Preparing & enabling detailed coded record access for Patient Online Services

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Today's objectives



- Clarify the GMS regulations & PMS agreements
- Explain what detailed coded record access is
- Discuss coded items/non coded items
- Points consider before providing detailed coded record access
- Action plans what practices can do to enable more easily
- What help is available and further sources of support and guidance

2015/16 Contract Commitments



"(2A) A contractor must promote and offer to its **registered patients**, in circumstances where the **medical records of its registered patients** are held on the contractor's computerised clinical systems, the facility for any such patient to access online all information from the patient's medical record which is held in coded form unless –

- (a) in the reasonable opinion of the contractor, access to such information would not be in the patient's best interests because it is likely to cause serious harm to
 - (i) the patient's physical or mental health, or
 - (ii) the physical or mental health of any other person;
- (b) the information includes a reference to any third party who has not consented to its disclosure; or
- (c) the information in the patient's medical record contains a free text entry and it is not possible under the contractor's computerised clinical systems to separate that free text entry from other information in that medical record which is held in coded form.":

GMS/PMS Requirements 2015/16



From April 2015, practices will be required to also

offer online access to all detailed information,

i.e. information that is held in a coded form within the patient's medical record.





Detailed coded data example

For clarity - all this coded data will be from the day electronic records started i.e. no 'date from' option.



Demographics



Immunisations



Procedure Codes (medical or surgical) and codes in consultation (signs, symptoms)



Allergies/Adverse Reactions



Results (numerical values and normal range)



Values (BP, PERF)



Codes showing referral made or letters received (no attachments)



Medication (dose, quantity and last issued date)



Problems/Diagnoses



Other Codes (ethnicity, QOF)

Some of the information in list above will depend on what your clinical system is able to routinely display.

Not required from detailed coded data example









Administrative Items

- Diary Entries/Recalls
- Special Notes/Warnings
- Tasks/Emails/Internal Messages

ICO advice



- Practice must comply with data protection act
- All staff who process/enable access must have had training in policy & procedures (awareness of risks)
- If there was a complaint the Information Commissioner's Office would want to check that practice had safe policy & procedures in place
- Practice should communicate at what stage they are at in process of offering access (this should not detract from completing subject access request where this is appropriate)

Ensuring a patient's notes are ready to be shared





What practices need to consider

- Before enabling DCRA at a practice level, the practice need to have made a decision about how to enable records access
- Before enabling at an individual patient level, the practice needs to decide which patient groups they will start off offering unless patients ask:
- Important points to remember:
 - Third Party Information
 - Must be excluded as required by data protection act and common law duty of practice (same as with SARs)
 - Sensitive Codes
 - Examples include sexual & reproductive health, child and adult safeguarding, domestic violence and criminal
 activity
 - These codes may need to be excluded or discussed with the patient to decide whether access is appropriate for example coercion and proxy access
 - Free Text
 - Whilst not required it can add meaning, especially to blood test results for example.



ACTION PLAN - ENABLING DCRA WITHIN EMIS



WHERE APPROPRIATE CSU'S WITHIN YOUR AREA MAY BE AVAILABLE TO ASSIST YOU IN THIS

Practice agreement to enable made. Clinical and managerial leads identified.

- 1. Ensure Policies and Procedures are in place:
 - a. ID Verification
 - b. Registration Process
 - c. Proxy access, Coercion & Children's Access
- 2. Staff training & awareness of System Functionality
 - how to enable DCRA at specific levels within the System
 - a. Organisational Level
 - b. Patient Level(Noting that there are some inconsistencies in the order of options)
- 3. Enable at an Organisational Level
- 4. Have an established process for screening notes for suitability of sharing
- 5. Pilot with known patient(s) i.e. members of PPG, long term condition patients
- 6. Incorporate any changes/improvements that may be necessary following the Pilot phase
- 7. Promote Service to all Patients to encourage take up
- 8. Capture & Monitor any Benefits to share



EMIS considerations before enabling DCRA



When you turn DCRA on at the practice level any patient that has DCRA enabled at the patient level will immediately get access to their detailed coded record.

- Only enable DCRA if
 - You are sure that none of your patients have the DCRA setting enabled at the patient level OR
 - Patients with DCRA enabled have already been fully consented and had their record checked OR
 - Irrespective of patient level settings you have already consented all patients for full record access and checked their record.

If you are unsure of what level of access your patients are set to then you can call support who will run a search in the background and give you a breakdown (note there is a known error the PFS searches in Web so can't be used)

Where to get help and support?



- System suppliers
- RCGP: guidance, checklists, practical tools and elearning modules
- NHS England national support centre:
 - Case studies
 - Frequently asked questions
 - Contact details for Implementation Leads and Digital Clinical Champions
 - Materials for patients
 - Email help line



Links



https://www.england.nhs.uk/patient-online

http://elearning.rcgp.org.uk/patientonline

Email: england.patient-online@nhs.net



