

Factsheet for pharmacy professionals

SCR and community pharmacy

Detailed guidance and training on how to get SCR in your pharmacy will be made available once rollout plans are complete. More information will be shared through engagement and communication activities via existing pharmacy networks.

SCR benefits for community pharmacy

Findings from the pilot stage show that using SCR in community pharmacy is **increasing pharmacy professional's ability to treat patients more efficiently and effectively, by reducing the need to contact their GP and providing access to information normally unobtainable out-of-hours.**

Other examples of benefits for patients, pharmacy professionals and other parts of the NHS are:

- **Improving patient safety** by ensuring the patient gets the right medicines
- **Improving efficiency** by reducing the number of phone calls and reducing the time spent waiting on a call
- **Improving effectiveness** by supporting clinically appropriate calls to GPs
- **Improving the patients experience** by reducing patient waiting time for queries to be resolved, and resolving them at the point where they are presenting for care.

Evidence of the benefits can be found in this [case study](#) on Patient Safety, Emergency Supply and Reduced Referrals.

Use the storyboards to find out more about SCR and [emergency supply](#), [self care](#) and [adverse reactions](#).

Pharmacy access and smartcards

SCR access is restricted to registered pharmacy professionals only, including;

- pharmacists
- pharmacy technicians.

If you are a pharmacy professional wanting to access SCR you need:

- a smartcard, along with the specific SCR roles assigned to it.
- to be on the N3 network.
- to be able to access the NHS Spine web-portal, known as the Summary Care Record Application (SCRa).

The technical baseline requirements can be found at <http://systems.hscic.gov.uk/spine/future>

SCR training

Everyone wanting to access SCR must complete training. Details of training will be made available when your area/organisation prepares to go live.

Patients and their SCR

SCR is for patients who have a GP registered in England, irrespective of where they may live. At present, it is only available to clinicians working in England. **A patient can ask to view their own SCR and they can request a print out from the pharmacy professional.**

Separately to SCR, there is a programme called Patient Online which intends to provide patients with access to the same types of information directly from the GP system.

"Access to the SCR is essential for the development of effective clinical services in community pharmacy and makes a real difference to the quality of care we can provide."

Ash Soni, President, Royal Pharmaceutical Society

Information held on the SCR	
Core	Additional Information (currently being rolled out)
<ul style="list-style-type: none"> • All known allergies & adverse reactions recorded for that patient on the GP system. • All medications within the following conditions: <ul style="list-style-type: none"> * Acute medications (6 or 12 months depending on the GP system) * Current repeat medications (with last issue date dependent upon GP system) * Discontinued repeat medication (if the GP system adds this data, 6 months) 	<ul style="list-style-type: none"> • Reason for medication • Immunisations • Significant diagnoses / problems • Significant procedures • End of Life Care information and patient preferences • Other anticipatory care preferences, when they have been recorded by your GP • Any other important information from the GP record that the patient and GP agree should be included in the SCR. <p>The following items are not included unless the patients specifically asks for them to be:</p> <p>Specific sensitive items such as details of fertility treatment, sexually transmitted infections and treatments, terminations or gender reassignment.</p>

Pharmacy use of SCR

SCR should be used to **support decision making**. It is **NOT expected that SCR's will be accessed for every patient, or for every prescription, every time**. The decision to access the SCR is based on a clinical need at that time, determined by the you, the pharmacy professional.

During the Proof of Concept (POC) period, the majority of accesses to the SCR were for the purpose of providing an emergency supply of medication out of hours. Use of SCR also supported the additional services pharmacies can provide, such as the New Medicine Service and Minor Ailments Service.

You must:

- only access SCR for a patient when you have a legitimate relationship with them i.e. you are actually involved in the patient's care at that point in time.
- only access the record when you have the patient's permission to view it, unless it's otherwise in the patient's best interest, see below.

[Screenshots of what the SCR looks like can be viewed on the generic training slides.](#)

Consent and permission to view

A patient must give their express permission for you to view their SCR. This is described as "permission to view". It is your responsibility to explain what is in an SCR; patient leaflets are available to provide more information. It is not essential to have written permission, this is a local, organisational decision (there is a sample form for recording this on the SCR website). It is acceptable to get permission to view a patient's SCR over the phone.

Consent needs to be gained for each patient, at each pharmacy, on a need-by-need basis. **If you have a regular patient for whom you think you will need to access their SCR frequently, you could ask them once for permission to view their SCR while they are in your care.** If you decide to do this it is recommended that you put a note referring to the discussion and what was agreed in that patient's PMR. You should also regularly review the decision with them. The patient should also be informed that they can change this decision at any time.

All patients in England have been communicated to with regards to having an SCR; they have the ability to opt-in or opt-out at any time. If a patient wishes to opt-out of having an SCR altogether (as opposed to just not letting you view it) then they should be advised to contact their GP practice who will record this preference.

Accessing SCR without a patient's consent

The 'Emergency Access' option can be used if a patient is not able to give their consent, but you believe there is still a clinical requirement to view their SCR.

In this instance you should use professional judgement and if you decide that accessing the SCR is necessary and in the patient's best interests (i.e. there is a possibility that without accessing the patient's SCR the quality or safety of the decision would be compromised), then you should use 'emergency access.'

As with any professional decision you need to be confident that you can justify to any future investigation that the decision was made in the patient's best interests. Whenever the "Emergency Access" option is selected it is strongly recommended that you enter the reason why you are accessing the record without the patient's permission.

Examples of when this option could be seen as appropriate in community pharmacy are:

- A patient with language difficulties
- Elderly patients with dementia
- Patients in a care home for whom it is not possible for you to contact to seek permission
- Prescription has been brought in by a 3rd party and you are not able to contact the patient to seek permission

If a carer has legal power of attorney for the patient, then their permission to view the record should be sought.

"The SCR is very user-friendly. With just a few clicks, the patient's record was in front of us. As a result of this service, we can help patients, GPs, and out-of-hours improve decision making at busy periods".

Akshay Patel, Pharmacist, Regent Pharmacy

SCRs for children

Children can have an SCR, and in instances where the child understands what is being asked of them, permission to access SCR is their decision. If the child does not understand then it is the parent's choice. This is at the Pharmacy professional's discretion. Refer to [GPhC guidance on consent](#).

Updating the SCR

SCRs are updated in real-time when a relevant change is made to the patient's record at the GP practice. The patient's registered GP practice is the only place where the SCR can be updated or added to.

Access to the SCR is read only.

If you want to inform the GP that you have taken a particular course of action, for example after issuing an emergency supply, you need to communicate with them in the way you currently do now.

Monitoring and auditing access to SCR

- Every action on the SCR application is fully audited and linked to the individual smartcard "logged on" at that time.
- Reports are available to show every record accessed by every individual smartcard user.
- Pharmacies MUST have clear and robust Standard Operating Procedures (SOPs) in place as part of their approach to Information Governance (IG). IG checks will be made.
- Any suspected inappropriate access will be investigated and escalated accordingly.
- Patients can request to see who has accessed their SCR at any time.
- When a user is provided with a smartcard, they agree to use it in line with the smartcards user policy.

All users MUST adhere to their professional code of conduct, and their contract of employment.

Insurance and liability

The National Pharmacy Association has provided the following statement:

“NPA indemnity Insurance will cover members’ access to the SCR (and associated liabilities) where the pharmacist/pharmacy technician considers it necessary to do so (as well as any amendments the pharmacist/pharmacy technician decides to make to the SCR when this facility is enabled and available in the future) provided that this is done in line with available published guidelines, the pharmacy’s standard operating procedure (SOP) governing consent and access to SCR and use of the information therein.”

The General Pharmaceutical Council released a statement regarding liability:

“Pharmacists’ access to patient medical records is a welcome and positive step towards enabling pharmacy professionals to deliver improved outcomes for patients. We believe that access to records will increase dialogue and communication and improve collaboration with other healthcare professionals. Whilst this is not a new area for some of the profession, for example those working in hospitals or those who work as prescribers, we recognise that this is a developing area for community pharmacy.

“A pharmacy professional’s responsibility is to make the care of patients their first concern. Pharmacy professional’s who can access patient medical records must ensure that they apply the principles and requirements of conduct, ethics and performance to any additional information that they can access as result of these changes. Our standards make clear a Pharmacy professional’s responsibility in relation to confidentiality and consent, as well as ‘getting all the information you require to assess a person’s needs in order to give the appropriate treatment and care.

“Pharmacy owners are required to meet the GPhC’s Standards for Registered Pharmacies. Under the first principle in those standards, concerning governance, standard 1.7 requires information to be managed so as to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services. Our inspectors would explore the pharmacy team’s use of the SCR as one evidence source when assessing the pharmacy’s performance against the standard.”

“If different people are looking after me, I expect them to share information about me, with my consent. An effective flow of information between professionals is vital to ensuring safer, more coordinated and more person-centred care”

Jeremy Taylor, CEO, National Voices

For more information on SCR and how it can benefit healthcare professionals and patients get in touch:

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[@nhsscr](https://twitter.com/nhsscr)