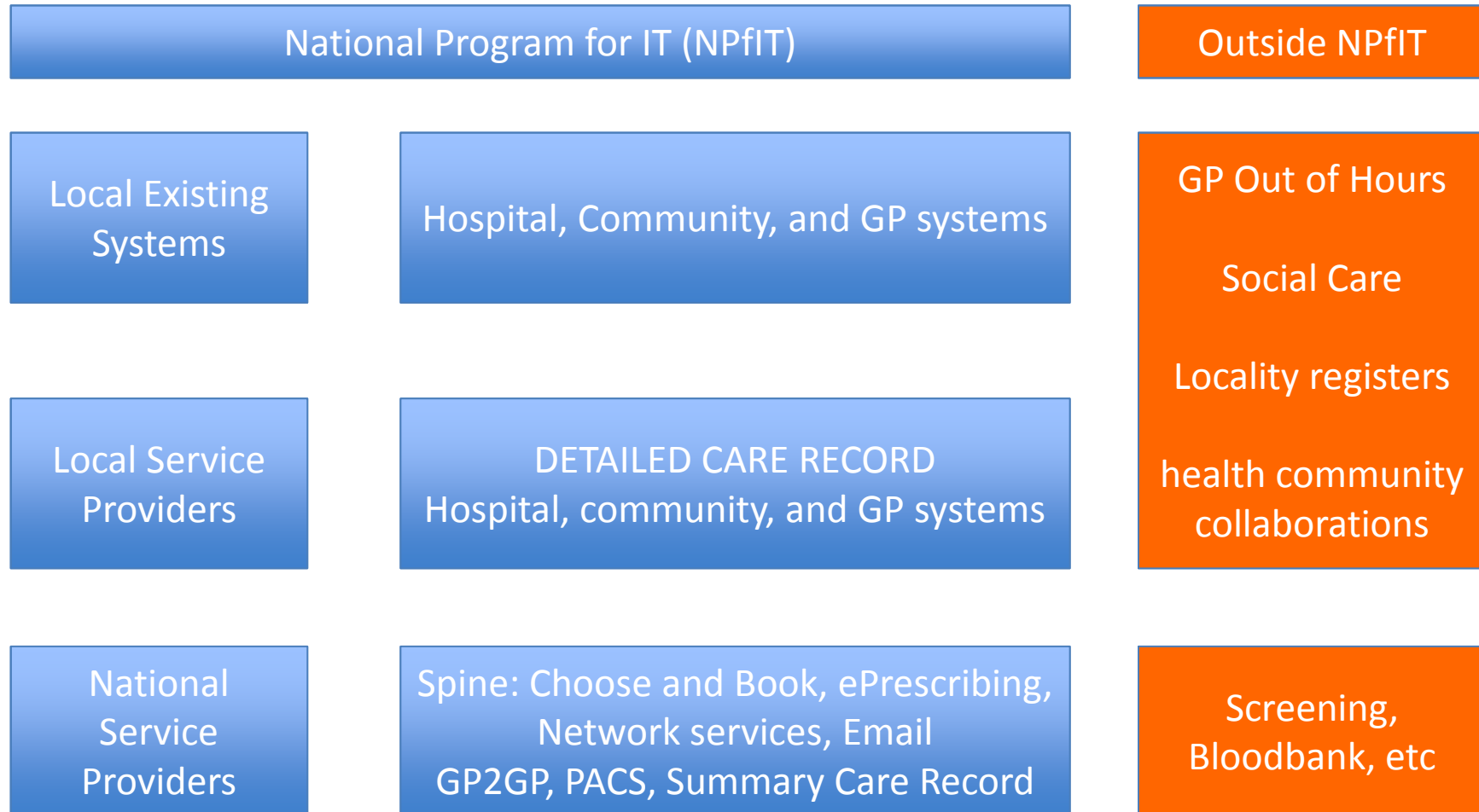
The Challenge is the same

- Chronic conditions – shared care
- NHS reorganisations happen often
- Evolving understanding of clinical best practice
- The way that care is delivered evolves
- Rising expectations

The actions

- Wanless Recommended:
 - More National clinical guidelines
 - double spending on NHS ICT
 - ring-fenced ICT spending
 - Central mandated standards to ensure compatibility
- What is happening in England now
 - Clinical Governance in Flux
 - Spending held constant, but more IT for your money
 - Core National Services in place
 - “Connect all”
 - Interoperability Toolkit to motivate consistency

National Program Overview



Useful Links

SCR Website:

www.connectingforhealth.nhs.uk/systemsandservices/scr

SCR Rollout statistics:

www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/aboutscr/benefits/scrkey

SCR – Realising the benefits:

www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/impguidpm/benefits