| | | | | |
|---|---|---|---|---|
| NHS Connecting for Health | **Summary Care Record Scope** | | | |
| | **Programme** | NPFIT | **Document Record ID Key** | |
| | **Sub-Prog / Project** | SCR | NPFIT-SCR-SCRDOCS-0005.01 | |
| | **Prog. Director** | James Hawkins | Status | Approved |
| | **Owner** | Richard Clay | Version | 1.9 |
| | **Author** | Richard Clay | Version Date | 27 October 2009 |

# Summary Care Record Scope

## Contents

# 1 Document History

## Approvals

This document requires the following approvals:

| Name | Signature | Title / Responsibility | Date | Version |
|---|---|---|---|---|
| James Hawkins | | SCR Programme Director | | 1.8 |
| Gillian Braunold | | Clinical Director SCR and Healthspace | | 1.8 |
| Nic Fox | | SCR Programme Head | | 1.8 |
| SCR Programme Board | | Governance body for SCR Programme | | 1.8 |

# 2 Introduction

## 2.1 Purpose

The purpose of this document is to communicate a clear definition of the scope of the Summary Care Record (SCR). This will form the baseline against which future changes will be managed.

The scope of the SCR needs to be clearly defined in order to avoid scope creep, which has the potential to lead to unexpected consequences, clinical safety issues or additional costs. It is also required to avoid the perception of scope creep arising from ambiguity and potential misunderstandings.

This document is not intended to provide a detailed view of how the SCR will be implemented or delivered, nor the benefits to be delivered, as this is covered by other more specific documents. It is intended to provide the reader with a clear understanding of the intended use and content of the Summary Care Record at a high level.

## 2.2 Definition of Scope

In defining the scope of the SCR, there are two distinct components that should be considered: use and content:

**Use or purpose:** describes how, by whom and in what care settings the SCR is used.

**Content:** describes the information contained within the SCR and from where that information is derived.

# 3 Scope of the SCR

## 3.1 Content of the SCR

The SCR is designed to provide a summary of clinical information which would be deemed useful in the event of urgent or unscheduled care for a patient, particularly when other sources of information may not be readily available. It is created from the records of organisations already delivering care to a patient. The over arching aim is that the SCR will contain only significant aspects of a person's care, those deemed to deliver benefit to a patient when receiving urgent and unscheduled care.

The content within the SCR provides previously unavailable key clinical information which increases patient and clinician access, contributing to higher quality care. This content will enable patients to take more responsibility for managing their own health. In addition the information will allow access to clinicians and others within care settings who can benefit significantly from readily available access to patient records.

Development of content for the SCR will be introduced in two phases.

**Release 1:**

Initially the SCR will contain the GP Summary for the patient. When a patient's SCR is first created it will contain details of:

- Medications;
- Adverse reactions; and,
- Allergies.

Following the creation of an initial GP Summary, additional information from the patient's GP records may be added by the GP. This information will be selected to allow a greater quality of care to be delivered to the patient by other clinicians who may access the patient's SCR. This is called 'enriching' the GP Summary. A specific example of this has been the creation of End of Life Care Plans within the GP Summary for patients undergoing palliative care.

As information in a patient's GP Summary is updated, a new GP Summary will be generated and this will replace the existing GP Summary in the patient's SCR. Therefore patients can only have one current version of a GP Summary in their Summary Care Record available for staff giving care to the patient.

**Release 2:**

In addition to population with GP held information, functionality will be introduced allowing additional information to be uploaded from the following sources:

- Emergency department discharge summaries;
- Inpatient discharge summaries;
- Outpatient discharge summaries;
- Out of Hours encounters;
- Health and Social Care Common Assessment Framework Plans; and,
- Patients own contribution to their records via HealthSpace.

Each time a patient has an episode of care at any of the care settings contributing Release 2 content (listed above), a separate summary of the encounter will be stored in the patient's SCR. All of these separate Release 2 documents will be available when the patient's SCR is accessed by those providing care to the patient.

A patient's Summary Care Record could therefore comprise a single, current GP Summary, a single set of patient preferences contributed via Healthspace plus a number of other documents, generated as a result of each encounter at the care settings listed above.

The introduction of Release 2 content to the Summary Care Record, in addition to the GP contribution, will be subject to evaluation under an Early Adopter programme prior to being implemented nationally.

## 3.2 Use of the SCR

### 3.2.1 Urgent and unscheduled care settings

The Summary Care Record supports patient care in urgent and unscheduled care settings by storing a defined set of key patient data for every patient in England except those who choose not to have one.

The SCR plays a vital role in increasing access to information for both patients and clinicians. The SCR will allow greater access to previously unavailable clinical information within urgent care settings which will help ensure that outcomes and treatment quality are improved.

Under the national implementation programme, the SCR will be deployed initially in the following settings:

- Primary care out of hours settings;
- Emergency departments;
- Ambulance trusts;
- Medical assessment units;
- Walk-in-centres;
- Minor injury units;
- GP practices;
- Mental health trusts and community services[1]; and,
- Patients at home, via Healthspace.

Healthcare professionals in these settings with a legitimate patient relationship will access the SCR through either the purposely designed web application known as the SCR application (SCRa) or through their own local systems integrated with the SCR. It is also possible to access the SCR via other methods, such as mobile devices. Patient access will be via an advanced HealthSpace account.

By whichever means the SCR is accessed, a number of security and information governance controls apply. These include access to a patient's Summary Care Record only being granted to those users who have a legitimate relationship with the patient and have sought the patient's permission to view their SCR. All users who access a patient's SCR will have been uniquely issued with a Smartcard and assigned the appropriate Role Based Access Controls. In addition all activity relating to a patient's SCR is audited and alerts on certain activities are generated for Privacy Officers to investigate.

[1] Specifically this includes mental health crisis intervention services (such as Crisis Resolution Teams) and community crisis services (e.g. for patients with long term conditions); both are intended to provide care with the minimum disruption to their lives and reduce the need for unscheduled admissions.

### 3.2.2 Additional settings

As well as the urgent and unscheduled care settings identified, it is envisaged that use will encompass additional scenarios where patient benefit can be delivered. Innovation at a local level, as defined by the Informatics Review, is therefore encouraged by the SCR Programme as this will enable the NHS to realise additional benefits from the SCR. This should be managed at the local level, with SCR Programme involvement as appropriate.

Examples of additional settings which may derive benefit in using the SCR include:

- Hospital Pharmacies;
- Acute surgical admission, e.g. surgical assessment units;
- Palliative care;
- Hospices;
- Social care;
- NHS Direct;
- The independent sector, where NHS care is provided to NHS patients;
- Dentists, including Rapid Access Dental Unit; and,
- Community Pharmacies[2].

The same restrictions and controls over access to the SCR will apply for these settings.

### 3.2.3 Use of the SCR Data

All of the content that is viewed through the SCR is secondary and originates from another primary source. For this reason there are currently no plans to include the SCR as a source feed for the Secondary Uses Service (SUS).

[2] Subject to pilot evaluation.

### 3.2.4 Patient access via HealthSpace

Patients will be able to access their Summary Care Record via HealthSpace. Currently patients can view their GP Summary via HealthSpace. Patients will be able to contribute limited non-clinical material to their SCR, and access it from wherever they are being treated, if necessary (subject to access to an internet connection being available).

By using HealthSpace to access their own SCR, patients can view key clinical information and take more responsibility for their own health and care. HealthSpace links to the SCR to give a web portal for a patient to access a number of areas including:

- Practical support: tracking blood pressure, blood sugar levels and weight;
- Access for patients to their records anywhere in the world[3], enabling patients to manage their health on a day-to-day basis; and,
- Improved patient and healthcare professional relationship; more effective use of care planning, using secure communications between clinicians and patients which is currently being piloted (Communicator).

[3] Provided the patient has registered with an English postcode, as part of the registration process, and receives post at that address.

# 4 Summary Care Record Clinical Governance

In order to support the NHS CRS Programme Board a National Clinical Reference Panel (NCRP) has been established to ensure appropriate governance of clinical matters relating to the development of the NHS Summary Care Record.

The main purpose of the NCRP for the NHS Summary Care Record is to:

- govern the scope of the clinical content of the NHS Summary Care Record throughout development and implementation;
- help set priority areas for further development; and,
- ensure that any clinical matters are exposed to current sensible clinical opinion.

The NCRP is responsible for providing strategic clinical advice, guidance and recommendations to the NHS SCR Programme Board, who are responsible for the delivery of the NHS Summary Care Record, on the clinical development and implementation of the NHS Summary Care Record in the NHS. The NCRP will recommend sign off, from a clinical content perspective, of decisions as the development of the NHS Summary Care Record evolves.

Membership of the NCRP comprises a wide clinical representation including, but not limited to Nursing Professions, Dentistry, Medicine, Pharmacists, Emergency Care including ambulance services, General Practice, Urgent Care Provision, Mental Health, Secondary Care, Community Care, Patients and the Public.

# 5 Process for Managing the Scope of the Summary Care Record

## 5.1 Managing SCR Content Scope

The introduction of a national, shared summary record presents many new opportunities both for how the record can be used in a wide variety of care settings, but also to the content of the record. Both content and use of the SCR are likely to change over time.

Many uses of the SCR have already been considered and these are included in the SCR Business Case. However the SCR programme recognises that opportunities to exploit innovation from the introduction of the SCR should be supported. However adding additional content to the SCR does present certain risks, including the risk of scope creep and also that the core concept of the "summary" element of the SCR might be lost amidst additional content being added to the SCR.

It is therefore important to ensure that any changes to the content of the SCR are carefully considered so that possible benefits from the addition of new scope to the SCR are maximised whilst balancing the need to maintain the essence of the SCR and protect the benefits of delivering the SCR.

Any changes to the SCR scope will require consideration from the SCR Programme governance to ensure the proposed changes are appropriate for the SCR. This section will consider the addition of new content to the SCR only. Additional care settings using the SCR are described in section 3.2.2.

## 5.2 The Process for Managing SCR Scope

The overall process for adding new content to the scope of the SCR is set out below:

- SCR Programme Board commissions the NCRP to consider proposed scope to ensure clinical appropriateness;
- Clinical Sponsorship and approval provided by the NCRP;
- SCR Programme Board approval and recommendation to the NCRS Board;
- NCRS Board approval; and,
- Funding and SCR business case adjustment governed under SCR Programme Board.

Each of these steps is considered in more detail below.

### 5.2.1 SCR Programme Board commissions NCRP to consider proposed scope

All proposals to add new content to the SCR should be reported to the SCR Programme Board who will commission the NCRP to clinically review the proposal. Clinical endorsement by the NCRP is essential to ensure that the proposed new content is clinically appropriate for inclusion within the Summary Care Record.

The SCR Programme Board is not required to decide at this point whether the new content should be accepted until the NCRP has reviewed the proposal.

### 5.2.2 Clinical sponsorship and approval by the NCRP

As outlined in section 4 the main purpose of the National Clinical Reference Panel is to govern the scope of the clinical content of the NHS Summary Care Record throughout development and implementation.

Any proposal to add new content to the SCR must have clinical sponsorship. Proposals for new content to the SCR will be presented to the NCRP who will recommend sign off, from a clinical perspective, on whether the proposal should be included within the SCR in future. The NCRP will consider the clinical benefits of adding the proposed new content within the SCR including any associated clinical risks and the impact on maintaining the Summary Care Record as a summary record.

If this proposal is supported by the NCRP, the proposal will be referred to the SCR Programme Board.

### 5.2.3 SCR Programme Board approval

The SCR Programme Board is responsible for delivering the SCR Programme within the SCR Business Case.

When the SCR Programme Board receives a proposal for new content to the SCR, endorsed by the NCRP, the SCR Programme Board must consider the impact of the additional scope on the SCR Programme in relation to:

- The SCR Business Case projected costs and benefits;
- The technical, infrastructure or volume impacts associated with the new proposed SCR content;
- Any funding accompanying the proposal from the Sponsor;
- The impact on the SCR Programme Vision; and,
- Risks associated with introducing the new content.

### 5.2.4 NHS CRS Programme Board approval

If the SCR Programme Board accepts that the proposed new content can be accommodated within the above criteria then the proposal is recommended to the NHS CRS Programme Board who will consider the proposal and the impact on the NHS CRS Vision.

### 5.2.5 Funding and the SCR Business Case

The funding position of any proposal to add new content to the SCR must be outlined when the proposal is made to the SCR Programme Board and NHS CRS Programme Board. The SCR Programme is responsible for delivering the SCR Programme within the SCR Business Case. Proposals from sponsoring initiatives or programmes may either have funding to implement the change or may not. The SCR Programme must consider the impact of both the costs and potential benefits on the SCR Business Case of the proposed change.

### 5.2.6 Updating the SCR Scope

Once the NCRP, the SCR Programme Board and the NHS CRS Programme Board have approved a change to the scope of the content of the SCR and this is backed up by funding and / or a change to the SCR Business Case, then the SCR Scope document will be updated and republished.