

# Recording of Key-Safe Codes

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Best Practice for Key-safe recording in GP record systems



# Document control

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## Version history

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## Contents

Background .....	4
1 General Advice .....	4
2 Avoiding Unintended Sharing .....	4
3 Recording in GP system only (without onward sharing) .....	4
3.1 Vision .....	5
3.2 EMIS .....	5
4 Sharing in Key Information Summary .....	5
4.1 Vision .....	5
4.2 EMIS .....	5

## Background

In August 2017 concern was raised about the risks of an information governance breach relating to how “key-safe codes” were stored in General Practice IT systems. Key-safes are mechanically locked steel boxes mounted by the front door of a home. They contain keys to access the homes of many vulnerable adults by authorised relatives, carers and medical professionals and are opened using a number combination or “key-safe code”.

The concern raised involved key-safe numbers being printed on prescription sheets and address labels. This was considered a risk as any malicious person obtaining the key-safe code in this manner would be aware of the physical address of a vulnerable patient and have the means to enter their house without authorisation. GPs and other community staff use key-safes daily. Absence of this data could result in inconvenience, delayed care or potentially more serious consequences. SCIMP were requested to provide guidance on best practice for the correct storage of this data on the two information systems currently used in General Practice in NHS Scotland – EMIS PCS and Vision.

## 1 General Advice

Depending on the method used to store key-safe code it can either be retained in the practice at all times, or automatically shared with unscheduled care services. The decision to share key-safe numbers with such services is at the discretion of the GP in discussion with the patient and/or carer. Such data should be considered similarly to individual items of clinical data present in the Key Information Summary (KIS) - that the systems of Information Governance for KIS are sufficient to protect this data also.

Approaches to recording Key Safe Numbers need to recognise the utility that they provide to GPs who may be doing home visits and where possible practices need to have an agreed means of making these available to GPs who need them in these circumstances

## 2 Avoiding Unintended Sharing

Key-safe numbers **should not be** stored in home address fields, or any other field which could be printed in the normal course of events. Practices should remove any such data stored in this way. Vision have provided a downloadable “Demographic Report” search facility to find patient records with key-safe data recorded in address fields – see documentation on Vision Hive<sup>1</sup>.

Key safe numbers **should not be** stored in a way that they would be automatically included when making a SCI Gateway referral. For Vision this means key safe information **must not** be included as free text associated with any “Priority 1” Read Code or any active Vision “Problem”. For EMIS this means **do not** include the key-safe information as free text associated with any Read Code marked as a “Problem”.

It is common practice to use a printed home visit report sheet as part of an admission letter if the patient requires to be sent to hospital. Key-safe information should be redacted from any printouts that may be used as part of this process or when this report is shared with other agencies.

An alternative method in widespread use, for both systems, is to use an additional telephone field (such as a “pager number”) to store the key-safe number. Currently this has the advantage of appearing on the ‘Home Visit report’ template in Vision, as well as populating to KIS. Although this method appears safe at this time we would **not recommend** that it used routinely as this is not the ‘right place’ for the data, introducing risks of it being shared inappropriately or not made available when it should be.

## 3 Recording in GP system only (without onward sharing)

In some circumstances, it may be desirable to **not** share key-safe codes with others electronically, for example where no KIS Consent has been agreed.

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<sup>1</sup>Recording Key Safe Codes – Vision Hive <http://hive.visionhealth.co.uk/p/do/sd/topic=92&sid=1973>

### 3.1 Vision

We would recommend recording the data using the Vision ‘Reminder’ functions – the yellow ‘post it’ style notes. An appropriate comment can be added which can then be displayed by default on opening the patient’s clinical record. This can be added using the menu item ‘Add’ -> ‘Reminder’ from the Consultation Manager window.

### 3.2 EMIS

In EMIS the key-safe number can be recorded as an alert either with or without a Read Code. Without a code limits where this can be shared, although it will appear in a printed summary. A spare telephone field can be used and, although this will also appear on a printed summary, it will not be shared in KIS.

## 4 Sharing in Key Information Summary

### 4.1 Vision

Current advice from Vision is to store key-safe information as free text associated with a specific Read Code. Key-safe numbers stored using the Read Code “9NFG. Address instruction” will be included in KIS. We recommend this approach as it will reduce the risk of subsequent problems with system data migrations and exchange of data in GP2GP.

“9NFG. Address instruction” is recommended as the preferred code because, although the first Read Code presented in the KIS interface for “Access Information” is “915L. Patient door access key code”, this is not shared by EMIS systems via KIS and thus will not interoperate effectively via GP2GP.

Key-safe numbers stored under “9NFG. Address instruction” will not automatically be printed via the standard ‘Home Visit report’. If this is required then the report template will need to be edited to include this Read Code.

### 4.2 EMIS

EMIS users should enter the data as text associated with the Read Code “9NFG. Address instruction” in an alert or as an option in the recording of the KIS on the “Demographics” tab. This code will also populate to any current or future KIS for that patient, and should appear automatically on the summary sheet.

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