

Date: 24 April 2020

Publications approval reference: 001559

Dear colleague,

RE: COVID-19: Increased Patient Information for health and care professionals.

To help the NHS to respond to the COVID-19 pandemic, NHSX and NHS Digital are improving the access that doctors, nurses and 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, who have called NHS 111, or who are receiving care in another setting.

This letter explains the temporary changes being made to GP Connect and to the Summary Care Record to enable this, and the actions you need to take.

We are also writing to system suppliers, asking them to take the actions necessary to enable these changes to GP Connect and Summary Care Record.

What this means for GPs

GP Connect

[GP Connect](#) allows authorised clinical staff in general practice, NHS 111 and in other care settings providing direct care, to view clinical information from a patient's GP record. It also allows information sharing between different care settings, quickly and efficiently in support of direct care. It also makes booking and sharing patient appointments simpler. We are turning on additional functionality for all GP practices in England and have requested GP system suppliers to work directly with NHS Digital to achieve this, as below, but will respect opt-outs where patients have made them.

These changes 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; and
- allow remote organisations such as NHS 111 to book appointments directly with the patient's 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.

Summary Care Records

Our second action relates to the [Summary Care Record](#) (SCR). All patients currently have a Core SCR containing a limited amount of information extracted from GP records on allergies and medications unless they have chosen not to have one. The SCR is viewable by authorised healthcare professionals working in other settings.

Some patients have chosen to share an extended set of information as part of the [SCR Additional Information](#) (SCR-AI) which includes information about:

- details of the management of long-term conditions
- reason for medication
- immunisations
- care plan information
- significant medical history, past and present.

In response to the COVID-19 pandemic, we are temporarily removing the requirement to have explicit consent to share the SCR-AI, and this Additional Information will now automatically be included in all patient SCRs unless a patient has expressed a preference not to include it. Please note that it is not currently possible to add Additional Information to an SCR for those patients registered at a GP practice using the Microtest system. We have asked EMIS and TPP to work directly with NHS Digital to upload the Additional Information into SCRs.

Actions GP Practices need to take

At the moment practices connect to GP Connect service individually. To reduce the burden on practices we will enable GP Connect for all practices nationally and we have instructed NHS Digital to make this change. NHS Digital will therefore ask GP system suppliers to turn on the GP Connect **Access Record: HTML** and **Appointment Management** functionality for ALL GP Surgeries and GP Led hubs. Where required, this will be via an agreed list of Accredited System Identifiers (ASIDs).

We still need GP practices and their suppliers 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](#) being run by NHS Digital. We will write to practices using other GP clinical systems as soon as this additional functionality is available.

To take advantage of the changes being made to the SCR, for GP practices using EMIS and TPP clinical systems no changes are required and you do not need to take any further action as we have asked your suppliers to work directly with NHS Digital to upload the Additional Information. Those practices using Vision will be contacted and provided with details of the simple process they will need to implement to enable this change.

What this means for other authorised healthcare professionals

GP Connect

Health and care professionals with access to the GP Connect record view will have audited access to more detail of consultations than is currently available under the Summary Care Record, particularly free text entries of recent consultations. This will give the clinician more context and an improved understanding of the patient's recent history. This is particularly helpful in assessing a patient who may have been seen recently but is now seeking further advice because their symptoms have deteriorated.

Summary Care Records

Authorised health and care professionals who currently have view access to the SCR in other settings such as A&E, ambulances, or community pharmacies, will now see the Additional Information where that is available.

In line with current practice, patients' should be asked for their permission to view before accessing SCR details, unless the patient is unable to give consent in an emergency.

What this means for patients

We will respect the decisions that patients have already taken about the sharing of their records. Patients have the option of retaining a Core SCR and opting out of sharing Additional Information, or of opting out of 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 support patients in making that choice and this can be used and returned to their practice. Practices should then make changes in exactly the same way as they currently do.

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.

In order to remove any uncertainty over the effect of the Notice, we have written to the GP system suppliers to request them to enable these changes without further instruction from GP practices to enable GP practices to comply with the Notice to share confidential information in response to COVID-19. Your GP system suppliers should inform you in advance of making these changes, so that their role in facilitating these changes is made clear to you.

Safeguards required to keep information safe have not been compromised. NHS access to the SCR and to medical records is traceable and auditable. 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 to view an SCR from the patient before doing so.

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 BMA and RCGP are supportive of this work, as are the Information Commissioner's Office and the National Data Guardian.

Conclusion

Further information including statements from those bodies is available on the following webpage <https://www.nhsx.nhs.uk/covid-19-response/data-and-information-governance/how-data-supporting-covid-19-response/>

We are hugely grateful to you and your teams for all you are doing to look after your patients during the crisis. We hope these changes will help you to do so. If you would like to discuss this work further please contact digitalprimarycareengland@nhsx.nhs.uk

Best wishes,



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