

Document Control

Title			
Summary Care Record Access Policy			
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1. Purpose

- 1.1. The purpose of this document is to detail the process for gaining access to the NHS spine and the governance arrangements that support this
- 1.2. The policy applies to all staff who require access to the NHS spine as part of their job role
- 1.3. Implementation of this policy will ensure that:
 - Individuals that require access to summary care records can obtain it
 - Use of access is suitably controlled and monitored

2. Definitions

SCR Definition

- 2.1. Summary care record. 'The SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.' <https://digital.nhs.uk/scr>

3. Responsibilities

Role of Head of information governance

3.1. The Head of information governance is responsible for:

- Ensuring that access to patient information via smartcards is monitored and controlled by appropriate nominated persons

Role of Drugs and therapeutics committee

3.2. The drugs and therapeutics committee is responsible for:

- Acting as the oversight group

4. Background

4.1. SCRs provide clinicians with valuable information about patient's medications and are of particular use in clarifying doses and formulations and allergies in situations where the patient is unable to confirm this.

4.2. At a minimum, the SCR holds important information about;

- current medication
- allergies and details of any previous bad reactions to medicines
- the name, address, date of birth and NHS number of the patient

4.3. The patient can also choose to add information to the SCR, such as details of long-term conditions, significant medical history, or specific communications needs.

4.4. Having this information available enables informed decision making about medication interactions, side effects that may be relevant to admission and also ensures the continuation of medications by making prescribers aware of their existence. This is particularly important for critical medications e.g. epilepsy, Parkinson's etc.

4.5. Access to SCRs is available 24 hours a day, 7 days a week so information can be obtained easily out of hours. The vast majority of patients now have an SCR.

4.6. Data within the SCR is protected by secure technology. Users must have a smartcard with the correct codes set. Each use is recorded. A patient can ask to see the record of who has looked at their SCR, from the viewing organisation. This is called a 'Subject Access Request'.

4.7. Patient data is protected by strict information governance rules and procedures. Each organisation using the SCR has at least one privacy officer who is responsible for monitoring access and can generate audits and reports.

- 4.8. A patient can also opt out of having an SCR by returning a completed opt-out form to their GP practice.

5. Obtaining access to the SCR

Doctors, Pharmacists and suitably trained pharmacy technicians

- 5.1. Doctors and pharmacists joining the trust should automatically gain access to the SCR system through their smartcard
- 5.2. When joining the trust an ESR code allowing this access is automatically attached by Payroll
- 5.3. The SCR training module on STAR should be completed prior to use
- 5.4. Reports of any suspicious access or activity amongst this group are automatically generated and sent to the Associate medical director for Doctors and the Chief pharmacist for pharmacy staff. It is their responsibility to investigate.

Non-medical prescribers

- 5.5. Access to SCRs for Non-medical prescribers is governed by the Non-medical prescribing lead.
- 5.6. When NMPs qualify or join the trust, the NMP lead notifies payroll who will add a code to the persons file which will allow SCR access through the smartcard
- 5.7. NMPs should complete the SCR training module available on STAR prior to use
- 5.8. Reports of any suspicious access or activity by NMPs are automatically generated and sent to the NMP lead for investigation

Nominated Lead Nurses MAU and ED

- 5.9. In the acute situation it is desirable for suitably qualified and appropriately trained nurses to have access to the SCR system
- 5.10. These nurses will require smartcards to access the SCR
- 5.11. These nurses will be nominated to the lead pharmacist for acute medicine who will ensure completion of STAR training and approve staff for access
- 5.12. Once approved, payroll will be contacted to add an access code to allow staff access to SCRs
- 5.13. Reports of any suspicious activity by Nurses accessing under this system are automatically generated and sent to Lead pharmacist acute medicine for investigation

6. Monitoring Compliance with and the Effectiveness of the Policy

Standards/ Key Performance Indicators

6.1. Key performance indicators comprise:

- Reduction in Missed doses
- NHS Improvement Model Hospital Portal
- Annual report to DTC of number of staff with access, training reports and information governance breaches

Process for Implementation and Monitoring Compliance and Effectiveness

6.2. To be rolled out Trust wide on approval.

- Compliance will be monitored by the nominated lead for each group
- Non-compliance will be reported to DTC and escalated as appropriate
- Monitoring will occur on a continuous basis, reports actioned as received
- People found to not be following the policy will be given remedial training or may have access withdrawn as necessary.

7. Equality Impact Assessment

7.1. The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			x	
Disability			x	
Gender			x	
Gender Reassignment			x	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			x	
Pregnancy			x	
Maternity and Breastfeeding			x	
Race (ethnic origin)			x	
Religion (or belief)			x	
Sexual Orientation			x	

8. References

- <https://digital.nhs.uk/scr> [accessed 02/12/16]

9. Associated Documentation

- Non-medical prescribing policy