**Introduction**

The Summary Care Record (SCR) is an electronic summary containing important clinical patient information. Information collated from the patient’s GP record is used to form the SCR which can include a patient’s:

- Allergy status
- Adverse reactions
- Current medicines: Repeat, acute and discontinued prescribed items
- Significant medical history for example, diagnoses and immunisations, if documented

**The “Proof of Concept” project — accessing the SCR in pharmacies**

NHS England commissioned the Health and Social Care Information Centre (HSCIC) to implement the “Proof of Concept” (PoC) project that enabled 140 pharmacies across five chosen areas in England to access a patient’s SCR from September 2014 to March 2015. The five areas were the Northamptonshire, Derbyshire, Sheffield, Somerset and West Yorkshire.

The PoC project report found various benefits of the SCR as summarised in Diagram 1 below.

**Diagram 1: Clinical benefits of the SCR**

- **Improved effectiveness**
  - Reduces the need to refer or signpost to other NHS settings, potentially reducing pressure on these services
  - Allows pharmacists to be able to resolve patient issues in the pharmacy

- **Improved efficiency**
  - With the SCR being available 24 hours day, seven days a week, information about a patient’s medication or medical history can be accessed without contacting the patient’s GP
  - Pharmacists can gather information during out-of-hours to treat patients — unscheduled requests from patients such as emergency supplies can be dealt with more efficiently whilst maintaining high patient safety standards

- **Improved safety**
  - Helps avoid risk of medication-related and prescribing errors and improves patient safety
  - Reduces the requirement on the patient to recall their medication and/or drug history at the point of dispensing or sale of medication — this is particularly important in patients who suffer from disabilities or mental health conditions and who cannot accurately identify their drug/medical history

- **Improved experience**
  - Reduces patient waiting time, meets patient needs and improves patient service
Access to the SCR

Only pharmacists and pharmacy technicians will be granted access via their Smartcards to the SCR. In order to access the SCR, the following requirements apply:

- Access to a Smartcard with the appropriate SCR roles designated to it
- Access to the Spine which is a secure web-based portal otherwise known as SCRa which will require a N3 connection

Restrictions on accessing the SCR

- Information should be accessed by pharmacists/pharmacy technicians only if there is a clinical need and it is considered necessary to allow direct provision of a pharmacy service
- The pharmacy professional must have a Legitimate Relationship (LR) with the patient; the professional must be involved in the patient’s care at that point in time
- The pharmacy professional must only view the SCR with consent/permission from the patient prior to each viewing of the SCR

Consent

- Although SCRs will be accessible for all community pharmacies, a patient’s SCR can only be accessed when there is a clinical need to do so, and with the patient’s explicit verbal consent before accessing the SCR — consent must cover every time it is deemed necessary to access the SCR (unless there are exceptional circumstances; for example, you may access the SCR in an emergency if the patient is unconscious and incapable of giving consent)
- Consent to access a patient’s SCR can only be given by the patient themselves; representatives can only give consent on the patient’s behalf if they have the relevant power of attorney
- Parents can give consent for access to their child’s SCR; a child with the capacity to understand and give consent in their own right may do so
- It is important to ensure exactly what type of consent is being asked for:
  1) Patients may give consent for one-off access to their SCR; or
  2) Patients may choose to give consent for access to their SCR over a longer term if

When to access the SCR?

Pharmacists/pharmacy technicians can view the SCR to enable better provision of care and support to their patients. The examples of uses below simply provide scenario’s where the SCR could potentially be used:

- During the dispensing process in order to check allergy status, previous adverse reactions and current medicines of a patient
- In order to support self-care for public health services
- When providing an Advanced Service such as a Medicines Use Review and the New Medicine Service
- When providing locally commissioned services such as Patient Group Directions or the Minor Ailment Service
- When providing urgent or unscheduled care for example during emergency supply or during out-of-hours
they are regular patients, for example, where access to their SCR may be necessary when dealing with their repeat prescriptions

- Any type of consent given by patients for access to their SCR must be clearly recorded on their PMR; it is good practice to record the date on which consent was given and the identity of the person giving consent
  - Consent given by patients for a longer term can only cover a period of up to one year from the day consent is obtained

**Monitoring and auditing access to SCR**

- Information Governance (IG) safeguards must be in place to monitor and audit access through:
  - Smartcard use — Smartcards must contain the appropriate access roles; Smartcards must not be shared
  - Appointing an SCR Governance Person (SGP) — a nominated person who is responsible for auditing SCR viewing and investigating inappropriate access if necessary
  - Implementing standard operating procedures (SOPs)
  - Patient confidentiality must be maintained in line with IG policies
  - Pharmacists and pharmacy technicians **must** adhere to a professional code of conduct, and/or their contract of employment
  - Pharmacists should record details of the reason for accessing the patient’s SCR on every occasion. This should be covered in the pharmacy SOP on access to SCRs
    - Patients can request to see who has accessed their SCR at any time and such records will help support pharmacists/pharmacy technicians to show their decision-making in deciding why the patient’s record was accessed
  - It will also provide an audit trail in the event that the pharmacy is investigated with regards to suspected inappropriate access to SCRs and/or patient complaint

**Indemnity cover for access to SCRs**

NPA Indemnity Insurance will cover members’ access to the SCRs (and associated liabilities) where the pharmacist/pharmacy technician considers it necessary to do so (as well as any amendments the pharmacist/pharmacy technician decides to make to the SCR when this facility is enabled and available in the future) provided that this is done in line with available published guidelines, the pharmacy’s standard operating procedure (SOP) governing consent and access to SCR, and use of the information contained therein.

**The future of the SCR**

The PoC report findings indicate that enabling pharmacists in primary care to have access to the SCR has shown to be of considerable value for patients and GP’s as it has the potential to greatly reduce pressure on the wider healthcare system. In order to facilitate the implementation of the SCR roll out, the HSCIC working, in partnership with NHS England, will be working closely with the National Pharmacy Association (NPA) and other organisations during the planning and delivery stages. The SCR roll out will commence in autumn 2015 for completion by autumn 2017.
### What does the SCR look like?

#### General Practice Summary
- **Summary Created:** 11-Nov-2014 10:52
- **Created By:** TEST, Emis (Dr)
- **Address:** XXX DO NOT USE XXX NIC TEST PRACTICE 14, C/O NHS Npft, Test Data Manager, Princes Exchange, Princes Square, Leeds, West Yorkshire, LS1 4HY.

At the time this record was created, this patient had recently registered with the GP Practice. GP Summary information may not be complete.

#### Allergies and Adverse Reactions

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Certainty</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Aug-11</td>
<td>Adverse reaction to Cedeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-Sep-2009</td>
<td>Re: autoimmune</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Acute Medications (For the 12 month period 11-Nov-2013 to 11-Nov-2014)

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Medication Item</th>
<th>Dosage Instructions</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Medication</td>
<td>Prescribed</td>
<td>Glyceryl trinitrate 400 micrograms/dose pump sublingual spray</td>
<td>1 x 150 dose</td>
<td>22 tablet</td>
</tr>
<tr>
<td>Acute Medication</td>
<td>Prescribed</td>
<td>Paracetamol 1000mg tablets</td>
<td>3 x 1000 mg</td>
<td>21 capsule</td>
</tr>
<tr>
<td>Acute Medication</td>
<td>Prescribed</td>
<td>Amoxicillin 500mg capsules</td>
<td>1 x 1000 mg</td>
<td>20 tablet</td>
</tr>
<tr>
<td>Acute Medication</td>
<td>Prescribed</td>
<td>Gefitinib 10mg tablets</td>
<td>1 x 1000 mg</td>
<td>1 laptop</td>
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</table>

#### Current Repeat Medications

<table>
<thead>
<tr>
<th>Type</th>
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<th>Medication Item</th>
<th>Dosage Instructions</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat Medication</td>
<td></td>
<td>Budesonide 50 micrograms/dose nasal spray</td>
<td>1 x 200 dose</td>
<td>20 tablet</td>
</tr>
<tr>
<td>Repeat Medication</td>
<td>Last Issued</td>
<td>Azithromycin 500mg tablets</td>
<td>1 x 1000 mg</td>
<td>16 tablet</td>
</tr>
<tr>
<td>Repeat Medication</td>
<td>Last Issued</td>
<td>Lecaxipril 10mg tablets</td>
<td>1 x 1000 mg</td>
<td>16 tablet</td>
</tr>
<tr>
<td>Repeat Medication</td>
<td>Last Issued</td>
<td>Simvastatin 10mg tablets</td>
<td>1 x 1000 mg</td>
<td>16 tablet</td>
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#### Discontinued Repeat Medications (For the 6 month period 11-May-2014 to 11-Nov-2014)

<table>
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<th>Type</th>
<th>Date</th>
<th>Medication Item</th>
<th>Dosage Instructions</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat Medication</td>
<td></td>
<td>Ramipril 5mg capsules</td>
<td>1 x 1000 mg</td>
<td>16 capsule</td>
</tr>
</tbody>
</table>

**Summary Sent:** 11-Nov-2014 10:52

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Direct dial: 01727 891 800 Email: pharmacyservices@npa.co.uk Online: www.npa.co.uk
References

- Community Pharmacy access to Summary Care Records-An Introduction
- Department of Health. The Care Record Guarantee. January 201, version 5
  https://digital.nhs.uk/article/311/Registration-Authorities-and-Smartcards
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  http://psnc.org.uk/contract-it/pharmacy-it/electronic-health-records/#Sharing
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