NHS

Summary Care Record

Frequently Asked Questions

- **What do we do about patients registered since the Public Information Programme (PIP)?**

  They should have had a letter from the PCT explaining their options. The PCT's are raising awareness by doing the following: poster campaigns, insuring all practices have a new registration policy in place, text messages, leaflets in public places, local advertising.

- **What information is in the Summary Care Record?**

  The Summary Care Record will have details of a patient's medications, any allergies and any bad reactions to medicines they have.

- **Could records be accidentally deleted or lost?**

  No, there is strong protection to prevent any information being lost or deleted. The information is copied to a separate secure site so there is always a back-up.

- **How do we deal with new patients who have opted out of SCR at their previous practice?**

  If the patient's medical record is transferred via GP2GP then the SCR consent will also be carried over. However, we advise you ask about SCR's on your new patient registration form as some patients may not be aware about SCR or may wish to change their original consent status.

- **Who is liable if a practice uploads a SCR for a patient when they had previously expressed a wish to dissent for example, where there is a delay in processing the opt-out form?**

  GP practices can only act on the information available to them. It would be extremely unlikely that a practice would be criticised for uploading an SCR if they were unaware of the patient's decision to opt out. If however the GP practice had failed to process the information according to the agreed protocols then they may be accountable and subject to a complaint. The permission to view model provides an additional safeguard to patients in that staff will ask the patient for permission to view their record before anyone has accessed it. This gives patients who wish to dissent a further opportunity to opt out of having a SCR. The opt-out process will be possible at any site where their permission to view is sought.

- **Will SCR slow down the clinical system?**

  No.

- **What happens if the information available is not accurate or up to date; whose responsibility should it be to check this?**

  If a person makes an inaccurate record, there may be responsibility on their part. It makes no difference whether the record is paper or electronic. NHS Healthcare staff are usually entitled to rely on clinical records but would be expected to be alert to potential inconsistencies.

- **Who needs to be trained?**

  Training can be cascaded down from the practice manager. However, all staff must be aware of SCR processes.

- **How long is the clinical system training?**

  20-30 Minutes.

- **What organisations can access SCR's?**

  A&E Departments, Medical Assessment Units, Minor Injuries Units, Walk In Centres, Urgent Care Centres.

- **When can GP practices access SCR's for walk-in patients?**

  The PCT cannot look into viewing until at least 40% of the population in at area has been uploaded.

- **Who updates the Patients' Summary Care Record?**

  The Summary Care Record can only be updated at the Patients' GP Practice.

- **Can we opt out?**

  Yes, however you will need to inform all your patients that they will not have a summary care record.

For further information:

NHS Summary Care Record Information Line: 0300 123 3020

http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/faqs