

25 January 2018

Surrey Care Record – a shared integrated digital care record for Surrey Heartlands and NHS East Surrey Clinical Commissioning Group

Purpose of report: To acquaint the Adults and Health Select Committee with the proposal for the Surrey Care Record and to seek opinion and guidance on considerations around implementation of Phase One of the initiative.

Introduction:

1. It is planned that July 2018 will see the introduction of the Surrey Care Record. In time this will become a database containing the medical records of those members of the population of Surrey Heartlands and East Surrey who do not object to participating. These records will be available for access by health and social care professionals involved in the direct care of the individual.
2. In the short term, Phase One of the project will involve only GP records being made available to professionals within the Accident and Emergency departments of four local hospitals - Ashford and St Peter's Hospitals NHS Foundation Trust, Epsom and St Helier University Hospitals NHS Trust, Surrey and Sussex Partnership Hospitals and Royal Surrey County Hospital NHS Foundation Trust.
3. Strict information governance rules are applied and impending changes to data protection law (GDPR) have been considered. GPs must agree to participate and share patient records. Patients must agree to their records being shared. An Equality Impact Statement will be in place.

What is a Surrey Care Record?

4. A Surrey Care Record is a shared extract of records from health and social care systems. It can be seen and used by authorised staff in the health and care system who are involved directly in the patient's care. The record holds information such as patient demographic details, NHS reference number, care plans, any test results, medications, allergies and social or mental health information.

The project follows many years of engagement by the NHS discussing the concept of shared records with the public nationwide and adopts best practice from other successful projects across the country.

The value of a shared medical record

5. Shared records provide a range of benefits to both the patient and medical staff including:

- a. A reduction in the number of times a patient will need to repeat their medical history or social care information every time they deal with a new member of staff or organisation.

This means clinical staff will be able to work with patients in their care to make the best decisions about the diagnosis, treatment and care plan, enabling the delivery of joined up care.

- b. Care professionals will be able to find shared information when they need it, such as test results, helping to avoid unnecessary appointments and further tests.
- c. In due course, where several organisations work together to support an individual's care, sharing information helps the various teams to co-ordinate, resulting in more time spent on better co-ordinated and safer care with less paperwork.

6. A healthcare professional must seek the patient's permission at the time of treatment if they need to look at the patient's Surrey Care Record.

The only exception is if a patient is unconscious or otherwise unable to communicate. The healthcare professional may decide to 'break the glass' and look at the record because to do so is in the patient's best interest. An audit trail is kept when this happens.

What about consent or opting out?

7. A publicity campaign will be conducted to ensure those affected are fully informed about the Surrey Care Record. Anyone who does not wish to have their GP data included in the Surrey Care Record will be able to register an objection with their GP Practice to opt out.
8. If an individual has opted out of earlier shared record programmes with their GP (e.g. Summary Care Record and care.data) those opt outs will still apply to GP records and will prevent GP data from being shared into the Surrey Care Record.
9. Beyond Phase One, records held by other participating health and care organisations will be shared into the Surrey Care Record unless the individual specifically requests to have the sharing of this information disabled. Individuals will be able to request that specific care providers do not share information about them into the Surrey Care Record; or they will be able to request that all information sharing is disabled. For example, if someone had particular concerns about their mental health data, held by the mental health trust, being shared they could contact the trust directly and ask for them to not share data

into the record. This would stop that specific data from being shared but would not affect data being shared by other providers.

10. Care professionals will be trained to ask for patient consent at the point of care before viewing their Surrey Care Record, giving the individual the opportunity to decide if they agree or not. If there is agreement, nothing further is required from the service user and the professional will be able to access their Surrey Care Record.

Who will be able to access the Surrey Care Record?"
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11. All providers and other organisations eventually to be in scope of the project are expected to be able to access the Surrey Care Record. These are currently:

Care Setting	Provider / Commissioner
GPs and Primary Care	NHS East Surrey Clinical Commissioning Group (CCG) referral team
	NHS NW Surrey CCG referral team
	NHS Surrey Downs CCG referral team
	NHS Guildford & Waverley CCG referral team
Acute Hospital Trusts	Ashford and St Peter's Hospitals NHS Foundation Trust
	Royal Surrey County Hospital NHS Foundation Trust
	Epsom and St Helier University Hospitals NHS Trust (Epsom Hospital)
	Surrey and Sussex Healthcare NHS Trust
Community Healthcare	Central Surrey Healthcare
	First Community Health and Care
Mental Healthcare	Surrey and Borders Partnership NHS Foundation Trust
Social Care	Surrey County Council
Ambulance	South East Coast Ambulance NHS Foundation Trust (SECAMB)

In-scope organisations will be required to sign an Information Sharing Agreement before any professionals they employ are permitted to access the Surrey Care Record. Each organisation will then be responsible for complying with the terms of the Agreement to ensure, monitor and enforce appropriate access to the Surrey Care Record.

Phase One of the project – expected to go live in July 2018 - will involve only GP

records being made available to professionals within the Accident and Emergency departments of four local hospitals - Ashford and St Peter's Hospitals NHS Foundation Trust, Epsom and St Helier University Hospitals NHS Trust, Surrey and Sussex Partnership Hospitals and Royal Surrey County Hospital NHS Foundation Trust.

Can a patient view their shared record and correct any errors?

12. Individuals can already talk informally to their GP during an appointment and be shown their GP medical record. Some GP practices give patients access to a summary of their GP record via the practice's website. In either case, the individual can go through any concerns they may have about the accuracy of the information held by the GP.

In time the Surrey Care Record technology will be extended to include an online Patient Portal which patients will be able to use to access their shared record and note any concerns they may have about the material.

How secure is an individual's Surrey Care Record?

13. It is hosted within the NHS Secure Network. Surrey Care Record data are securely encrypted and remain in the system so only authorised users will be able to access patient records.

Conclusions:

14. The Surrey Care Record will be securely held and adds value to the health and social care system. It will facilitate and improve the quality of care received by individual residents. The service user will be asked for permission to access the shared record for each potential use and has the option to opt out fully or restrict the sharing of their information by individual organisations if they wish.

Recommendations:

15. The Committee endorses the project plan, with its initial focus on Phase 1 which is to make GP data available in the Surrey Care Record accessible by A&E professionals.

Next steps:

The remaining phases of the project are in process of being fully scoped. Once plans for Phase Two and beyond have crystallised, the project team will return to the Committee for further discussion. This is likely to be early 2019.

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Sources/background papers:

Data Protection Act 1998

<http://www.legislation.gov.uk/ukpga/1998/29/contents>

General Data Protection Regulation (GDPR)

http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CONSIL:ST_5419_2016_INIT&from=EN

Guide to the General Data Protection Regulation (GDPR) – Information Commissioner’s Office (ICO)

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

Data Protection Bill

<https://services.parliament.uk/bills/2017-19/dataprotection.html>

Data Protection Bill – Information Commissioner’s Office (ICO)

<https://ico.org.uk/for-organisations/data-protection-bill/>

Patient’s Know Best

<https://www.patientsknowbest.com/>

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