

COVID-19: Increased patient information for health and care professionals.

Date: 23 April 2020

To help the NHS to respond to the COVID-19 pandemic, NHSX and NHS Digital are improving the access that doctors, nurses and other authorised health and care professionals have to medical records and information. This will help them to more safely treat and advise patients who are not attending their usual GP practice or who have called NHS 111.

Changes are being made to [GP Connect](#) and to the [Summary Care Record](#) to enable this.

The changes to GP Connect explained

Additional functionality will be rapidly deployed across GP Connect to give GPs, NHS 111 clinicians, and those in urgent and emergency care settings providing direct care, access to all primary care medical records through the GP Connect solution.

For **GPs and other authorised health professionals** the increased functionality of [GP Connect](#) will:

- improve GPs ability to treat patients outside of their registered practice, giving patients easier access to a GP when they need one, regardless of demand or staffing levels in their own practice, for example within a network or a federation hub;
- give authorised health and care professionals working in primary care, NHS 111 - including the COVID Clinical Assessment Service (CCAS) - and other appropriate direct care settings, access to the GP records of the patients they are treating, regardless of where they are registered;
- allow remote organisations such as NHS 111 to book appointments directly with the patients GP practice including the ability to manage referrals from the COVID Clinical Assessment Service (CCAS). This will enable healthcare professionals to provide more timely care and provide flexibility for the primary care system.

The changes to the Summary Care Record explained

A small set of information is already widely available – on allergies and medications - in the Core Summary Care Record (SCR) which every patient has, unless they have decided to opt-out of having a SCR.

A proportion of the population also currently share [Additional Information](#) as part of their SCR.

The Additional Information includes information such as:

- details of the management of long-term conditions
- medications
- immunisations
- care plan information

- significant medical history, past and present.

The sharing of this Additional Information as part of a SCR currently requires the prior explicit consent of the patient.

Under the [Notice](#) issued under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 (the COPI notice) requiring confidential patient information to be shared, this Additional Information will now automatically be included in all patient SCRs unless a patient has expressed a preference not to include it.

This will provide a wider range of health and care professionals across the country with faster access to more information about the patients they are treating.

Patients still have the option of retaining a Core SCR and opting out of sharing Additional Information, or opting out of having an SCR altogether. They also may choose to opt back into the sharing of their SCR should they wish.

A [form](#) has been published to allow patients to exercise that option, which should be returned to their practice. Practices should then make changes in exactly the same way as they currently do.

These are temporary arrangements for the period of the COPI Notice.

What do GP practices need to do?

GP Connect

- The first action we are taking is a single national switch-on of GP Connect services for all practices across the country, rather on a practice by practice basis. The service will provide two key capabilities, **Access Record: HMTL** and **Appointment Management**.
- We need GP practices to implement some changes to allow the COVID Clinical Assessment Service (CCAS) to book appointments directly into your clinical system through GP Connect. Further details on call off list setup arrangements will be made available shortly.
- If your GP practice uses EMIS or TPP clinical systems, you can make these changes to your system locally using the guidance [here](#). There is also a [GP Connect webinar series](#) from NHS Digital.
- We will write to practices using other GP clinical systems as soon as this additional functionality is available. Until these practice systems are able to connect to GP Connect, they, and other practices and 111 services, should be able to use the Summary Care Record to access additional patient information.

Summary Care Record

To enable the Summary Care Record to provide the Additional Information, no changes are required by practices using EMIS and TPP systems. The SCR will be progressively updated

with changes occurring in GP systems and in parallel we will work to ensure an upload of other records to the Spine.

Those practices using Vision will be contacted and provided with details of the simple process they will need to implement to enable this change.

The only significant change is that those patients who have a current SCR consent preference set to 'Implied consent for Core Summary Care Record Dataset upload' will now have both the Core and Additional Information uploaded by default.

All the remaining SCR consent preference options will continue to function as previously - this includes where the patient has expressed a preference not to include Additional Information or has opted out of having a SCR at all.

When the Additional Information is uploaded for a patient, GP clinical systems will automatically make an auditable entry in the patient's GP Record.

What do NHS 111 and CCAS providers need to do?

NHS 111 and CCAS providers do not need to do anything. All of the NHS 111 Provider Suppliers are now compliant with the GP Connect specifications to share records and appointments.

NHS 111 and CCAS are able to use the **Appointment Management** capability within GP Connect to book the patient into their registered practice or an Extended Access Hub. Where a clinical assessment is required, the patient record can be viewed by the NHS 111 clinician.

What do these changes mean for patients?

The changes will help improve patient care by giving authorised clinical staff in general practice, NHS 111 and in other care settings providing direct care faster access to the GP Record and the Additional Information in patient's Summary Care Records during the coronavirus pandemic period.

Access to this information will help professional staff to provide tailored clinical care to that patient - including those patients with long term medical conditions - and support clinical assessment and decision making.

Patients can be reassured that:

- Summary Care Records and GP Records accessed in this way will only be used to support individual direct patient care
- Healthcare professionals must only access a Summary Care Record where they have the patient's permission to do so or in an emergency when a patient is unable to give consent.
- Patients can be reassured that if they have expressed a consent preference with regard to their Summary Care Record, to either opt-out or have a Core Summary Care Record only, their preference will continue to be respected and applied.

- Patients can be assured that if they have opted out of their practice sharing their GP record, this decision will be respected and it will not be shared via the GP Connect service.

They can also change their preferences to opt-out of, or opt back into, having their information shared should they wish to.

Please use these links for [more information on GP Connect](#) and [more information on Summary Care Records](#), written for the public and patients and available on the NHS Digital website.

Legal basis for this action

This action is being taken in response to the [Notice](#) issued on 20th March 2020 under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 requiring confidential patient information to be shared in the circumstances set out in the Notice. The changes will remain in force during the period of the COVID-19 emergency period as set out in the Notice (unless extended or reduced) at which point systems will return to their current state unless alternative arrangements have been put in place before then.

Safeguards required to keep information safe have not been compromised. NHS access to the SCR and to medical records through GP Connect is traceable and auditable and all NHS staff go through rigorous identification and verification checks before they are allowed access to patient information. Only those staff who require access to do their jobs can view this information, and it remains the case that all staff should always seek permission from a patient (except where the patient is unable to give that permission in an emergency) to view their SCR at the point of care before accessing it.

Practices do not need to change any existing Data Sharing Agreements but should link their practice privacy notices to this [Supplementary Privacy Notice for Summary Care Records](#).

The changes will remain in force during the period of the COVID-19 emergency period as set out in the Notice (unless extended or reduced) at which point systems will return to their current state unless alternative arrangements have been put in place before then.

Data Protection

While the aim of these changes is to make information more freely available to those healthcare professionals with a clearly defined need to know to treat patients, it is essential that compliance with data protection law is still maintained.

Professional and regulatory support

In planning these changes NHSX has consulted with key bodies to seek their support for this action:

- The BMA and the RCGP are both in support of these actions and have published a joint statement below

- The National Data Guardian has published [a statement](#) on her views on data sharing in the current pandemic and the Information Commissioner's Office have set out their [position](#) with regard to the actions of health and care professionals during this period.



Royal College of
General Practitioners



Sharing information

Statement from the BMA GPC and the RCGP

At this time of global emergency it is essential that health and care professionals have immediate access to relevant clinical information that they need to provide the very best quality care for patients.

Self-isolation and social distancing may mean that patients engage with health and care professionals outside of their usual context, and normal arrangements for providing access to records may not then be practical.

The action taken by NHSX and NHS Digital to make access to patient records quicker for direct care purposes is therefore important and necessary.

As a result, professionals working at NHS 111, in urgent care settings or any GP practice will soon be able to access patient records on any other GP practice system using GP Connect to allow HTML access to records functionality.

NHS 111 clinicians will also be able to use GP Connect electronically to book patients who would benefit from further clinical follow up into a GP worklist following clinical assessment via the COVID-19 clinical assessment service (CCAS). They will also be able to send a message back to the GP practice regarding the outcome of consultation.

In addition, authorised, registered and regulated health and care professionals across the wider health and care system will be able to access a patient's Summary Care Record together with any additional information recorded in that SCR (SCR AI) where the patient has not dissented.

This will help health and care professionals to meet their legal obligations set out in the Notice issued on 20th March 2020 under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 which *“requires the processing and sharing of confidential patient information amongst health organisations and other bodies engaged in disease surveillance for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the Covid-19 outbreak and incidents of exposure.”*

We therefore support the actions being taken by NHSX and NHSD during this emergency period including a national “switch on” of data sharing of records between practices which could be vital if any practice has to close or shared care arrangements are operating

specifically to care for patients with COVID-19 symptoms with patients then needing to be supported by others in the area.

We are assured that the use of these services will only be for the purposes as set out in the [Notice](#) and that this action is time limited to the period set out in the Notice, currently ending on 30th September 2020, but which is subject to possible further extension should the COVID-19 situation require it or revocation earlier.

We welcome the action being taken to avoid any unnecessary burden on practices including confirmation that no new Data Sharing Agreements will be required and the publication of a standard Privacy Notice addendum for practices to use.

We will continue to engage with NHSX and NHSD during the emergency period to ensure that the action being taken is proportionate and strikes a balance between making information readily available to provide the best care we can, whilst protecting the rights and expectations of patients.

Further information on the position of the Information Commissioners Office with regard to healthcare professionals is available at <https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2020/03/data-protection-and-coronavirus/>

A statement from the National Data Guardian is available at <https://www.gov.uk/government/speeches/data-sharing-during-this-public-health-emergency>

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