Adding value with additional information

Over 96% of patients in England have a Summary Care Record (SCR). In excess of 127,000 SCRs are being viewed by healthcare professionals each day, supporting safer, more efficient care and helping to improve the patient experience.

### Improved functionality to support GPs

System suppliers have now developed a simpler, more efficient mechanism to support GP practices to automatically populate SCRs with additional information, to create a richer, yet clearly structured summary. Explicit patient consent is required for the creation of SCRs with additional information. Consent is enduring and new items are automatically added as the GP record is updated over time.

### What will be included?

Additional information will be automatically drawn from the GP record. Items are identified for inclusion due to their presence as part of a key dataset (e.g. End of Life care) or because they appear in a relevant section of the GP record, e.g. items appearing as ‘significant problems’ within the GP system are likely to be automatically included.

An SCR with additional information will include individual coded items and their associated free text. This can potentially include:

- Reason for medication e.g. “hypertension” or “myocardial infarction”
- Vaccinations e.g. tetanus vaccination
- Significant diagnoses / problems e.g. epilepsy, diabetes or deep vein thrombosis
- Significant procedures e.g. insertion of coronary artery stent or joint replacement
- Anticipatory care information e.g. key contact details and patient preferences
- End of Life Care information as per the National End of Life Care dataset ISB 1580
- Any other important information from the GP record that the GP practice and patient feel should be included.

### What are the benefits for GP practices?

**Reduced effort** The new functionality makes it quick and easy to create a relevant summary, even for patients with multiple complex conditions.

**Simplicity** Once the patient’s SCR consent code is set to “Express consent for core and additional Summary Care Record dataset upload”, then the additional information is included in the SCR and this summary is automatically updated over time as the patient’s GP record is updated.

**Flexibility** Sensitive coded items (as per the agreed RCGP sensitive exclusion dataset) are automatically excluded. Items can be manually included to support specific individual patient circumstances and preferences, and this includes those sensitive items automatically excluded.

Reassurance GPs working to coordinate care for patients with multiple complex conditions and reduce unplanned admissions can be reassured that clinicians who are also treating their most vulnerable patients can access key clinical information and patient preferences to treat their patients.
Benefits for Viewers

**Informed decisions** Urgent and emergency care clinicians have found that additional information in the SCR can increase their ability to make informed clinical decisions. SCRs are useful when deciding on a treatment plan. Additional information can include anticipatory care plan information.

**Increased efficiency and effectiveness** Providing more integrated care and reducing time and effort. Data from Medway On Call Care showed that when a patient’s SCR is viewed during an out of hours phone consultation, they are less likely to require a GP follow up appointment.

Benefits for CCGs and Commissioners

**National coverage** SCR is available nationally across England and can be used by clinicians treating YOUR patients, wherever they go in England, and by YOUR local service providers treating both local patients and visitors from anywhere in England.

**Towards integrated, patient centred care** Additional information can contribute to more integrated care, increased efficiency and effectiveness, and a reduction in the time and effort taken when communicating between care settings and assessing patients.

**Supporting local and national initiatives** The new functionality supports GPs to create SCRs with additional information for their most vulnerable patients in line with local and national initiatives e.g. reducing unplanned admissions and caring for patients approaching the end of life.

**Patient groups likely to benefit** These include patients with long term conditions, multiple complex conditions, the “frailest 2%” and those with dementia or specific communication difficulties.

Benefits for Patients

**Improved safety** Using SCRs can help avoid harm to patients by providing clinicians with access to key medical information.

**Improved patient experience** Creating and using SCRs with additional information will help organisations to satisfy many of the quality statements in the NICE quality standard on patient experience. For example, SCRs can ease the burden on patients to remember, recall and repeat their clinical information and preferences.

**Patient centred care “What is important to this patient?”** Patients may have specific care preferences or relevant information for use in an emergency e.g. advance directives or religious preferences concerning blood transfusion etc. These preferences can be included to empower patients and support their choices.

**Patient empowerment** Patients can decide whether or not to have additional information and can change their mind at any time. Patient permission is required prior to an SCR being viewed.

How do GP practices begin adding additional information for patients?

- The enhanced functionality is available in release SCR v2.1 from GP system suppliers.
- GP practices can proceed to identify and engage with those patients who they feel will benefit from having additional information in their SCR in line with local and national initiatives and patient requests. This can be linked into routine review processes or done opportunistically.

Any patients wishing to have an SCR with additional information will need their SCR consent status changed accordingly. The GP system will then automatically enhance the SCR with this information. The new SCR can be previewed with the patient.

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