



Summary Care Record in Community Pharmacies

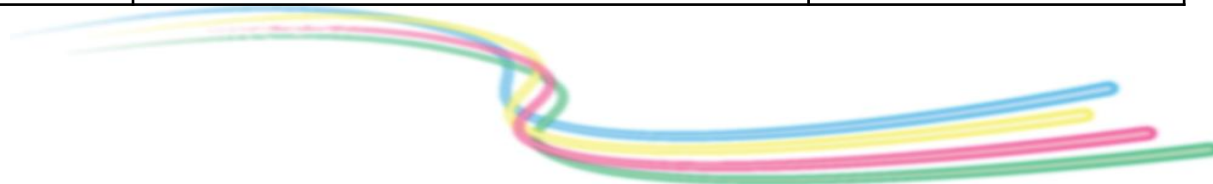
Proof of Concept

Glastonbury
02nd October



Agenda

Agenda Number and Estimated Timings		Item Description and Action	Item Presenter / Details of Enclosed Papers
1		Welcome	Allison Nation
2		Briefing on SCR Proof of Concept	Sharon Wilson, HSCIC
3		SCR in Somerset	Dr Justin Harrington/ Allison Nation/ Martin Silk/ Matt Richards
4		Pharmacy Roles (Smartcards)	Martin Silk, Senior Project Manager, SWCS
5		Training	Sharon Wilson, HSCIC
6		Potential Use of SCR	Matt Harvey, LPC
7		Capturing Benefits and Evaluation	Martin Silk, Senior Project Manager, SWCS
8		Q & A	All



Summary Care Records

Community pharmacy – Proof of concept

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SCR Background – What is it?

- A real-time, electronic patient summary containing key clinical information **from the GP record**
 - It contains medications, allergies and adverse reactions
 - Optional - a patient can choose to have or not have a record
 - Only accessible with permission from the patient
 - Its National
 - Its available 24 hours a day, 7 days a week
 - Its auditable
 - Its secure
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National roll-out of the SCR

- Over 43million people in England now have a SCR – that's over 75% of the population.
 - 5,844 (76%) GP practices have created records.
 - 45.9 million patients have been contacted by mail across all 211 CCGs.
 - The opt out rate is just 1.4%.
 - *As at 22 September 2014*
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Proof of concept - Current approach

- Request of Secretary of State, RPS, Pharmacy call to action
 - POC areas are:
West Yorkshire, Sheffield, North Derbyshire, Northamptonshire, Somerset
 - 80-100 pharmacies in total, Aim to have first pharmacies live by end Sept. 2014
 - Need to cover all types eg. multiples, 100 hr, independents, city, rural, etc.
 - Access to SCR will be gained via SCR application web-link from portal. System suppliers/IT need to make sure that's available and easy to access
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Proof of concept - Aims

- To determine **if** SCR viewing can be safely implemented in community pharmacies and adds value to existing practice and patients.
 - To identify the optimum model for implementation should the PoC conclude that SCR access should be rolled out across the community pharmacy estate.
 - Assess if providing community pharmacies with access to the SCR *has the potential* to support the increasing demands on the wider healthcare system.
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Expected benefits

	Benefits for you and patients
Patient Safety	<ul style="list-style-type: none">• Reducing prescribing / reducing harm• Reducing hospital admissions (as a result of harm)• Ensuring the patient gets the right medicines
Efficiency	<ul style="list-style-type: none">• Reducing the number of phone calls• Reducing time spent waiting on a call• Reducing assessment time / supporting sensible questioning
Effectiveness	<ul style="list-style-type: none">• Reducing time visiting another care setting• Supply provided sooner• Reducing time off work• Getting appropriate access to medication to minimise exacerbation• Enhancing customer loyalty• Improving advice about medication• Increasing confidence in the profession• Improving patient convenience

Information Governance controls

- To view any patient's medical information (including paper records), healthcare staff need to be involved in their care, i.e. have a legitimate reason
 - When viewing the SCR, organisations are responsible for the security of SCR accesses.
 - Primarily this is done through a mechanism of alerts which are visible to the local governance lead responsible for monitoring access. In SCR-speak, they are normally known as the “privacy officer”
 - The privacy officer will regularly view the alerts to ensure that accesses are appropriate.
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Essential criteria for implementation

- Technical access to spine portal
 - Decide business process : Named “privacy officer”/ governance lead
 - Roles on smartcards
 - Training
 - Go-live
 - Monitor access/benefits audit
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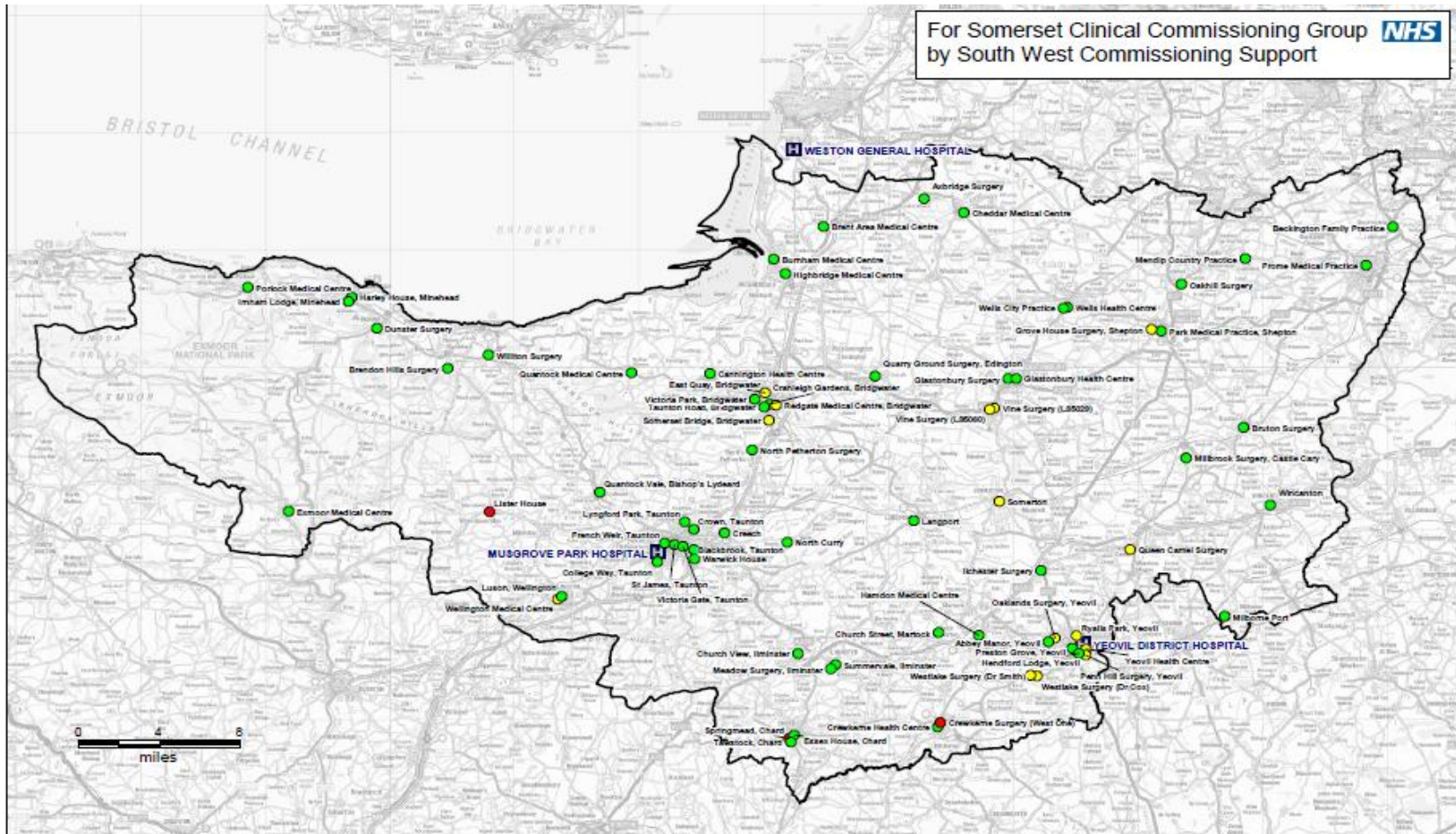
SCR – Somerset

- 84% patients have a Summary Care Record
- by end of February all practices (except 3, whose systems are not compliant) will be uploading – 98% of the population
- Musgrove Park clinicians accessing records in Emergency Department, Medical Admissions Unit and Pre Operative Assessment clinics
- Yeovil District Hospital accessing records in Emergency Department
- Pharmacies in both organisations using it widely and have been for a few years

Pharmacy absolutely love it and wouldn't want to be without it!
Kate Cook – Project Manager – Yeovil District Hospital



Deployment map



Somerset GP Practices

Summary Care Record Programme Roll-out (August 2014)

Summary Care Record Programme

	Live	(57)
	Planned	(15)
	System unavailable to move to live	(3)

Somerset CCG

South West Commissioning Support 

Jurong Zheng - 2 September 2014
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Pharmacy roles

- pilot – so we are all learning from each other
- SMART Card – role based – SWCSU give you all the correct access to view a patients SCR
- training – session next on the SCRa portal
- Privacy Officer status
- visit from CSU/HSCIC to ensure that everything is in place;
 - SMART Cards
 - training
 - governance
 - collecting data and capturing outputs and outcomes
- assurance from CSU – then ready to Go-Live!



Training

[SCR User Training](#)



Potential use of SCR





Sun, rain, lightning, mud, Metallica and.....

Summary
Care
Records

Prove the concept
*that the SCR could be accessed
at the festival to improve
clinical decision making and patient safety*

Yes.....
benefits were seen for medications
some patients received improved care
but...many lessons to learn
process and people



Capturing benefits and evaluation

- audit forms
- capturing information on the PRM
- number of accesses via Privacy Officer
- measures of success



Q and A



Close

Contacts - Local

Project Manager – Martin Silk Martin.Silk@swcsu.nhs.uk 07554333525

Project Team

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