

Sharing information to improve your care

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Sharing information to improve your care

Important medical information and care preferences can be shared to teams that provide your care:

- Ensuring that they have the right information at the right time
- This can improve the safety, efficiency and effectiveness of your care and also your experience of that care

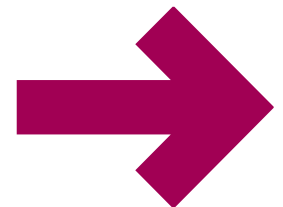
NHS England and NHS Digital are doing this through:

1 Adding additional information to your Summary Care Record

This is **available now** and you can ask for additional information to be added to your SCR

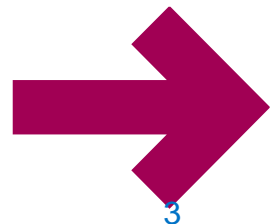
2 Flagging adjustments to your care across the NHS

This is **currently being developed** and you can help shape how this will work



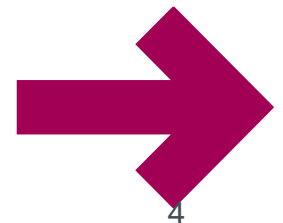
What is the Summary Care Record (SCR)?

- An electronic record containing medical information about you from your GP practice
- Stored on the NHS Spine
- Available for Doctors and Nurses treating you to view
 - as long as you have given them your permission



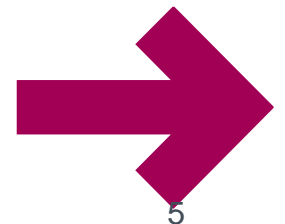
What does your SCR contain?

- The Summary Care Record contains information about your:
 - Allergies and adverse reactions
 - Acute medications
 - Repeat medications
 - Repeat medications that have recently been stopped
- When the information changes at your GP practice it will automatically change the information on your Summary Care Record



Who has an SCR and who can look at them?

- Over 96% of the population now have an SCR
- SCRs are created for all patients except those who have said they don't want one
- You all will most likely have an SCR!
- Doctors, nurses, pharmacists and other health professionals across the NHS are able to view SCRs
- With your permission, these people treating you can view your SCR
- This includes people who treat you in an emergency and in routine scheduled care (such as hospital appointments)



Benefits of having an SCR

Safety

40% of patients
have a

**medication error identified
when SCR is used**

(feedback from A&E clinical users)

Effectiveness

49% of patients
guided to a

**more appropriate care
pathway when SCR is used**

(feedback from OOH clinicians)

Benefits of having an SCR

Efficiency

29 minutes time
saved per patient

undertaking a medicines
reconciliation

(Journal of Medicines Optimisation – Dec
2015)

“While I use SCR relatively
infrequently, on **EVERY** occasion
it has directly informed, changed
and better aided patient care ...
when we use it, it counts
enormously and directly saves
lives.” **ED consultant**

Scardonotuse XXTESTPATIENTDZBGT DoB 11-Nov-1996 Male NHS 999 024 6718 GP Practice Y90204 Address Apartment 11, Riverside West Apts, Whitehall Road, LEEDS, WEST YORKSHIRE, LS1 4AW

Clinical Patient Details

GP General Practice Summary Summary Created: 02/02/2012 11:37:14

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](#)

Created By: Mrs Carolynne Webster, c/o NHS National Programme, 1 Whitehall, Leeds, West Yorkshire, LS1 4HR**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
28/10/2011	ALOMIDE eye drp 0.1%	ONE DROP 4 TIMES/DAY	10 mls	
07/02/2011	LEVOTHYROXINE sf oral soln 25micrograms/5ml	2	100 mls	
07/02/2011	LEVOTHYROXINE sf oral soln 25micrograms/5ml	2	100 mls	
28/01/2011	LEVOTHYROXINE sf oral soln 25micrograms/5ml	1	100 mls	
09/01/2011	SALBUTAMOL mr cap 4mg	TAKE ONE TWICE DAILY	56 capsule(s)	
09/01/2011	LEVOTHYROXINE sf oral soln 25micrograms/5ml	2	100 mls	
09/09/2010	PARACETAMOL caps 500mg	2	16 capsule(s)	
18/08/2010	GEMFIBROZIL caps 300mg	TAKE TWO TWICE DAILY	112 capsule(s)	

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
06/01/2012	NASEPTIN nasal crm	APPLY AS DIRECTED	15 gram	
28/10/2011	NASEPTIN nasal crm	APPLY AS DIRECTED	15 gram(s)	

You can add more information to your SCR...

- With your permission, your GP practice can add more information to your SCR
- The information includes coded items and associated free text
- You can ask for an SCR with additional information now!

SCRs with additional information include:

- **Reason for medication**
- **Significant medical history**
(past and present)
- **Anticipatory care information**
(such as information about the management of long term conditions)
- **Communication preferences**
(as per the SCCI-1605 national dataset)
- **End of life care information**
(as per the SCCI-1580 national dataset)
- **Immunisations**

Adding more information to your SCR

As part of the new annual health check you will be asked for your consent to add additional information to your SCR

Important medical information and care preferences from the health check process will be added to your GP record and included in your SCR:

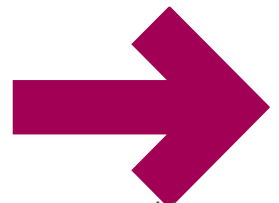
- Details of your **learning disability**
- Details of associated **physical and sensory disability**
- Your **communication needs**
- Contact details for your **carers** and **next of kin**
- Details of your **Annual health check** or **Health action plan**
- **Key workers** and **care services** involved in your care
- Details of those people with **Lasting Power of Attorney**



Adding more information to your SCR

Supporting those with learning disabilities

Lawrence is a middle aged man with a moderate learning disability. He has difficulty hearing, his speech can be difficult to understand and he gets anxious with people that he does not know. His sister is his next of kin and is very involved in his care.



Adding more information to your SCR

Lawrence attends an annual health check at his GP practice. Key information from his healthcare passport, including his phobia of needles and his interest in football, is recorded in his GP record. In discussion with Lawrence and his sister, his GP makes a 'best interests' decision to create an enriched SCR.

Six months later, he is brought to A&E with a carer. He has been refusing to eat for the last few days and clutching at his chest. Lawrence's SCR is accessed which shows contact details for his sister. It also shows anti-inflammatory medication that he has received recently and that he has previously been treated for gastritis.

Lawrence initially refuses blood tests but he is persuaded to have them by using local anaesthetic cream and a chat about football. He is found to be anaemic. An endoscopy is arranged which is supported by his sister. He is found to have a gastric ulcer. He is started on treatment and discharged home.

Diagnoses

<i>Date</i>	<i>Description</i>	<i>Value</i>
04 Feb 2016	Needle phobia However he will have blood tests if given reassurance (he loves football) and local anaesthetic creams are used	
12 Oct 2015	Acute gastritis	
18 Sep 2015	Moderate learning disability	
07 Jul 1980	Down's syndrome NOS	

Clinical Observations and Findings

<i>Date</i>	<i>Description</i>	<i>Value</i>
10 May 2015	Body mass index 30+ - obesity	
10 May 2015	O/E - dysarthria His speech can be difficult to understand	
28 Feb 1994	Hearing difficulty	

Administrative Procedures

<i>Date</i>	<i>Description</i>	<i>Value</i>
04 Feb 2016	Learning disabilities health action plan reviewed Main goal over next 12 months is weight loss	

Social and Personal Circumstances

<i>Date</i>	<i>Description</i>	<i>Value</i>
04 Feb 2016	Patient's next of kin Sister Emma, Mobile number 07XXX XXXXXX	
23 Jun 2014	Independent housing, lives alone Has professional carer support daily for accessing activities	

Adding more information to your SCR

Supporting those with learning disabilities

“People with learning disabilities often have their behaviours misinterpreted as being part of their disability rather than their illness – something we call ‘diagnostic overshadowing’. The Summary Care Record helps enable reasonably-adjusted care and more accurate and timely diagnosis, which will make a very important contribution to the efforts to reduce premature and avoidable mortality.”

Dr Dominic Slowie

National Clinical Director for Learning Disability

Sharing information to improve your care

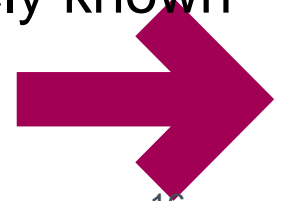
Flagging adjustments to your care across the NHS

- This is **currently being developed** and you can help shape how this will work
- Clinical systems already hold some flags to highlight important medical information and care preferences, which is often restricted to local systems and local areas
- National flagging is being developed so that as soon as you are referred or register for care anywhere in the NHS, the staff will know that you may need adjustments as part of your care
- This will be done in conjunction with you and only with your consent.



National flagging for patients

- This is a method of telling NHS staff that are treating you that you may need adjustments to your care and if useful information is available to help them give you better care
- This can include details of reasonable adjustments such as whether you use a hospital passport, how you would like the NHS to communicate with you, support for your family and carers to be partners in your care, longer appointments or anything else to help your care
- It will be **visible in all clinical systems**
- It will be **viewable by all relevant staff** in healthcare teams who **are providing direct care** to patients including administrative members of the extended care team providing care (e.g. staff registering the patient) so your needs will be immediately known



Flag – search for the patient

https://nww.int.spine2.ncrs.nhs.uk/ - NHS Summary Care Record - Find a patient (basic) - Internet Explorer

Find a patient Change role Help Exit Summary Care Record **NHS**

Find a patient

Please search for a patient by either entering their details or **NHS number**

Basic **Advanced**


Enter patient details

* Denotes required field

* Gender ☐ Female ☐ Male

First name

* Surname


* Date of birth 

Full postcode [Address & Postcode Lookup](#)

Find Clear

Find by NHS Number

* Denotes required field

* NHS Number 


Find Clear

Tips on finding a patient using Basic search

- [General search tips](#)
- [Surname tips](#)
- [Date tips](#)
- [First name tips](#)
- [Address finder tips](#)

Need more help?

- » [Help with this screen](#)
- » [Tell me more about searching](#)

 Use of the NHS Summary Care Record is subject to confidentiality regulations. Some actions will raise a privacy alert.

» [More about privacy alerts](#)

CONFIDENTIAL: PERSONAL PATIENT DATA accessed by DEERING, Wilma - Systems Support Access Role - LOCUM PHARMACY Version: r.6.4.0.5.20160127153225

100%

Flag - visible alongside patient details

NHS Summary Care Record - Key demographic information - Internet Explorer

http://www.england.nhs.uk

Find a patient Change role Help Print Exit

Emma SWIFT DoB 01-Jan-2010 Female NHS 943 770 2241 GP Practice P84009

Patient Details

Key Demographic Information GP & Care Providers Contacts & Next of Kin Historical Information

Reasonable Adjustment

Name

View history

Usual Name **MISS Emma Louise Swift**

Preferred Name *Not recorded*

Alias *Not recorded*

Other Names *Not recorded*

Key Details

Gender **Female**

NHS Number **943 770 2241**

Date of Birth **01-Jan-2010** 11:11

Birth Order *Not recorded*

Place of Birth **Barnsley, South Yorks, England**

Language **English** *Interpreter required*

General Practice **P84009 - AILSA CRAIG MEDICAL CENTRE**

Consent to share **Implied Consent**

Summary Care Record / Consent Preference

SCR Consent Preference **Permission to view required**

Addresses

View history

Usual Address **27 Bloomfield Road
DARTON
BARNSELY
UNITED KINGDOM
S75 5AP**
Effective since 01-Apr-2014

Correspondence address **29 BLOOMFIELD ROAD
DARTON
BARNSELY
UNITED KINGDOM
S75 5AP**
Effective from 21-Sep-2014 to 30-Sep-2014

Temporary address *Not recorded*

Contact Information

View history

Telephone *Not recorded*

Email *Not recorded*

Fax *Not recorded*

Textphone **12121 2121212121212121** *Minicom*
88888 8888888888888888 *SMS*
99999 9999999999999999 *Pager*

Written communication *Not recorded*

Contact preferences *Not recorded*

[Back to Patient List](#)

CONFIDENTIAL: PERSONAL PATIENT DATA accessed by HUTTON, Jay - Systems Support Access Role - URGENT CARE CENTRE

Version: r.6.3.0.1.20151202120729

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Flag - details of reasonable adjustments

Patient Details	Name: Freda Brown Date of Birth: 21st March 1992	NHS Number : 999 999 9998 Age: 25 years old
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Patient Reasonable Adjustment Flag

Please consider this patient for reasonable adjustments*

Potential Adjustment(s)	<ol style="list-style-type: none">1. Freda needs to be supported by her keyworker for all health appointments – contact number.....2. Freda needs all health interventions explained in simple terms and shared in written / diagrammatic form to help her understand, remember and consent3. Freda needs to be supported to make decisions and choices using non verbal (eye pointing) approaches4. Freda's weight, nutritional intake and skin integrity requires vigilant monitoring; advice, support and guidance needs to be provided to support staff.	
Main reason(s) for adjustment(s)	Learning Disability (Moderate) Physical Disability Cerebral Palsy	
Adjustment Flag created by	Dr Mike Brown, Barnsley Acute Trust, Some Town, Some County, S76 8YP	Tel: 01226 121121 Fax: 01226 21212 Email: MBrown12@nhs.net

Created on 1st March 2016

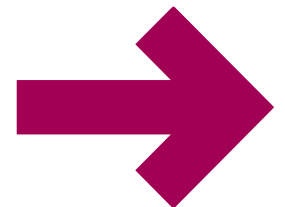
*The Equality Act (2010) states that public organisations must take steps to remove the barriers individuals face because of their disability. The Act labels this as the duty to make anticipatory reasonable adjustments.

How you can help us now

1. Do you think that a Reasonable Adjustment flag could help you or the person you care for?
2. Could you provide examples of when the Reasonable Adjustment flag would help you? What would the adjustment(s) be?
3. Have you got any concerns or worries about sharing information in this way?
4. How can we improve this proposal?

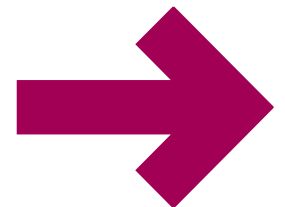
You can answer these questions using the forms provided or feedback via the online survey here:

<https://www.surveymonkey.co.uk/r/GYLPRDT>



Take Home Actions

- Promote SCR and SCR-AI use locally with both users and providers
- Ask for an Annual health check
- Make sure Health Check includes offer of SCR-AI
- Ask for SCR-AI anyway, regardless of health check
- Provide feedback / comments on Flagging
- Complete survey
- Engage others in the consultation – offer local contacts etc.
- Keep in touch!



Questions?

Further Information:

MENCAP <https://www.mencap.org.uk/advice-and-support/health/dont-miss-out/dont-miss-out-annual-health-checks>

NDTi https://www.ndti.org.uk/uploads/files/RH_Health_Checks_Guide.pdf

SCR: A patient leaflet is available - see the SCR website:
<https://digital.nhs.uk/summary-care-records> or talk to your GP practice

SCR Email: scr.comms@nhs.net

