
Summary Care Record Factsheet

The Summary Care Record (SCR) is a secure, electronic patient record that contains key information derived from patients' detailed GP records. It is accessed in emergency and unplanned care scenarios, where such information would otherwise be unavailable.

What does the SCR contain?

The core dataset contains information about a patient's medication, allergies and any previous adverse reactions to medicines. Other information such as significant medical

Other information such as significant medical history, care plans, patient wishes or preferences (and other relevant information) can be added with the consent of the patient.

Who uses the SCR?

- Hospital pharmacies – when reconciling medicines for new admissions.
- GP out-of-hours services – when treating patients with whom they are unfamiliar.
- GPs – when temporary residents, such as holiday-makers, visit their practice.
- Accident and emergency clinicians – when treating emergency patients.
- Clinical staff in hospital wards – when admitting new patients.
- Ambulance staff – checking patient details when responding to calls.
- Staff at walk-in centres and minor injuries units – when caring for patients who present for treatment.
- Multidisciplinary teams – when providing community and intermediate care

What are the clinical benefits of SCR?

A range of healthcare professionals are finding that using SCR is adding value to their

clinical practice and improving the care they provide to patients.

These include:

Improved safety

- Safer prescribing by reducing prescribing errors - a study found that one in five patients had an intervention that improved prescribing when SCR was made available to pharmacy staff.
- Improves the accuracy of prescribing decisions by identifying more medication discrepancies.
- Increases the ability of clinicians to make informed decisions, by providing them with key medical information when deciding on a treatment plan.

Increased efficiency

- Significantly reduces the time taken by hospital pharmacists to reconcile medication, in some cases by over 50%.
- Reduces the time, effort and resources needed to obtain medication information directly from the patient's GP surgery. Time saved through phoning, faxing and

responding to queries can be reinvested in direct patient care.

diagnoses, if they feel it will benefit the patient.

- Improve equality of care.

More effective care

- Provides access to essential medical information out of hours (OOHs) and on weekends (when GP practices aren't open).
- Supports the delivery of appropriate care to patients. For example - enabling GPs in OOHs services to treat patients, without having to refer them back to their usual GP.

How does the SCR benefit patients?

SCRs improve the experience for many groups of patients and their carers, particularly:

- those with long-term conditions and complex health needs,
- vulnerable people and carers,
- children and their parents or guardians,
- those with mental health problems,
- those taking many different medicines,
- patients who find it difficult to communicate with healthcare staff.

Summary Care Records:

- Are invaluable when a patient cannot give information (e.g. if they are unconscious), or when they are taken ill away from home and are unable to see their own GP.
- Give those with long-term conditions confidence that if needed, their key medical information is available wherever they travel in England.
- Enable safer prescribing of medication for patients, by providing information on a patient's allergies, adverse reactions and medications.
- Support those who struggle to make themselves understood, due to their illness (e.g. asthma sufferers).
- Allow GPs to share other information, such as end of life care plans and relevant

What are people saying about SCR?

"The Summary Care Record allows us to practice safe medicine; patients are often confused with regards to their medication and the SCR allows prescribing to be current and accurate."

Triage Nurse, Out of Hours Service

"The Summary Care Record is a vital tool to make care provided to patients safer, timelier and more effective. Ensuring that the Summary Care Record is used more widely will improve patient experience of services where urgent care is provided and improve some of the joins between different services, where experience is often worst for the patient."

Neil Churchill, Director Improving Patient Experience, NHS England.

What support is available to the NHS?

If you are interested in creating or viewing SCR's, our regional implementation teams can help. They offer practical advice and support, including step-by-step guides, training and engagement materials, alongside other useful resources. Please contact the manager in your area for more information:

North	patrick.nolan1@hscic.gov.uk
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London	lesley.dent@hscic.gov.uk
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Further information

<i>Website</i>	www.hscic.gov.uk/scr
<i>Email</i>	scr.comms@hscic.gov.uk
<i>Twitter</i>	@NHSSCR

If your service has yet to start viewing SCR's please contact the Summary Care Record team at the Health and Social Care Information Centre: enquiries@hscic.gov.uk



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We are now taking part in the national Summary Care Record programme and as such we need to know if you would like part of your care record to be available to NHS staff to treat you in an emergency.

- I would like to opt in for my Medication, Allergies, Adverse reactions and additional information to be available to NHS staff in an emergency.
- I would like to opt in for my Medication, Allergies, and Adverse reactions to be available to NHS staff in an emergency.
- I would like to opt OUT of my Medication, Allergies, Adverse reactions and additional information to be available to NHS staff in an emergency.

Name:

Signature:

Date: