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
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 Carolyne 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

<table>
<thead>
<tr>
<th>Date first added</th>
<th>Medication item</th>
<th>Dosage instructions</th>
<th>Quantity or duration</th>
<th>Reason for medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/10/2011</td>
<td>ALOMIDE eye drip 0.1%</td>
<td>ONE DROP 4 TIMES/DAY</td>
<td>10 ml</td>
<td></td>
</tr>
<tr>
<td>07/02/2011</td>
<td>LEVOHYROXINE sf oral soln 25micrograms/5ml</td>
<td>2</td>
<td>100 ml</td>
<td></td>
</tr>
<tr>
<td>07/02/2011</td>
<td>LEVOHYROXINE sf oral soln 25micrograms/5ml</td>
<td>2</td>
<td>100 ml</td>
<td></td>
</tr>
<tr>
<td>28/01/2011</td>
<td>LEVOHYROXINE sf oral soln 25micrograms/5ml</td>
<td>1</td>
<td>100 ml</td>
<td></td>
</tr>
<tr>
<td>09/01/2011</td>
<td>SALBUTAMOL mr cap 4mg</td>
<td>TAKE ONE TWICE DAILY</td>
<td>56 capsule(s)</td>
<td></td>
</tr>
<tr>
<td>09/01/2011</td>
<td>LEVOHYROXINE sf oral soln 25micrograms/5ml</td>
<td>2</td>
<td>100 ml</td>
<td></td>
</tr>
<tr>
<td>09/09/2010</td>
<td>PARACETAMOL caps 500mg</td>
<td>2</td>
<td>16 capsule(s)</td>
<td></td>
</tr>
<tr>
<td>18/08/2010</td>
<td>GEMFIBROZIL caps 300mg</td>
<td>TAKE TWO TWICE DAILY</td>
<td>112 capsule(s)</td>
<td></td>
</tr>
</tbody>
</table>

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

Acute Medication

<table>
<thead>
<tr>
<th>Date prescribed</th>
<th>Medication item</th>
<th>Dosage instructions</th>
<th>Quantity or duration</th>
<th>Reason for medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/2012</td>
<td>NASEPTIN nasal cm</td>
<td>APPLY AS DIRECTED</td>
<td>15 gram</td>
<td></td>
</tr>
<tr>
<td>28/10/2011</td>
<td>NASEPTIN nasal cm</td>
<td>APPLY AS DIRECTED</td>
<td>15 gram(s)</td>
<td></td>
</tr>
</tbody>
</table>
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
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.
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

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

## Clinical Observations and Findings

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 May 2015</td>
<td>Body mass index 30+ - obesity</td>
</tr>
<tr>
<td>10 May 2015</td>
<td>O/E - dysarthria</td>
</tr>
<tr>
<td></td>
<td>His speech can be difficult to understand</td>
</tr>
<tr>
<td>28 Feb 1994</td>
<td>Hearing difficulty</td>
</tr>
</tbody>
</table>

## Administrative Procedures

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 Feb 2016</td>
<td>Learning disabilities health action plan reviewed</td>
</tr>
<tr>
<td></td>
<td>Main goal over next 12 months is weight loss</td>
</tr>
</tbody>
</table>

## Social and Personal Circumstances

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 Feb 2016</td>
<td>Patient’s next of kin</td>
</tr>
<tr>
<td></td>
<td>Sister Emma, Mobile number 07XXX XXXXXX</td>
</tr>
<tr>
<td>23 Jun 2014</td>
<td>Independent housing, lives alone</td>
</tr>
<tr>
<td></td>
<td>Has professional carer support daily for accessing activities</td>
</tr>
</tbody>
</table>
“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

Find a patient

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

Find by NHS Number

NHS Number: 9437702241

Find

Clear

Tips on finding a patient using Basic search

- General search tips
- Surrogate 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

www.england.nhs.uk
Flag - visible alongside patient details
# 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 |

## Patient Reasonable Adjustment Flag

Please consider this patient for reasonable adjustments*

### Potential Adjustment(s)

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 consent
3. Freda needs to be supported to make decisions and choices using non verbal (eye pointing) approaches
4. 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 212121
- 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/GYLPRTD
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:

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