

## Information Sharing – Who can see my health record?

### Background

- Currently 500,000 of the 650,000 patients in West and East Suffolk have an electronic primary care record on SystemOne.
  - West Suffolk Hospital, Ipswich Hospital, mental health, MASH, St Nicholas Hospice, community teams, Allied Health Professionals (AHP), Integrated Diabetes Service, admission avoidance services (Frailty Access Base / Crisis Action Team / Early Intervention Team) can either view or access SystemOne records – there is the potential for these services to reduce their administrative contact and assessment time with patients if all of those records were shared.
  - Of the 500,000 patients on SystemOne some 100,000 (20%) of those patients have been asked to make a decision about sharing their record
  - Summary Care Record with Additional Information is a national system accessed by all healthcare providers in England, but not social care.
  - Explicit consent is required to share the additional information
  - The form attached has been developed to capture both consent for SCRAI and the whole patient record, and explains the difference.
  - Patients are always asked to make a decision when seen by any other organisation.
  - The CCG's are engaging with the public on informing them of their right to make a decision to share their SCRAI and their patient record.
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### Benefits to practice staff, patients and organisations caring for those patients

#### Time

- GP Administrative Staff, GP+ staff, Community Staff, AHP Staff, Urgent Care Staff, Out of Hours providers, Mental Health Staff:
  - Retaking past medical history – would save between 20 and 90 minutes per patient if the record is shared
  - Negates clinicians other than GPs recording duplicate diagnoses in the record – this causes issues in other healthcare areas, including primary care, such as QOF issues.
  - Other clinicians call practices for information if it is not shared, where time is spent:
    - GP Administrative staff looking for information
    - GP Administrative staff then share this information either by phone, fax or email
    - GP Administrative staff are sharing the information anyway – but do not have patient consent to do so
- Patients - tell us over and over again they do not like having to repeat themselves over and over again
- Time saved in consultations by other clinicians – more patients could be seen

## Safety

- Without sharing the record, all organisations involved in a patient's direct care only have half, or less of the information.
  - Reduction in clinical risk
  - Improves patient safety
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## How can practices support the uptake of information sharing with patients?

- Include form in pack for new patients registering at your practice
  - Pile of forms on reception for handing to patients
  - Flu clinics – hand out forms
  - Learning Disability health checks (an easy-read form is available)
  - Chronic Disease annual check – in fact any review....
  - Load the 'Happy to Share' video onto your waiting room screens
  - Patient Participation Groups – engage to support, such as by:
    - Assisting with flu clinics
    - Displays in waiting room – some PPGs have already assisted practices with a stand and speaking to patients in waiting rooms
    - Feedback from PPG members is that they are happy to help practices in reaching out to patients on this topic
  - Use Dispensary / Pharmacies – hand out forms with prescriptions
  - My Care Wishes folders – all have the form included – the LES states that the MCW is completed.
  - SystemOne prompt can be activated per staff group – contact helpdesk and request support if required
    - Use the 'Hand' icon as reminder to ask patient about consent – contact helpdesk and request support if required
  - Remember – You do not need a signature, verbal consent is allowed
  - Advertise to patients via posters – CCG are in the process of developing posters for practice
  - Patients with more questions – direct to the website listed on the form
  - Bulgarian, Portugese and Romanian versions of the form have been produced and are available on request.
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## Any further queries

Julie Irving is available to talk to any practice and their staff regarding concerns they may have in promoting the gaining of decisions from patients:

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