SCOTTISH EXECUTIVE

Health Department
Primary Care Division

St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Dear Colleague

Background

A Guide on Good Practice has been devised by the Joint Computing Group of the General Practitioners Committee and the Royal College of General Practitioners. The guide, which is available at the following link, should be read in conjunction with the attached commentary:

http://www.dh.gov.uk/assetRoot/04/06/97/65/04069765.pdf

Action

NHS Boards should share this commentary with all GP practices in their area.

This commentary is subject to review in the light of changing circumstances. Any comments for inclusion in future updates should be sent to James H White.

H WILSON

21 May 2004

Addresses

For action
Chief Executives,
NHS Boards

For information
Chief Executive, CSA

Enquiries to:

Mr James H White
Primary Care Division
Room 1-ER
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 3433
Fax: 0131-244 2621
email:

James.White@scotland.gsi.gov.uk

INVESTOR IN PEOPLE

Scottish Commentary on Good Practice guidelines for general practice electronic patient records (version 3) -Guidance for GPs-

Prepared by The Joint Computing Group of the General Practitioners Committee and the Royal College of General Practitioners, under the sponsorship of the Department of Health.

Introduction

The guidelines referenced above are available at:

http://www.dh.gov.uk/assetRoot/04/06/97/65/04069765.pdf

and include valuable guidance for GP practices and NHS Boards in respect of the keeping of general practice records in electronic format. Whilst most of the guidelines are based on principles which are equally applicable throughout the UK, some of the initiatives referred to do not have direct Scottish equivalents and the principles need to be read in Scotland in the light of:

- the Scottish national eHealth/IM&T strategy and related implementation arrangements which differ from the National Programme for IT (NPfIT) for England, and which informs this guidance;

- differences in statutory framework;

- other non statutory Scottish guidance; and

- specific elements of the guidance, which are not directly relevant in the Scottish context.

Further detail on these is included in the attached **Annex A** and the form to be used by practices wishing to become paperless at **Annex B**.

Differences in statutory framework

The guidance should be read in conjunction with the following references:

3.2.7   The Scottish equivalent is the Freedom of Information (Scotland) Act 2002 (asp 13).

3.2.8   This legislation relates to England. There is no equivalent measure for Scotland.

8.2   The legislation covering the use of electronic records in Scotland is paragraph 32 of Schedule 1 to the National Health Service (General Medical Services) (Scotland) Amendment Regulations 1999.

(http://www.hmso.gov.uk/si/si1999/19991057.htm)

Other non statutory Scottish guidance

Scottish Clinical Information Management in Primary Care (SCIMP) is a Scottish initiative hosted by RCGP Scotland and has developed in conjunction with the user groups of practices systems used in Scotland a useful guide for Scottish GP practices *Making IT work for you.* This is available at

- www.ceppc.org/scimp/gpg .

Further information and guidance on Scottish Clinical Information (SCI) is available at:

- http://www.show.scot.nhs.uk/sci/

Elements of the Guidance which are not directly relevant to Scotland

The Good Practice Guide provides a link to the English confidentiality website. Further information to be read in place of/in conjunction with that site can be found at the following websites:

- www.show.scot.nhs.uk/confidentiality

- http://www.show.scot.nhs.uk/csags/ ; and

- www.nhsis.co.uk/confidentiality

3.2.10 BS7799 is one to which NHS Scotland is aspiring to attain.

3.7.4 The 7th bullet point conflicts with SEHD guidance. In Scotland, routine access to patient identifiable information for financial audit purposes requires the patient to be informed but does not require explicit consent from patient or Caldicott Guardian. This is based on advice from the Information Commissioner and outlined in the letter dated 10 July 2003 to the service from Dr Andrew Fraser and Mr John Aldridge, which makes reference to different advice issued by the GPC and BMA.

3.8.1 This paragraph relates to the NPfIT and does not apply to Scotland.

3.9.5 A similar agreement has been reached between SEHD and SGPC.

Further guidance and other useful links are available from SCIMP: http://www.ceppc.org/scimp

National eHealth/IM&T Strategy for NHSScotland

The National Programme for IT (NPfIT) relates to England only and the Scottish equivalent is the National eHealth/IM&T Strategy for NHSScotland , the draft text of which can be found at:

- http://www.show.scot.nhs.uk/ehealth/).

This strategy draws on the vision detailed in the white paper *Partnership for Care*

- http://www.scotland.gov.uk/library5/health/pfcs-00.asp)

which states:

> "Our goal is to deliver an Integrated Care Record jointly managed by patients and professional NHS staff with in-built security of access governed by patient consent." and that "Integrated Care Records will take time to reach, but each step in their development will bring immediate benefits to patients, carers and healthcare professionals by enabling:
>
> - greater patient involvement in their own care;
>
> - service redesign and the shift in the balance of care provided in different settings;
>
> - quicker exchange of information between professionals;
>
> - quicker access to patient records (with built-in patient confidentiality); and
>
> - continuous improvement by providing routine monitoring of quality standards."

Partnership for Care extends to partnership with local authorities to develop more person centred and integrated care in the community. This particularly applies to services provided to older people including single shared assessment and to children where the intention is to improve the co-ordination of children's care services through an integrated Children's Services Record developed in partnership with local authorities and other relevant agencies.

The key aim is that information must flow as part of the many and various journeys through the NHS and the other caring agencies that patients can take. Integrated – or Shared - Care Records are therefore about integration of information at four key levels:

1. **Local GP/ specialty electronic patient records**, such as GP system or A&E system or a diabetic or cancer record, linked if appropriate to the *Local Integrated Care Record;*

2. **Local Integrated Care Record**: NHS Board-wide information system holding test results, clinical letters and summaries of care contributions. These may be assembled through speciality electronic records to give a clinician a "view" across all the specialty systems which have current information about the patient to be archived in the SCI Store repository;

3. **National Integrated Care Record**: NHSScotland-wide based on the SCI Store information repository and holding copies of information from other national

systems such as immunisation as well as summaries of information from the Local Integrated Care Record; and

4. a fourth category of record is particular to **information shared between the caring agencies** under agreed protocols, eg for care of the elderly or children.

The refreshed Scottish eHealth/IM & T strategy is aimed at a rounded and balanced approach to the development of eHealth recognising that, whilst IM&T is important, many other issues, particularly around staff and working practice, patient needs and confidentiality need to be addressed. The definitions of each term are:

Information Management & Technology is about the information which NHSScotland needs to deliver effective healthcare, the technology needed to deliver that information to the right person at the right time, and the range of processes such as training and support services needed to make it happen.

eHealth encompasses much more than the deployment of computer technology. It conveys the message of electronics in support of health and stimulates thought and discussion about the broad range of issues and opportunities that technology offers in the health care setting to both healthcare professionals and patients.

The Department's objectives are now to:

1. Progressively integrate, improve and deliver key information to the point of active care and self care.

2. Lead through the clinical and patient agendas.

3. Build commitment and collaboration between all stakeholders, and address all elements which make for success.

4. Build upon mandatory national components such as CHI and SCI Store.

5. Address the lack of equity and modern systems across NHSScotland through collaborative and supported procurement and development.

To support delivery of these objectives in Primary Care, the Department has:

- established as customised new GP contract implementation arrangements within the Common Services Agency a co-ordinating team to help NHS Boards and their GP practices support the introduction of the new GP contract by using consistent and value for money approaches to investment in, training for and exploitation of GP IT, and,

- developed in conjunction with the Scottish General Practitioners Committee an agenda for the delivery of enhanced functionality of GP IT systems beyond the specification laid down in *RFA Scotland v.1,* and,

  o invited suppliers of existing accredited systems to identify how they intend to give effect to NHSScotland's emerging requirements

APPLICATION FOR GP PRACTICE TO BECOME PAPERLESS

To: _____ NHS Board

From: _____ Practice

I/we the undersigned wish to apply for consent to keep our NHS patient medical records in electronic format. Furthermore, I/we confirm that:

1. the practice computer system is fit for purpose;

2. the computer system security measures and audit functions are enabled;

3. the practice will not seek to disable the security and audit functions;

4. all the GPs in the practice are aware of and undertake to have regard to the *Good Practice Guidelines for General Practice Electronic Patient Records v3*, prepared by the Joint Computing Group of the General Practitioners Committee and the Royal College of General Practitioners (sponsored by the Department of Health) and the Scottish commentary (PCA(M)(2004)(*));

5. the practice has IT recovery arrangements verified by their system supplier; and

6. the practices has in place a security policy that complies with current good practice.

Practice computer system name and version: _____

Practice registered name and number under the Data Protection Act:

_____

I/we agree that a full patient record will continue to be forwarded when requested to the NHS Board and that will contain all relevant records including a printout of the entire computer record, including word-processed or scanned documents.

I am/we are aware that compliance with these conditions can reasonably be audited by the NHS Board.

Signed by all GMS list principals or Sections 17C practitioners at the practice.