Vision 3

National Summary Care Record

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National Summary Care Record

Version History

Date	Version	Content	Output
06.09.07	DLM 240-1477	Made SCRhelp.doc as multi-file project with SSOPDS.doc	HTML as SSOPDS.chm
05.05.09	DLM 290-2198	change to Consent, Initial upload, SCR management	
17.06.09	DLM 290-2241		
15.09.09	290-2342	Initial upload – patients permanent after SCR switch on are not included in initial upload. Auto-reindex is not run if pause initial upload.	
17.09.09	290-2342	Merge of two user guides into one document and content review.	
29/03/2011	320	Initial upload Smartcard removal change	
10/10/2011	380	SCR Changes – preferences, initial upload	
20/12/2011	390	Discontinued medication changes and patients registered at another practice	

What's New in SCR

DLM 390

20/12/2011

- **Prescription Repeat Until date** – Changes have been made to how GP2GP imports prescription records with a repeat until date. SCR has been updated to reflect these changes. See Critical Data.
- **Patients Registered at Another Practice** – Initial uploads and summary updates are only sent for patients registered at your practice. See ***Patients Registered Elsewhere*** (page 32).

Previous DLMs

DLM 380

13/10/2011

- **SCR PDS Synchronisation** – During the Initial Upload and after deferring a PDS mismatch in Consultation Manager, an SCR PDS synchronisation is now run. NHS number, gender, DOB and, surname in addition to either forename or postcode must be synchronised as a minimum for an initial summary to be uploaded or to access the SCR via Consultation Manager. See ***SCR PDS Synchronisation*** (page 24).
- **Changes to Patient Consent Preference**–
  - **Change to Consent Preference Read Codes** - The Patient Preferences screen has been updated to reflect the new patient consent codes. There are now two forms of express consent: one for express consent for medication, allergies and adverse reactions only and one for express consent for medication, allergies, adverse reactions and additional information.
  - For existing SCR users, the old consent preference Read codes will not be automatically replaced with the new ones and will function as previously intended. However, you are advised to start using the new codes for all future data input. See ***Recording SCR Consent Preference*** (page 21).
  - **New Warning when Changing Consent Preference Read Codes** – When adding, editing or deleting a patient consent preference or corresponding Read code via medical history, a warning message is now displayed advising you to make sure that the patient understands the implication of their new choice.
  - **New History Screen** – From DLM 380, there is a new History button on the Patient Consent Preference screen. This lists all previously recorded consent preferences and allows you to access a full audit trail. See ***Recording SCR Consent Preference*** (page 21).
- **National Summary Tab Changes**
  - **Reason for Medication** – From DLM 380, you are still able to add Problem headers manually to the National Summary (which give reason for medication issue) but the patient must have a patient

preference of 9Ndn.00 Express Consent for Core and Additional Summary Care Record Data Set Upload recorded.

  - **New Warnings when sending a National Summary** – The send button on the National Summary tab is now constantly available to allow you to easily resend summaries. Because of this there are new warnings when trying to send a summary with data which does not match the patient preference. See ***Confirm Consent Change*** (page 22).

- **PDS Checks** –After deferring a PDS mismatch in Consultation Manager, an SCR PDS synchronisation is now run.. NHS number, gender, DOB and, surname in addition to either forename or postcode must be synchronised as a minimum for an initial summary to be uploaded. This means that you can access the SCR for a patient matching a curtailed PDS criteria. When this happens, Identity Confirmed is displayed in the patient title bar and you are only able to access national services for this patient with regards to SCR. See ***SCR PDS Synchronisation*** (page 24).
- **SCR Functionality Removal**
  - **Warn If No Patient Preference** - It is a new Connecting for Health requirement that practices should not be warned if the patient does not have a preference recorded. We have therefore removed this option from Consultation – Options Setup in Consultation Manager.
  - **National Summary Auto Selection Options** – It is also a new Connecting for Health requirement that supplementary data is only manually added to the SCR, hence the auto-selection option for SCR has been removed from Consultation – Options – Setup in Consultation Manager (NB Auto selections is still available for referral message purposes). This is option also no longer accessible from any of the National Summary right click menus.

DLM 290

29/03/2011

Summary Care Record - Initial Upload Changes

- We have introduced a facility which allows you to specify start/resume and stop/pause times for the initial upload. This allows for timed processes, such as the backup, to run and not interfere with the upload process. See "Start/Resume Stop /Pause Times".
- There is now also a **Total Patients Uploaded** count and an **Upload Time Per Patient** display which appears on the Initial Upload progress bar. You can also see how many messages have been sent to the message queue. See "Start/Resume Stop /Pause Times".
- If a new patient is made permanent before the Initial Upload is completed, but after SCR functionality has been enabled, they will **NOT** be included in the Initial Upload. Such patients will have the chance to create an SCR at the next relevant face-to-face consultation. Applied patients are still exempt from this process.
- You are now able to tailor the content of the SCR before the Initial Upload is run. See "***Tailoring the SCR before the initial upload is started*** (page 20)".

Summary Care Record - Consent Changes

- CfH have now issued a **revised consent model** which should be used in accordance with the existing preferences screen.

- To accommodate user requests, we have moved the Preferences prompt so that it appears at the start of the consultation rather than at the end.
- You can also disable the automatic preferences prompt on a per user basis if required. This is done from Consultation – Options – Set up in Consultation Manager.
- When a patient changes their consent status to Dissent, a blank summary is generated and sent to the Spine automatically. There is now no longer a need to press **Send**.
- Recording dissent for the SCR scheme will now not interfere with any of the other national services programmes i.e. you should still be able to create a Choose and Booked Referral, send GP2GP messages.

Summary Care Record - Management Changes

We have made the following changes to assist in the day to day management of the Summary Care Record:

- You can see a preview of the SCR without being logged into Vision with a Smartcard.
- You can now maintain a **local summary** for patients who do not wish to be part of the SCR programme. This information is stored in the patient record only. See "***Creating Local Summaries*** (page 49)".
- **Multiple Normal Summaries** – previously if there were multiple summaries, the last summary was automatically replaced with the most recent summary. From DLM 290 you are able to select which summary should be replaced. See "Dealing with Multiple Summaries".
- **SCR Withdrawal**. You are now able to view and withdraw SCR messages by viewing patient SCRs from the PSIS tab. See "Withdrawing Summaries".
- When a user tries to access SCR data for a patient who has dissented, a warning message appears stating that the **Caldicott Guardian** will be informed of this inquiry. See "Caldicott Warning – Consent Override".
- The **Event log** now audits all changes to preference and SCR updates.
- If a third party healthcare professional has edited the SCR, you are prompted.
- Inactive Repeat Master information received from GP2GP messages will not be included in the SCR.

What is the Summary Care Record?

Connecting for Health is planning for every patient in England to have a complete electronic Summary Care Record (SCR). This is also called the National Summary and sometimes, the GP Summary or NHS Care Record.

An individual is likely to be treated by a variety of care professionals in a range of locations throughout their life. The National Summary is a means of ensuring that the details of all their care and treatment are held in a single, easily accessible, electronic record.

It will store an individual's personal details, such as their address and date of birth, along with their health and care history. It will include information such as whether a patient is diabetic or has a drug allergy, as well as details of the treatment and care they have received to build up a comprehensive patient history.

It will also hold a summary of contacts with all care providers and be the master source of an individual's medication history and record their consent for care professionals to view their NHS Care Record. The NHS Care Record will mean that patient records follow a consistent format, which will improve information sharing and treatment.

Switching On

The National Summary facility is being rolled out gradually across the NHS. You will be informed by your PCT when your practice has met all the requirements needed to participate in the National Summary scheme and when your allocated date of commencement will be.

In order to participate in GP Summary a practice must have attained a data accreditation certificate under the IM&T DES initiative.

How National Summary will be rolled out

The National Summary rollout process will be put into action as follows:

Sixteen weeks before the Initial Upload of patient summaries onto the Spine, there will be a public information campaign informing patients of what will happen and the choices they have. Therefore patients have sixteen weeks to contact their surgery to dissent or limit their participation if they wish to do so.

On the day of the **Initial Upload**, a one-off upload of all non-dissenting patient summaries (Critical Data) will be automatically compiled and sent to the Spine, including:

- Current medication
- Suspected allergies and adverse reactions
- You are able to add supplementary data to the SCR before the Initial Upload for patients who have expressly consented, this is sent to the spine as a structured summary once the Initial Upload is started.
- After the Initial Upload has completed, patient summaries are updated and sent to the Spine from Consultation Manager, including:
- Dated diagnosis problems and high priority diagnosis Read codes.
- Any other information that the clinician and the patient deem appropriate.

- Critical Data is updated automatically.

Dissent and patient preference can be recorded and changed at any stage prior to and after the Initial Upload.

Overview of Patient Consent

Patients can opt to have a Summary Care Record on the Spine (they can choose to have just allergies and medication or allergies, medication and agreed additional data), or can chose not to have an SCR. This must be recorded on the patient record (see ***Recording SCR Consent Preference*** (page 16)). For patients without any consent preference, implied consent is assumed and medication and allergies are uploaded.

Overview of Managing the Summary

- The patient National Summary will be accessible from the Summary Menu in Consultation Manager.
- If the patient fully consents, the Summary will automatically contain current Repeat Medication, allergies, adverse reactions and intolerances.
- Further Supplementary information can be added to the National Summary by dragging and dropping relevant items from the Journal, Filtered List or Problem tab. You must add the relevant consent Read code for this.
- Items can be withheld from the National Summary by dragging the items to the Withheld Items pane.
- To send the updated National Summary to the Spine, click on the Send button. The summary status will change to awaiting send as it queues to be sent to the Spine.
- You can maintain a local summary for patients who have dissented from the SCR scheme.

The Initial Upload

Once your practice is permitted and enabled to use the National Summary Care Record Service, you need to run a one-off process called the Initial Upload. This process can be run in its entirety to completion, or be paused and re-started as many times as necessary.

You will be notified of your commencement date by your PCT. The Initial Upload compiles an Initial National Summary for each eligible non-dissenting patient registered at your practice.

For practices with more than one data set, you will need to run the Group Initial Upload.

> **Note** - The Initial Upload can be run on any workstation (apart from the EDI machine) by a System Administrator. All users can operate Vision normally during the upload.

Who is eligible?

The patients included in the Initial Upload process will be those who:

- Are permanently registered with the practice (excluding applied for registration) at the point SCR was enabled.
- Have a new style NHS number.
- Do not have a current National Summary record (when a patient registers, a current PSIS summary is retrieved if they already have a National Summary.)
- Patients with an FP69 flag will **NOT** be included in the Initial Upload process.
- Patients must be at least partially synchronised with PDS to be eligible (see ***SCR PDS Synchronisation*** (page 24)).

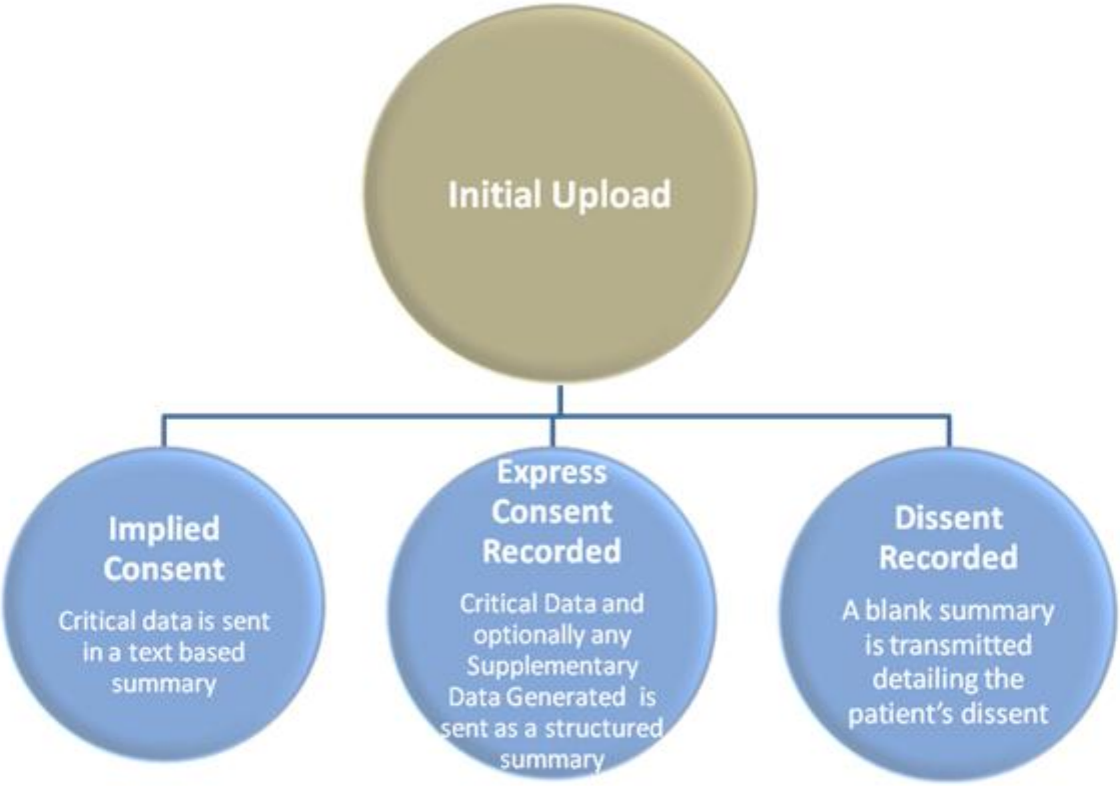
> **Note** - patients who have expressed dissent are still included in the Initial Upload process. However, for such patients, a blank summary is sent to the Spine with a message explaining that the patient does not want an SCR.
>
> **Patients who are not permanent at the point of SCR switch on are not included in the initial upload but will be able to have a summary created at the next relevant face-to-face consultation.**

Before running the Bulk Initial Upload

The initial upload only uploads initial National Summary messages for eligible patients. Although it is possible to re-run the initial upload (Vision will skip patients who already have an initial upload message), it is probably best to check your system for any patients who might have **erroneous FP69** and/or **erroneous applied status** before the primary initial upload is run.

What information is sent in the Initial Upload?

The patient information that it sent as part of the initial upload depends on the patient consent status:



Critical Data

Providing that the patient has the following preference Read codes recorded:

- 9Ndl.00 Implied Consent for Core Summary Care Record Data Set Upload
- 9Ndm.00 Express Consent for Core Summary Care Record Data Set Upload

And not a subsequent entry of 9Ndo.00 Express Dissent for Core Summary Care Record Data Set Upload, the following clinical information is sent as a text based summary as part of the Initial Upload. This is known as Critical Data (patient with the following):

Current Repeat Medication

All repeat medications which have not been discontinued and are not more than 18 months past their review date. This also includes items which are recorded on the system but which are prescribed elsewhere (e.g. hospital or special clinic) or OTC (Over The Counter) drugs taken by the patient and recorded on the system.

Discontinued Repeat Medication

All repeat medications which have been discontinued in the last 18 months. This includes medication prescribed elsewhere and OTC drugs.

Acute Medication

All acute medication prescribed in the last 6 months. This includes medication prescribed elsewhere and OTC drugs.

Note - Issues from Repeat Masters are not included as part of the patient summary

Allergies and Adverse Reactions

Suspected adverse reactions and allergies including allergies to drugs, foods and any other substances; this includes Allergies entered through the Allergies and Intolerances SDA and also Read coded allergies.

Note - If the patient's record does not contain one or any of the above data categories, the category description will still be uploaded as part of the summary but will state beneath that there is no data of this type recorded. Negative allergy entries will not be sent as part of the SCR.

Supplementary Data

Supplementary Data is extra information that can be optionally added to the patient's SCR ie significant medical histories. You can add this manually but must have the following consent preference recorded: 9Ndn.00 Express Consent for Core and Additional Summary Care Record Data Set Upload.

Blank Initial Summary

If the patient has chosen to dissent from having an SCR (9Ndo.00 Express Dissent for Core Summary Care Record Data Set Upload), a blank Initial Summary is sent to the Spine. This holds no clinical information but states that the patient has dissented and the date of dissent.

Running the Bulk Initial Upload

Points to note for all practices before running the Initial Upload:

- Once you have started the Initial Upload you MUST log out of Vision and remove your Smartcard, this avoids the automatic 10 hour shutdown process that logging in with a Smartcard creates. It is vital that the upload process is not interrupted with the exception of using the pause functionality.
- You must **NOT** have Mail Manager open on the workstation running the Initial Upload as **ALL** messages will fail due to not being logged in with a Smartcard.

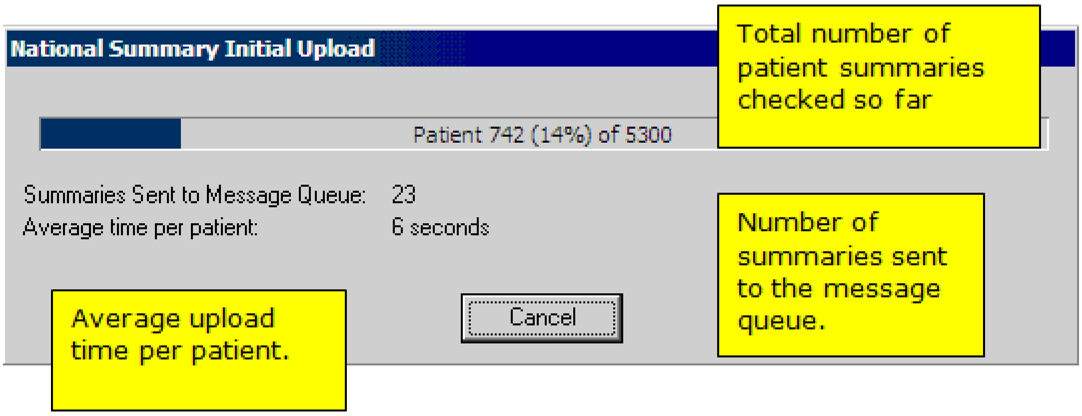
For practices using the Managed Service, please make sure that you run your Initial Upload at the specific time allocated to you by the VES team. Also, **it is vital that you DO NOT terminate your session on the machine running the Initial Upload whilst the Initial Upload is still in process.**

To run the Bulk Initial Upload (you will be instructed by your PCT when to do this):

1. Log in to **Vision** with your Smartcard (the user must a System Administrator).
2. On the front screen of **Vision**, select **Modules – National Summary Initial Upload**.
3. The **National Summary Initial Upload** window will appear. Click on **File – Upload.**
4. Before starting the initial upload, you can now optionally enter a stop/pause/resume time. Tick the box next to stop time and enter a convenient time for the process to stop. If you would like to enter a pause time rather than a stop time, you must also add a resume time in the adjacent box.

The Stop Time, Pause/Resume Time is displayed in the Status Bar. This is also recorded in the initial upload log file.

As the upload is running, the progress bar displays a patient count of the total number of summaries checked so far. The average upload time per patient and the number of messages sent to the message queue is also displayed.



Note - Although the total number of summaries sent to the message queue is also displayed, this does not mean that the transmission of these messages has been successful. You MUST monitor the upload messages in Mail Manager.

5. Now that the upload is running, go to the front screen of Vision and close the application, then remove your Smartcard. The initial upload should continue to run on your workstation.
6. Once the Upload is complete, you are prompted with the following screen which gives you the Upload statistics: *National Summary Initial Upload completed successfully* together with details of the numbers of qualifying patients.
7. Click OK to finish.

Note - The SCR is not accessible on the patient record until an acknowledgement has been received from the Spine.

Stop Time Reached

Should the Stop Time be reached before the upload completes, it is recorded in the log file and you are prompted with the upload statistics so far. You are also informed that *National Summary Initial Upload did not complete – stop time reached.*

Pause Time reached

Should the Pause Time be reached before the upload completes, it will be logged in the initial upload log file and you are prompted with the upload statistics so far. You are also informed that *National Summary Initial Upload is currently Paused*. The scheduled resume time is also displayed.

Resume cancelled

Press cancel to cancel the resume, if you do not want the Initial Upload to recommence at the time stated. The statistics dialog will then be shown with the fact that the Resume was cancelled.

Cancel Upload

Whilst the initial upload is running, you still have the option to cancel the process. If you do this, you are able to complete the initial upload process at a later stage.

Re-running the Initial Upload

If the Initial Upload has already run to completion and you try to run it again, following the Running the Initial Upload instructions, the following message will appear: *The Initial Upload of summaries to PSIS has run through to completion. You should not normally need to re-run the upload unless you have notification of failure through Mail Manager or been instructed to do so by the HelpLine or PCT*.

> **Note -** Even though the Initial Upload is intended as a one-off process, if you find that a percentage of your patients have not uploaded, you can re-run the upload and previously. See Running the Bulk Initial Upload.

Upload errors

During the upload, the upload statistics and any errors that have occurred in the last 14 days are documented in the initial upload log file. To view the log file:

1. From the front screen of Vision, go to **Modules – National Summary Initial Upload**.
2. **File – View log file**.

Restarting the Initial Upload

When you are ready to restart the Initial Upload after pausing, Vision will pick up from where it left off:

1. On the front screen of Vision, Select **Modules – National Summary Upload.**
2. The **National Summary Initial Upload** window appears. Click on **File – Upload.**
3. Select **Yes** to restart the Initial Upload at the *Continue the upload of initial summaries to PSIS* message.

New patients

If a new patient is made permanent before the Initial Upload is completed, but after SCR functionality has been enabled, they will **NOT** be included in the Initial Upload.

Tailoring the SCR before the initial upload is started

From DLM 290, you can add supplementary data to a patient's National Summary before the initial upload is started. This is on the condition that the patient has decided that they want a summary and this has been recorded as a preference. After you have added data, the summary is saved and automatically sent when the initial upload is run. As this is a structured summary the message type will be GP Summary rather than Initial GP Summary.

Recording SCR Consent Preference

To record patient preference:

1. In Consultation Manager, click on the **Patient Details** tab.
2. Select the **Preferences** tab.
3. Select **Change** to display the **SCR Consent Preferences** form**.**
4. The Patient Consent Preference screen has now been updated to reflect the new SCR consent model. There are now two forms of express consent: one for express consent for medication, allergies and adverse reactions only and one for express consent for medication, allergies, adverse reactions and additional information . New Read codes have been implemented to reflect this.
5. You will also notice that the Consent to Share option has been removed from this screen (it is still accessible from Patient Registration - Consent).
6. Click OK to save.

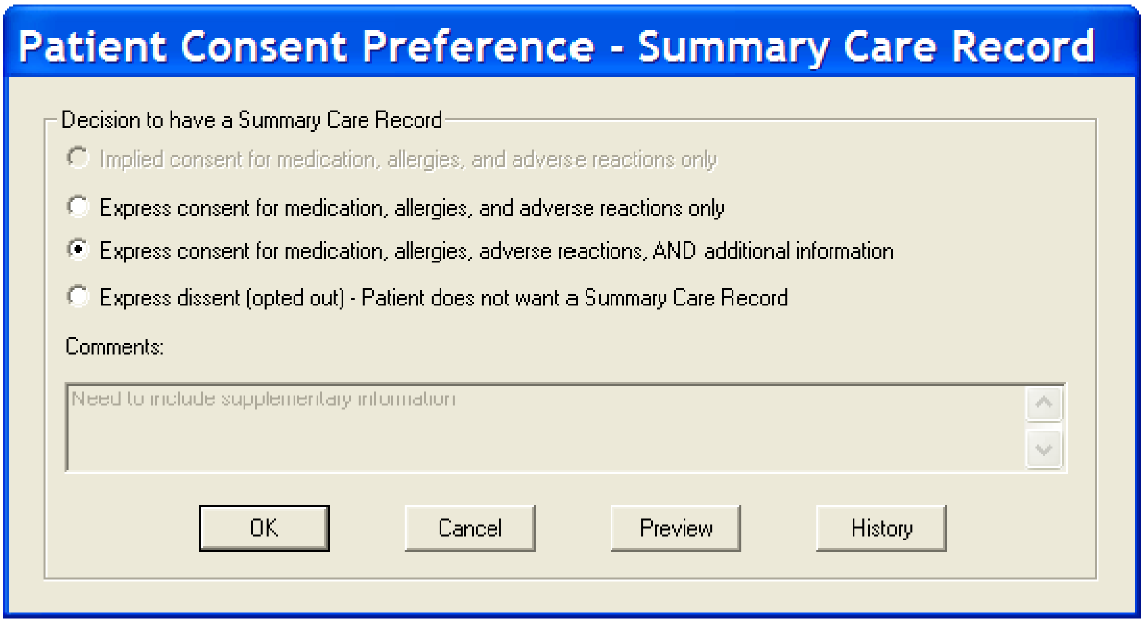


Figure 1: Patient Consent Preference Screen – via Patient Preferences and National Summary Preferences Button

History Button

We have introduced a History button on the Consent Preference screen. This allows you to view a list of previously recorded consent preferences along with the date, Read code used and end date if entered.

Double click on any of the lines to view a full audit trail of the entry.

Preview Button

Depending on the Preference selected, the preview button displays a copy of the Initial or last sent SCR.

New Consent Preference Read Codes

When a preference is selected, one of the following Read codes is recorded in a Medical History entry on the patient record.

- **9Ndl.00** Implied Consent for Core Summary Care Record Data Set Upload
- **9Ndm.00** Express Consent for Core Summary Care Record Data Set Upload
- **9Ndn.00** Express Consent for Core and Additional Summary Care Record Data Set Upload
- **9Ndo.00** Express Dissent for Core Summary Care Record Data Set Upload

> **Note** - 9Ndl.00 Implied Consent for Core Summary Care Record Data Set Upload cannot be selected from the Consent Preference screen as it is added as part of the initial upload process. However, it is possible to enter this Read code as a medical history entry.

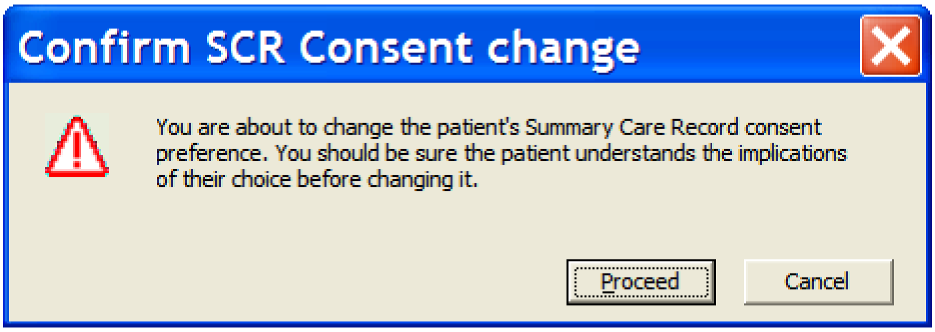
Old Consent Preference Read Codes

For existing SCR users, the old consent preference Read codes will not be automatically replaced with the new ones. The deprecated codes will function as previously intended. However, you are advised to start using the new codes for all future data input. The legacy Read codes are:

- 93C2.00 The patient wants to have a Summary Care Record
- 93C3.00 The patient does not want to have a Summary Care Record.

Confirm Consent Change

From now on, whenever you add, edit or delete an SCR consent preference via the SCR Consent Preference screen or via a medical history entry, you are prompted with the following warning:



Press **Proceed** to continue or cancel to go back to the medical history entry.

Recording Dissent Prior to the Initial Upload

Patient Consent can be recorded prior to the Initial Upload. There are two places that consensual status can be recorded - either under Preference in the Patient Details tab or by entering a Read code. If express consent is recorded before the Initial Upload is run, you can add supplementary data to their SCR. This will be sent as a structured summary once the Initial Upload is started.

Local summaries for dissenting patients

From DLM 290, you will be able to create a local summary for patients using the SCR functionality. This can be done for patients who have opted **not** to have an official SCR on the national Spine and for those who have no preference expressed.

Read Code 9Ndo - Refuse Consent

Another way of recording patients who do not wish to have a National Summary written to the Spine is by entering the Read code **9Ndo.00** Express Dissent for Core Summary Care Record Data Set Upload.

This will send a blank Initial Summary as long as there is no subsequent Read code of **9Ndm.00** Express Consent for Core Summary Care Record Data Set Upload OR **9Ndn.00** Express Consent for Core and Additional Summary Care Record Data Set Upload, or an overriding preference recorded in Patient Preferences (Patient Details).

Read Code 9Ndm and 9Ndn – Express Consent Given

You are also able to record patient consent by entering the Read code **9Ndm.00** Express Consent for Core Summary Care Record Data Set Upload OR **9Ndn.00** Express Consent for Core and Additional Summary Care Record Data Set Upload.

You are not obliged to enter a Read code for consent to enable the Initial Summary to be uploaded. If Vision cannot find any dissenting Read code or Patient Preference, an Initial Summary will be compiled and sent to the Spine.

Caldicott Warning on Re-consenting

You are now informed when recording SCR consent for a patient who has previously dissented that the Caldicott Guardian will be informed of this change.

National Summary Display

The first patient contact after the Initial Upload

At the first patient contact in a face-to-face consultation (see ***What counts as a Face-to-Face Consultation?*** (page 49)) for a patient with an initial summary on the Spine, the GP MUST replace the initial summary with a structured summary. This may be:

- A system generated summary of Critical Data.
- A summary constructed by the GP comprising Critical Data along with any Supplementary Data the GP and the patient may see fit to include.
- A blank summary.

At this point the GP should also seek and record the patient's consent to future maintenance of the National Summary Record. Although, you can select no preference expressed to bypass the SCR process.

> **Note** - a considerable amount of time might have elapsed between the Initial Upload and the first patient contact so there may be a difference in medication and allergy data since that time.

Selecting a Patient

When you select a patient, Vision checks with the Spine to see if they have a National Summary. The ***Alerts*** (page 25) pane will detail the patient's National Summary status.

If a SCR is found on the Spine, you will see a status of Retrieved in the National Summary tab.

If an error occurs, none of the National Summary functions will be active for the selected patient.

SCR PDS Synchronisation

During the Initial Upload and if you have chosen to Defer a PDS mismatch screen at the time of opening a new patient record, a new SCR PDS synchronisation is now run automatically. The following criteria must be synchronised in order to upload the current SCR:

NHS number

Gender
+

DOB

Surname

Forename

OR

Postcode

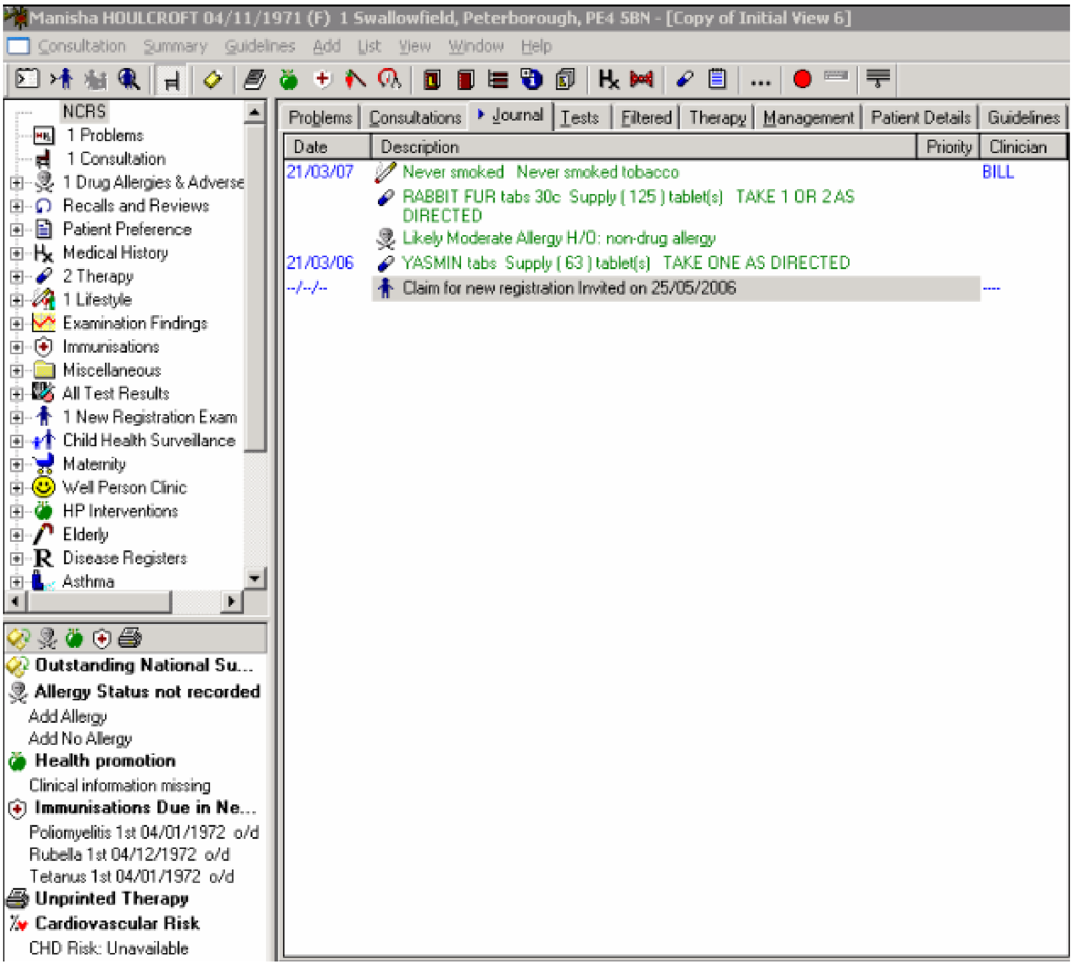
Where a SCR PDS synchronisation only has been successfully run , **Identity Confirmed** is displayed in the patient title bar in Consultation Manager. You are only able to access national services for SCR functionality.

Points to note:

- If PDS and Vision data have corresponding blanks for non-mandatory demographic information (ie other than the above), the PDS synchronisation is regarded as matched.
- If the patient demographic data is not successfully SCR PDS synchronised, the SCR initial upload for the patient is skipped and from Consultation Manager, the SCR on the Spine is not accessible.
- You are still able to remove your Smartcard whilst the initial upload is running. Any PDS mismatches are not displayed on the screen during this time.

Alerts

When you select a patient, the Alerts pane will detail the patient's National Summary status.



Note - All alert information is also displayed on the National Summary Tab.

An alert will detail one of the following:

- All items withheld on National Summary
- Outstanding National Summary
- Potentially incomplete National Summary
- Could not retrieve National Summary Details

All items withheld on National Summary 

This alert will be shown if the patient had chosen to exclude all their data the last time an update was sent to the spine, i.e. there is no structured data on the spine.

Outstanding National Summary 

will appear if:

- There is no Patient Preference recorded for the patient. **OR**
- The dissent status has changed since the summary was last sent. **OR**
- No Summary has yet been Uploaded.

> **Note -** The alert will remain as Outstanding if there has been no subsequent structured summary sent since the Initial Summary was uploaded.

Potentially Incomplete Summary - If any item in the patient record has been added since the last summary was sent, then the Summary is considered to be potentially incomplete. The exceptions to this will be new issues and their parent repeat masters, which will be ignored.

Could Not Retrieve National Summary Details - If a failed attempt was made to retrieve existing Summary details, then this alert will be shown. Double clicking this alert will show a more detailed error message.

> **Note** - **If multiple alert conditions are met, then the top-most alert in the above list will** be shown. Unless otherwise specified, double clicking this alert will show, and set focus to, the National Summary tab.

Viewing the National Summary

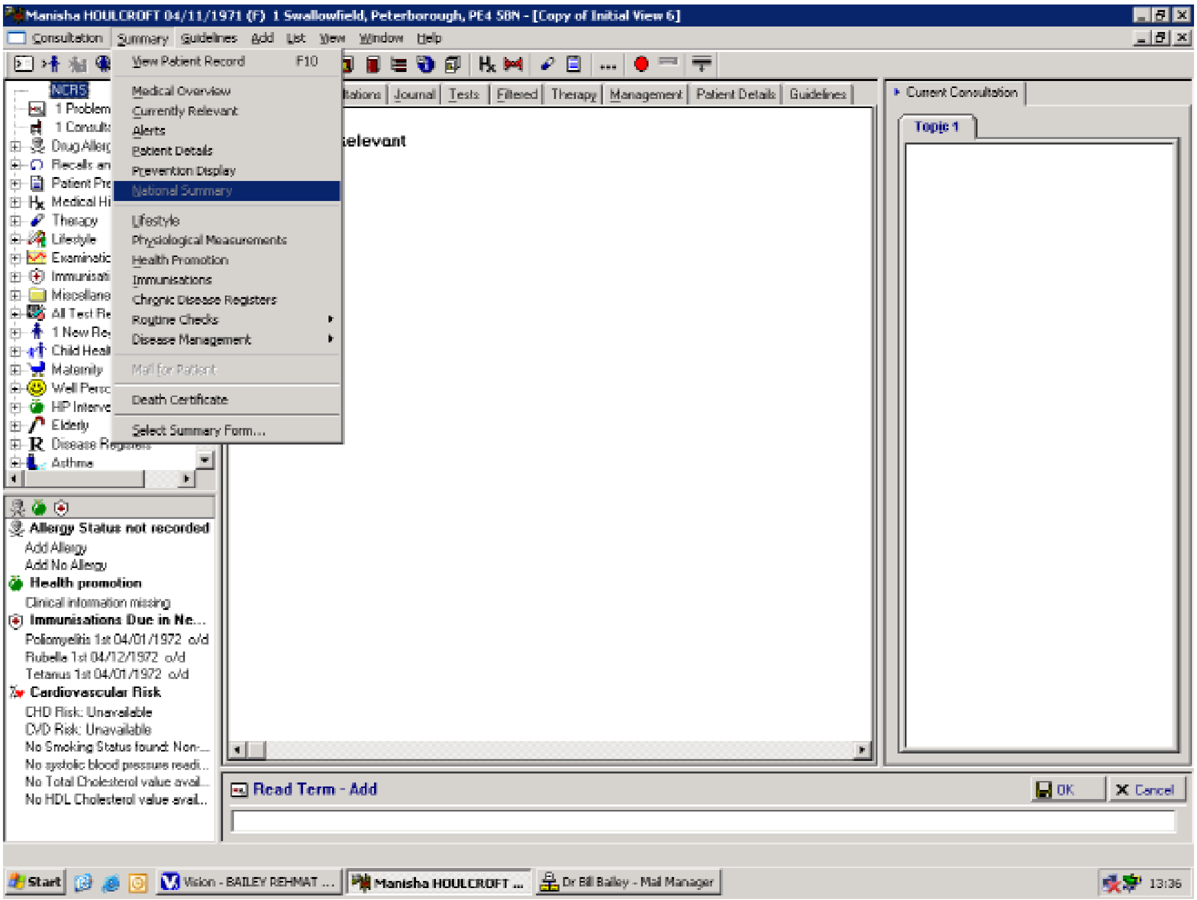
As patients are selected, the Initial Summary will be replaced with a verified Structured Summary, triggered by a consultation. This might only contain an update of the patients Critical Data which is automatically updated, or if you wish to do so, you and the patient can validate and populate the SCR with Supplementary Data.

> **Note –** You can add supplementary data to an SCR before the initial upload is run as long as you have **9Ndn.00** Express Consent for Core and Additional Summary Care Record Data Set Upload recorded as a preference**.**

To view the National Summary for a patient:

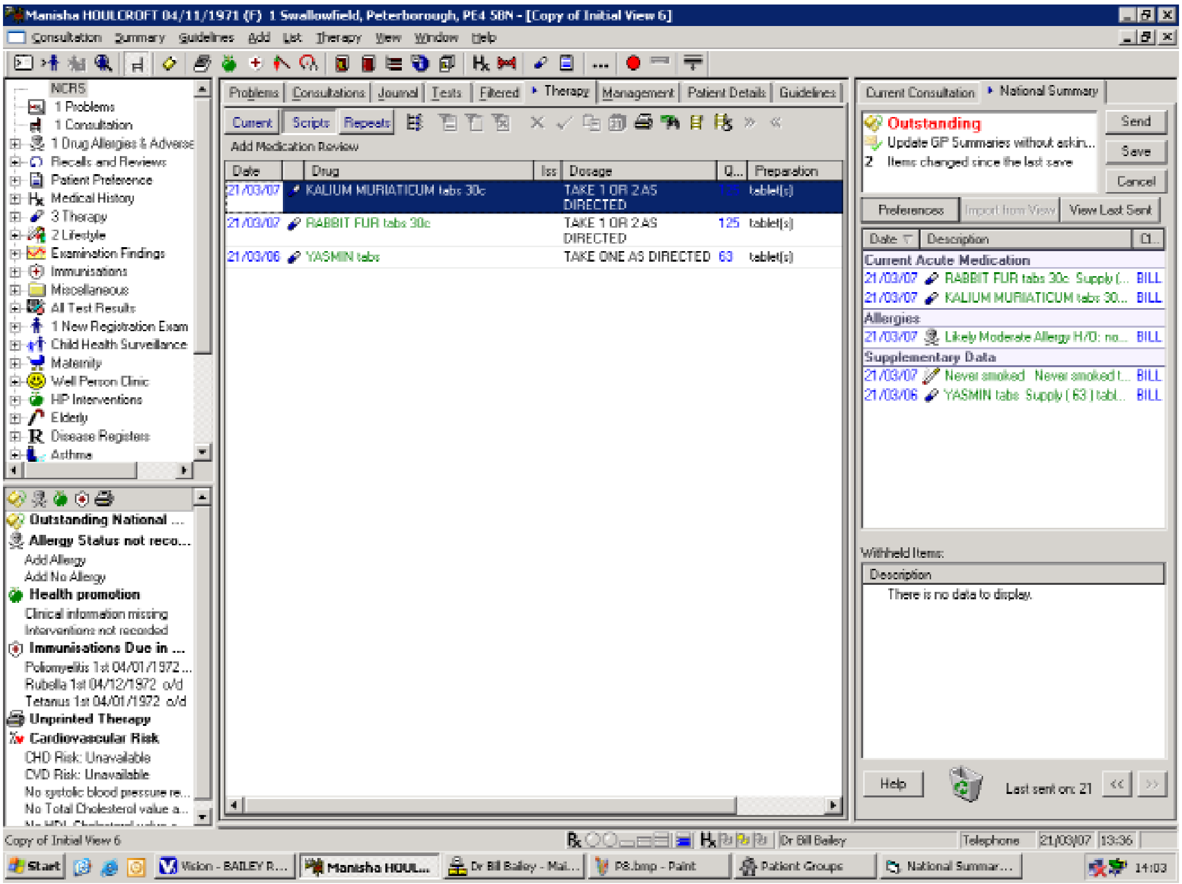
1. In Consultation Manager, click on the **Summary** menu.

2. Select National Summary.



Note - You can maintain a local summary for patients who have decided not to have an SCR on the Spine.

The National Summary appears as a tab on the Consultation Pane.



You do not need to perform any screen setup procedures to be able to view the ***National Summary Tab*** (page 28) from the Summary Menu even if you do not normally view the Consultation Pane in your chosen patient record view.

National Summary Tab

The National Summary can be accessed from the Summary menu - National Summary and appears in a separate consultation pane (even if your usual patient record view does not include a consultation pane).

On the National Summary form:

The header

- The overall summary status
- The current patient preferences
- Any relevant alert details
- The heading at the top shows the current status of the record. A Summary is considered **Outstanding** (shown in red) if the current summary differs in any way from the stored structured Summary, or the patient preference for consent or dissent has not been selected.

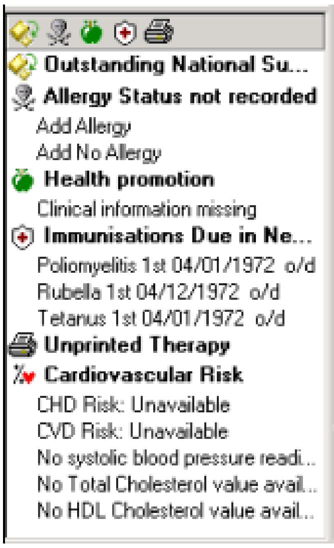
- The second line shows the patient's preference. If the sending preference is to not send the summary, then the preference text will be coloured red. Double click on this line or click on the **Preferences** button to update this. You must have started a face-to-face consultation to record patient preference.

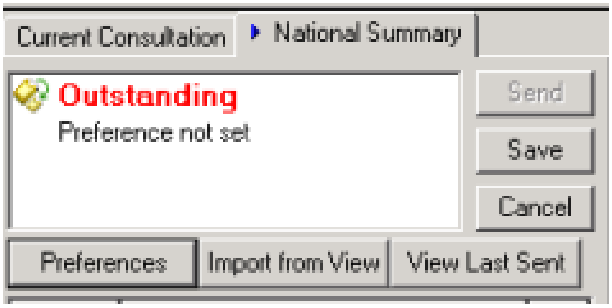
- The next line shows any relevant alerts, e.g. the patient has multiple summaries, or the summary is potentially incomplete when the number of data items that have changed since the last save is shown, i.e. since the last Summary was sent to the spine.

Overview of Recording Consent after Initial Upload

After the Initial Upload, you can record patient consent status on the Preferences form. This form can be accessed through the National Summary Tab or through the Patient Details screen.

If consent has not been recorded the summary is marked as Outstanding on the ***Alerts*** (page 25) pane and on the National Summary tab itself:





How to record the Patient Preference on the National Summary form

Click on the **Preferences** button and select one of the options.

Only users who have rights to view the patient's record can modify preferences. There must be a face-to-face consultation open (see ***What counts as a Face-to-Face Consultation?*** (page 49) for a list of these).

What information is held on the Summary?

The summary shows two panes; one showing the withheld items, the other showing the data to be included in the summary.

The data will be divided into the following categories in both Included and Withheld Items:

Critical Data

When a patient is selected, regardless of the consultation type, any new Critical Data is automatically populated into the Summary and you will be prompted on exiting the patient if you would like to send this to the Spine.

- **Current Repeat Medication** - all repeat medication which has not been discontinued in the last 6 months. If there is a Repeat Until Date specified, then this date must be in the future or within the last 6 months. If there is no Repeat Until Date, then the number of issues must be less than the maximum or the last issued must have been made within the last 6 months.
- **Discontinued Repeat Medication** – A discontinued repeat master is included in the SCR message if:
    - The repeat master has an end date which is within the last six months.
    - The repeat master has a blank end date, but has a repeat until date and has been issued in the last six months.

Note – All future repeat until dates are overwritten on transfer, the date is changed to the date of import.

- If the repeat master has a blank end date and repeat until date it will not be included in the SCR message.

> **Note** - That *active* GP2GP repeat masters are currently ignored by SCR, and it is the responsibility of the practice to create fresh repeat masters following a review.

- **Inactive Repeats from GP2GP messages** are NOT included in the SCR critical data upload.
- **Current Acute Medication** - all acute medication prescribed in the last 6 months excluding repeat issues.
- **OTC** (Over The Counter) drugs and items prescribed elsewhere (i.e. hospital) will also be included in all of the drug categories.
- **Allergies and Intolerances** will include allergies and intolerances to all substances (this includes Allergies entered through the Allergies and Intolerances SDA and also Read coded allergies).

Supplementary Data

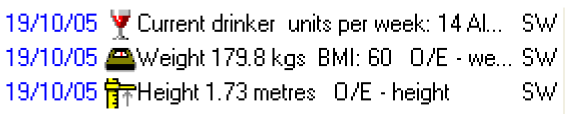
This is for information that the clinician and the patient might deem important to the patient summary.

For items that cannot be included in a summary, see ***Items Not Included in the National Summary*** (page 32).

> **Note -** If supplementary data is added before the initial upload is run for a consenting patient, a structured summary (which includes critical and supplementary data) is sent to the Spine once the initial upload is started.

If a category contains no data, then it will not be shown at all on the screen although in the Summary message that is sent to the Spine, it will detail the category heading and state that there is no information recorded in such category. The items within each heading will be shown in reverse date order.

Clinical items to be included in the summary will be displayed as they are in the Journal:



> **Note** - For both Critical and Supplementary Data ALL free text will be included in the SCR.

Reason for Medication

When you add a problem header to the SCR which contains therapy details, the problem header is used as the reason for medication. However this only applies to patients with a consent preference of **9Ndn.00 Express Consent for Core and Additional Summary Care Record Data Set Upload**.

Who is permitted to add data to the summary?

All users who have rights to add or edit information to Consultation Manager will be able to maintain the National Summary for a patient. Although to add Supplementary Data to the summary you must have started a face to face consultation.

Items Not Included in the National Summary

The following list shows the items that cannot be included in the National Summary:

- Non-critical medications
- Non-medication items with no Read code
- Recalls
- Attachments, letters and Referral Message Digest items for Choose & Book
- IOS Entries
- Consultations

If you try to add a data to the National Summary that is not permitted, you will be prompted with the following message: *Failed to add some or all of the selected items to the Include list.*

Patients Registered Elsewhere

To prevent an Initial Summary or update being sent for a patient who is still recorded as Permanent (no deduction message received) but has registered with another practice, the NACS code will now be checked. If during synchronisation with PDS the NACS codes are found to be different, the patient will be marked as "unlinked". This will prevent the summary from being uploaded. The following message is displayed:

"*The patient is registered with another practice on PDS, National Services will be disabled for this reason.*" Click **OK** to close.

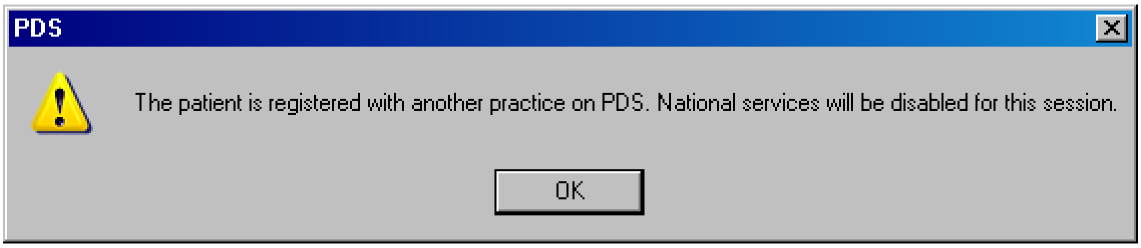


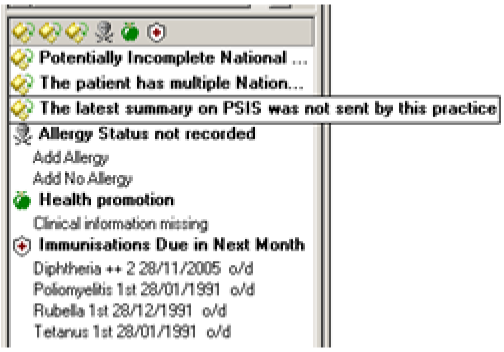
Figure 2: PDS Message

Third Party Update to SCR

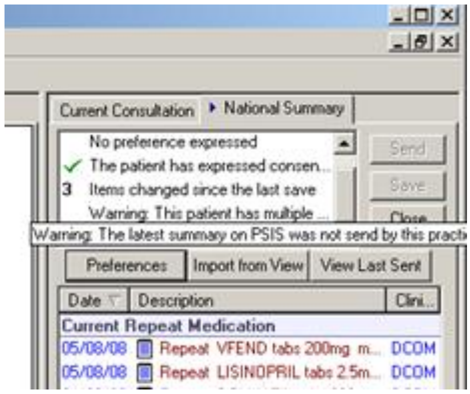
If a third party health care professional updates a patient's SCR, you will receive the following message when you next open the summary: "*The current summary in PSIS was not sent from this practice.   You are advised to review this summary for* *important information that is not in your records and incorporate this into the new summary.   Do you wish to continue to override this record?"*

- Click **OK** to make this summary the current summary
- **Defer** to ignore the message for now and look at the previous summary or
- **No** to make the previous summary the current summary.

You will also see a warning in the Alerts pane and on the National Summary tab stating that "*The latest Summary on PSIS was not sent by this practice*"



Alerts Pane Warning

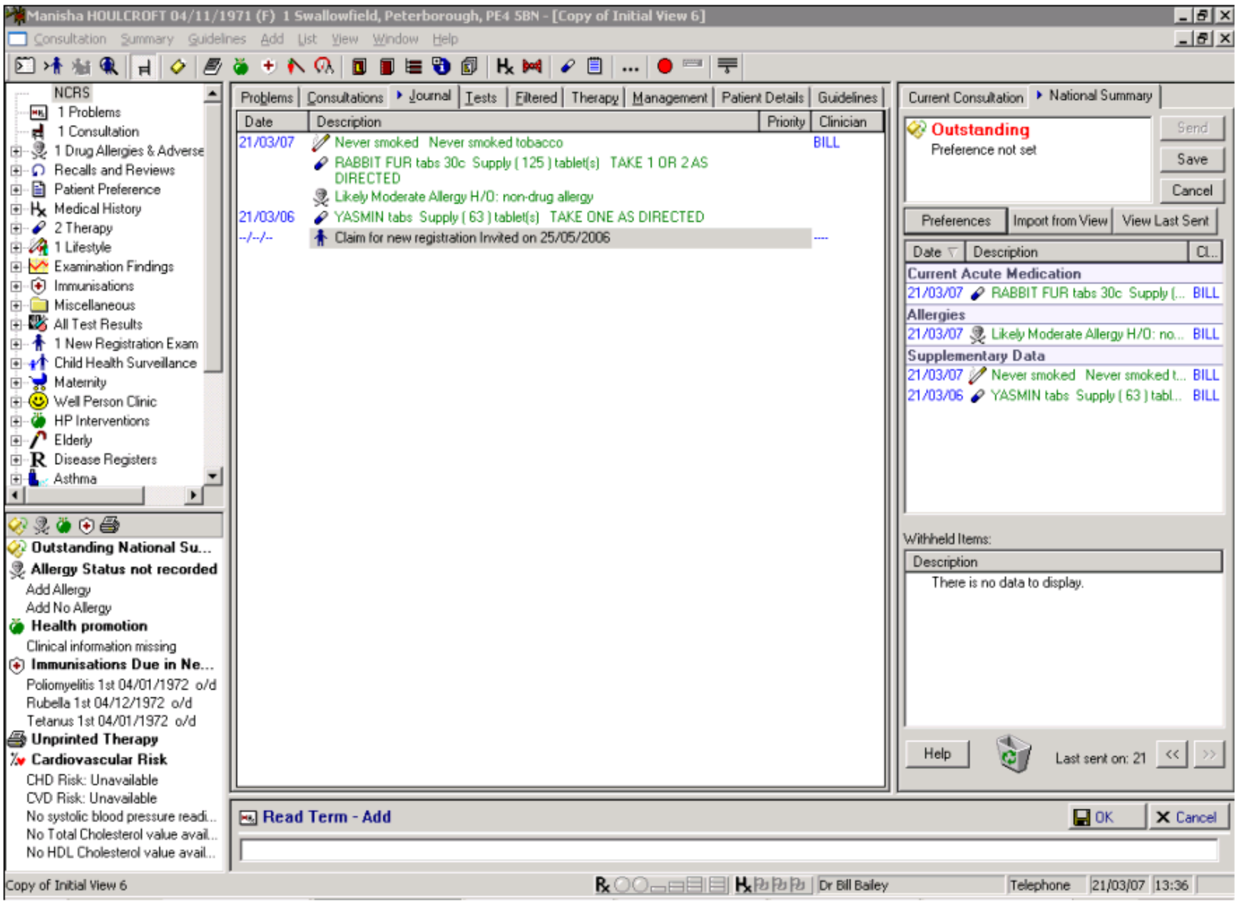


National Summary tab Warning

National Summary Functions

How do I add data to be included in the summary?

You can add an item to the summary by dragging an entry from the Journal, Problem Tab or Filtered List and dropping it on the Items Included Pane on the National Summary tab. Vision will decide for you whether your item is supplementary or Critical and will decide the appropriate category.



Note - If you try to drag an item into the include list that has been Withheld, your cursor will change to the following: ⃠.

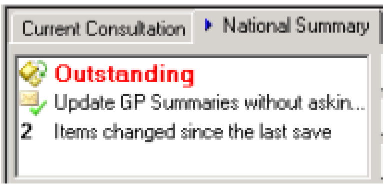
To add multiple items to the Summary

To select more than one item to be included in the Summary:

1. Hold down the **Control** key.
2. Click on the required items from the **Journal, Problems** Tab or **Filtered** list.
3. Drag the mouse over to the **National Summary Pane**.
4. Drop the items on the **Items Included Pane**.

Items changed since last save

If new data was added to the patient record since the last summary was sent you will be prompted from the National Summary tab, eg *2 Items changed since the last save.*

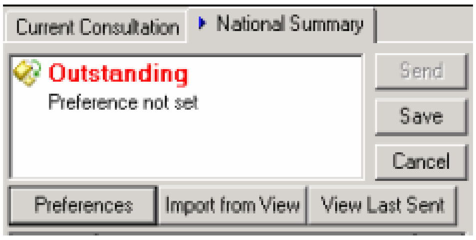


Double click on the prompt to be taken to a filtered view of the item(s) that have changed. If required, you will then be able to multi-select these items and drag them to the summary.

Import from View from a filtered list

The **Import From View** button on the National Summary tab will import all the items that you have on display from either the Journal or Filtered tab which have been added since the last Summary was sent. This is a quick way of updating the Summary.

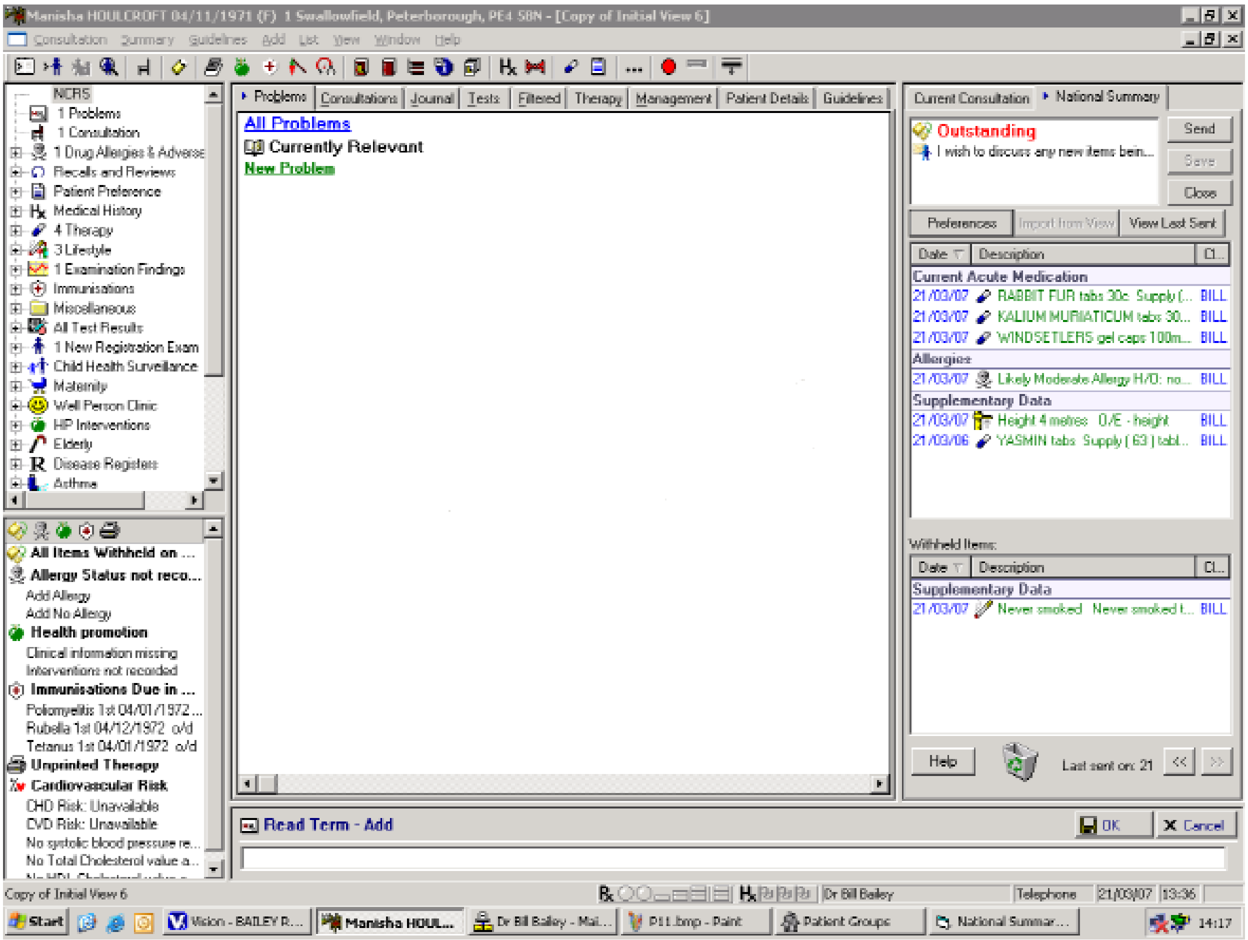
You can first create a filtered list, for example, by clicking to highlight a Category on the navigation pane, such as Lifestyle. Then click on **Import from View**.



How do I withhold data?

Data in the Withheld Data pane will not be included on the patient's summary on the spine.

You can mark an item as withheld by dragging an entity from the Journal, Problems Tab, the Filtered List or the Included Items pane and dropping it on the Withheld Items Pane.



Points to note:

- If an item is withheld e.g. Alcohol Consumption, and when a new item is added in the same category i.e. another Alcohol Consumption, the newly added item will **not** be covered by the previous exclusion. **Clinical categories cannot be withheld en masse; only individual items can be withheld individually.**
- If you try to drag an item into the include list that is already in the Withheld list, your cursor will change to the following: .
- Any items added to the Withheld pane will be automatically removed from the Summary Items pane.
- As per CfH requirements you will not be able to withhold any medication or allergy entries.

How do I withhold multiple items?

1. Hold down the **Control** key.
2. Click on the required items to be withheld from the **Journal**, **Problems** tab or **Filtered** list.
3. Drag the mouse over to the **National Summary Pane**.
4. Drop the items on the **Withheld Items Pane**.

How do I reinstate a withheld item?

If you would like to reinstate a withheld item so that it is available to be added to the included list:

1. Right click on the required entity in the **Withheld Item** pane.
2. Select **Reinstate** from the menu.

If the item complies with the Critical Data criteria, you will see it appear in the Summary Items Pane.

How do I replace the summary with a new blank summary?

The GP may, on the patient's instruction, elect to replace the summary on the Spine with a new blank summary by resetting the patient preferences to **9Ndo.00** Express Dissent for Core Summary Care Record Data Set Upload (generate a blank summary).

The effect of this will be to clearly indicate, on the summary, that this is the case and that a 'blank' summary will be sent to the Spine. This has no other effect on the functionality and the GP can continue to maintain the summary as a 'local' summary; this includes the automatic addition of critical items as they are added.

Right click menu on National Summary

The right click menu when selected with the mouse over the National Summary pane offers shortcuts and other functionality.

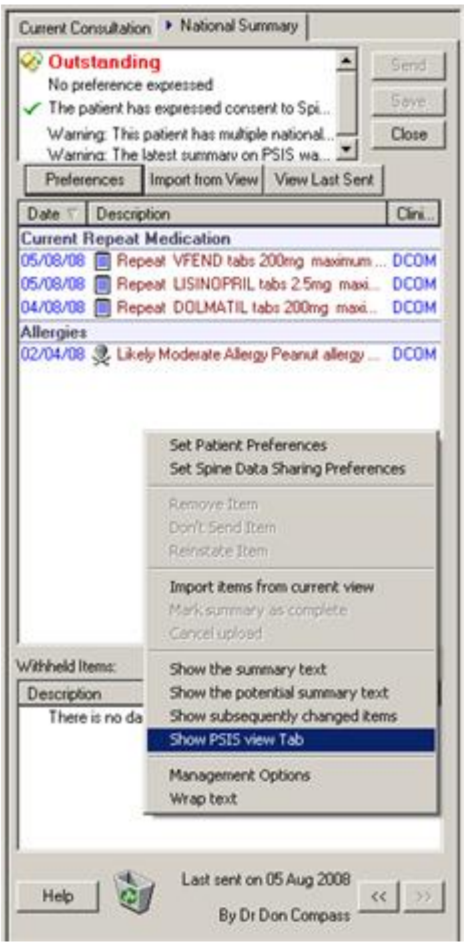


Figure 3: National Summary – Show PSIS View Tab

Set Patient Preferences will take you to the Patient Preferences form - see Patient Consent or dissent for National Summary.

Remove Item will remove a Supplementary Data item from the summary.

Don't Send Item will withhold the item and put it on the Item Withheld Pane.

Reinstate Item - reinstates a withheld item so that it is available to be added to the included list.

Import item from current view - imports all the items that you have on display from either the Journal, Filtered tab or Problems List which have been added since the last Summary was sent.

Mark Summary as Complete - This allows you to complete the summary if there is an alert of potentially incomplete and you have no further information to add.

Cancel Upload - if you have pressed **Send** and the status is Awaiting Send, you can press **Cancel Upload** if you want to cancel it. The status will be reset to either Sent or Outstanding as appropriate.

Show the Summary Text will show the text of the last summary sent to the Spine.

Show the Potential Summary Text will show the text for the current summary as it currently stands.

Show subsequently changed items will show items that have been added or edited since the last summary was uploaded. This will be greyed out unless there is a current potentially incomplete alert.

Show PSIS view tab - This will display all current and previous summaries - see ***PSIS tab*** (page 40).

Wrap text will wrap the text in the summary tab so it is fully viewable.

How do I remove items from the Summary?

To remove items from the summary drag and drop items to the bin :

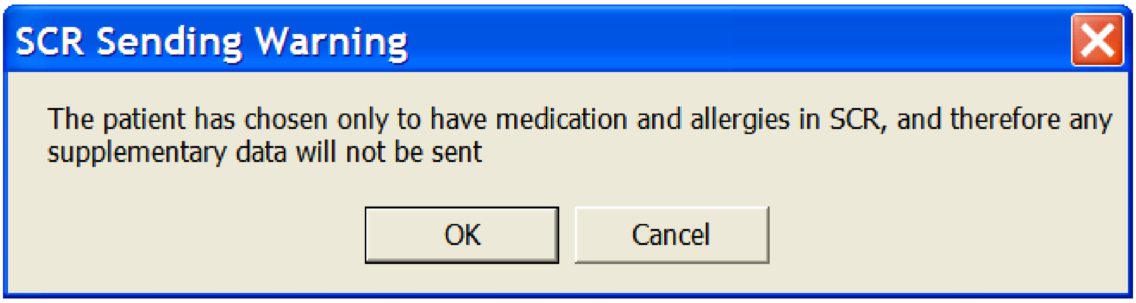
This only removes the data from the summary and does NOT delete it from the patient record.

> **Note** - you cannot remove any allergy records or medication records, even if they are sensitive.

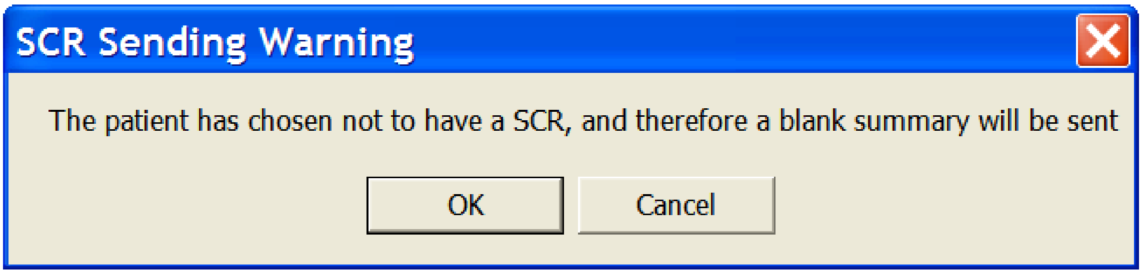
How do I send the National Summary?

By clicking the **Send** button, you will send the summary which will in turn save the current summary. The status will read Awaiting send and the Summary tab will close.

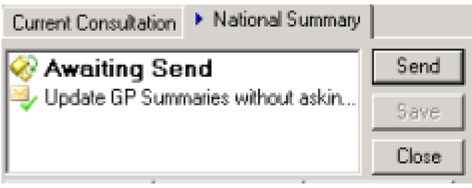
The send button on the National Summary tab is now always available to allow you to easily resend summaries. Because of this, and as you can maintain the SCR for local practice use as well as national purposes, you are now warned if the patient does not have the correct corresponding preferences recorded sending a summary with supplementary data:



Likewise if the patient has chosen not to have an SCR at all and you are maintaining a local summary, you are warned that:



Once you have clicked **Send**, the summary update status changes to **Awaiting send**:



When the Consultation is closed the Summary will be sent.

How do I Save the National Summary?

The Save button will only be available if:

- The current summary is different from the earlier saved summary.
- You have the authorised user rights to update a summary

Note - All users who have rights to add or edit information in Consultation Manager will be able to maintain the National Summary for a patient.

How do I Cancel the National Summary?

The Cancel button on the National Summary Tab will always be active for summaries that are different from the last saved version. If this is selected, you will lose any manual changes you have made to the summary.

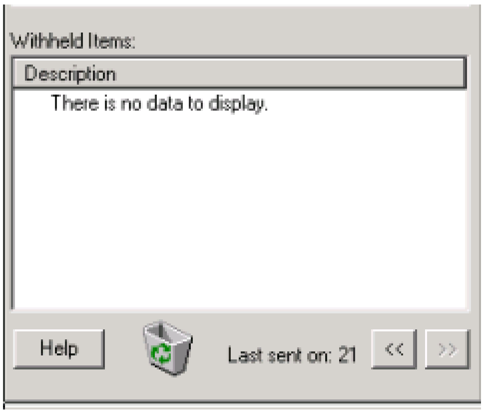
How do I look at previous summaries?

There are two ways to look at previous summaries:

- Either using the arrow keys at the bottom of the National Summary tab
- Or from the ***PSIS tab*** (page 40).

Arrow keys on National Summary tab

Click on the arrows at the bottom right on the National Summary tab to view previous summaries.



PSIS tab

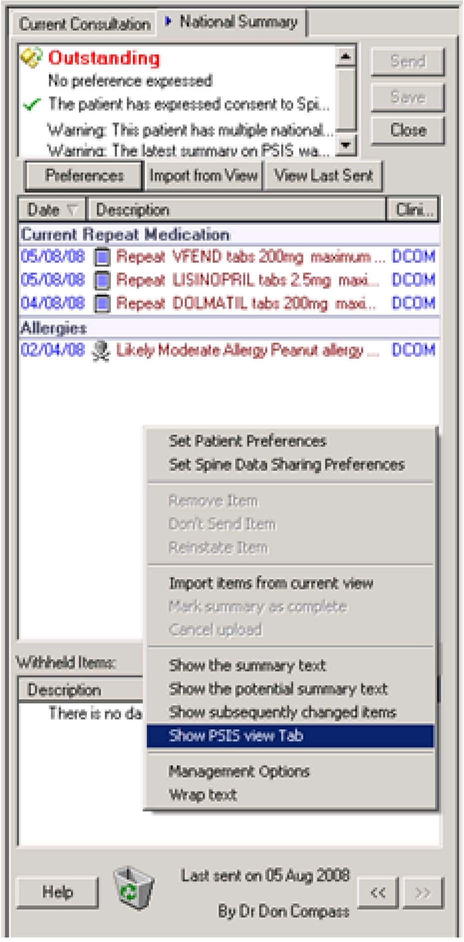
You can now view all previous summaries from the PSIS tab in Vision. From here you can view and withdraw current and previous SCR entries. Prior to DLM 290, you could only view this screen if there were multiple normal summaries.

View Current and Previous SCRs

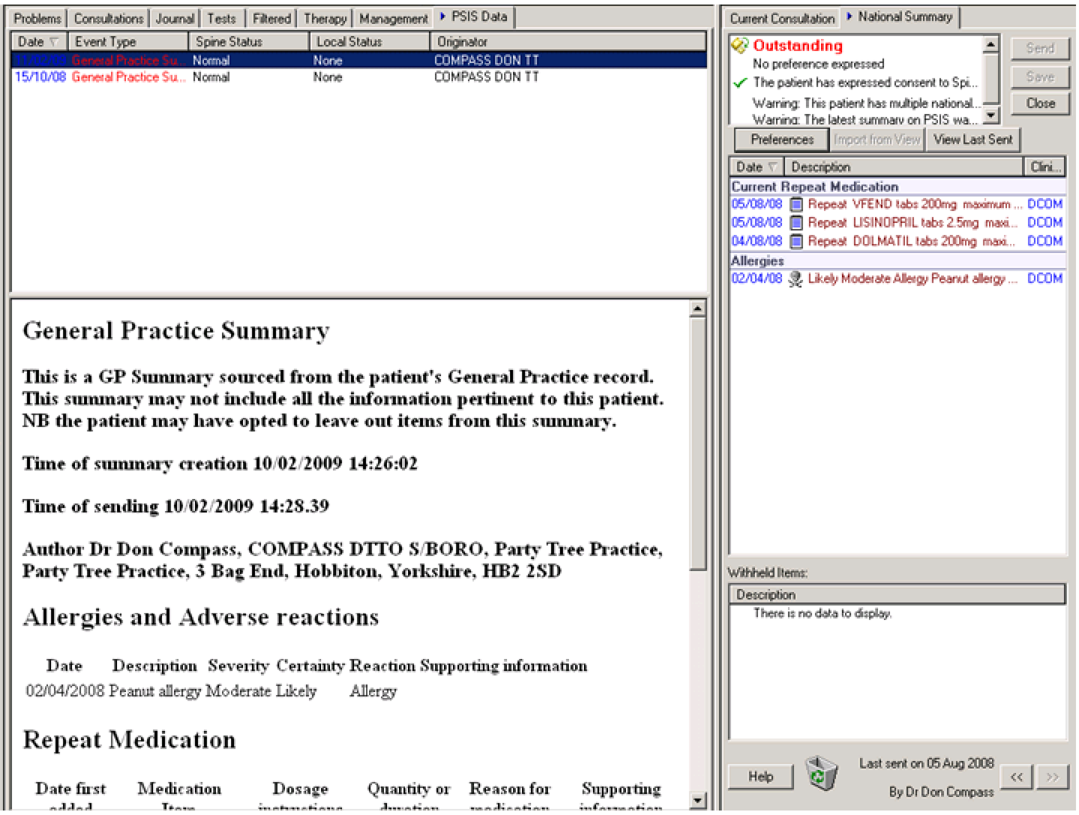
To view current and previous SCRs:

1. In Consultation Manager, go to **Summary – National Summary**.

2. Right click on the summary window and select **Show PSIS View Tab**.

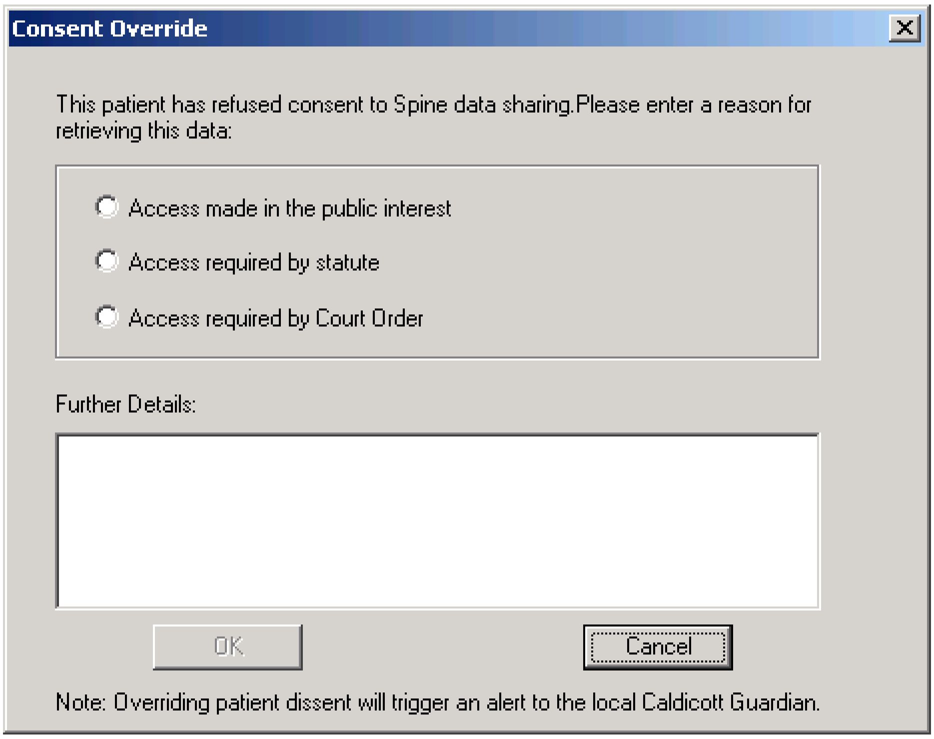


3. The PSIS Data tab displays all current and previous Summary entries. Click on a summary to display its contents in the viewing pane.



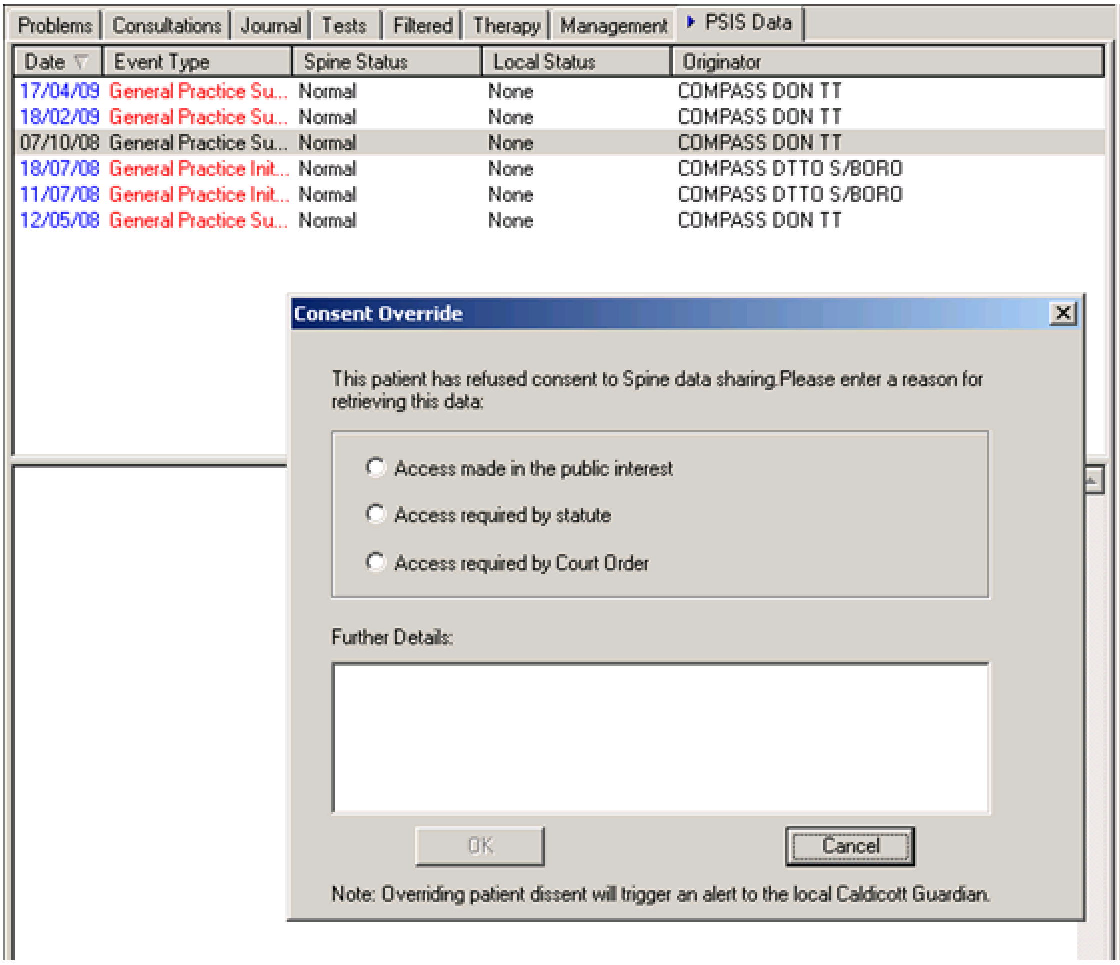
Caldicott Warning – Consent Override

If you select a summary from the PSIS tab for a patient who has dissented from the SCR programme, you will be prompted with the dissent override warning: *"The patient has refused consent to Spine data sharing. Please enter a reason for retrieving this data. Note overriding patient dissent will trigger an alert to the local Caldicott guardian."*



1. Select either Cancel to return to the PSIS Tab, or choose one of the following reasons for consent override:
    - Access made in the public interest
    - Access required by statute
    - Access required by court order

2. A free text explanation must also be made in the further details section.



You can now view the SCR data.

Withdrawing Summaries

You can also withdraw summaries from the PSIS tab, for instance you might have added erroneous data to a sent SCR and want to remove it from PSIS altogether.

1. In Consultation Manager, go to **Summary – National Summary**.
2. Right click on the summary window and select **Show PSIS View Tab**.
3. In the PSIS tab find the summary you want to withdraw.

4. Right click on the summary and select **Withdraw**.

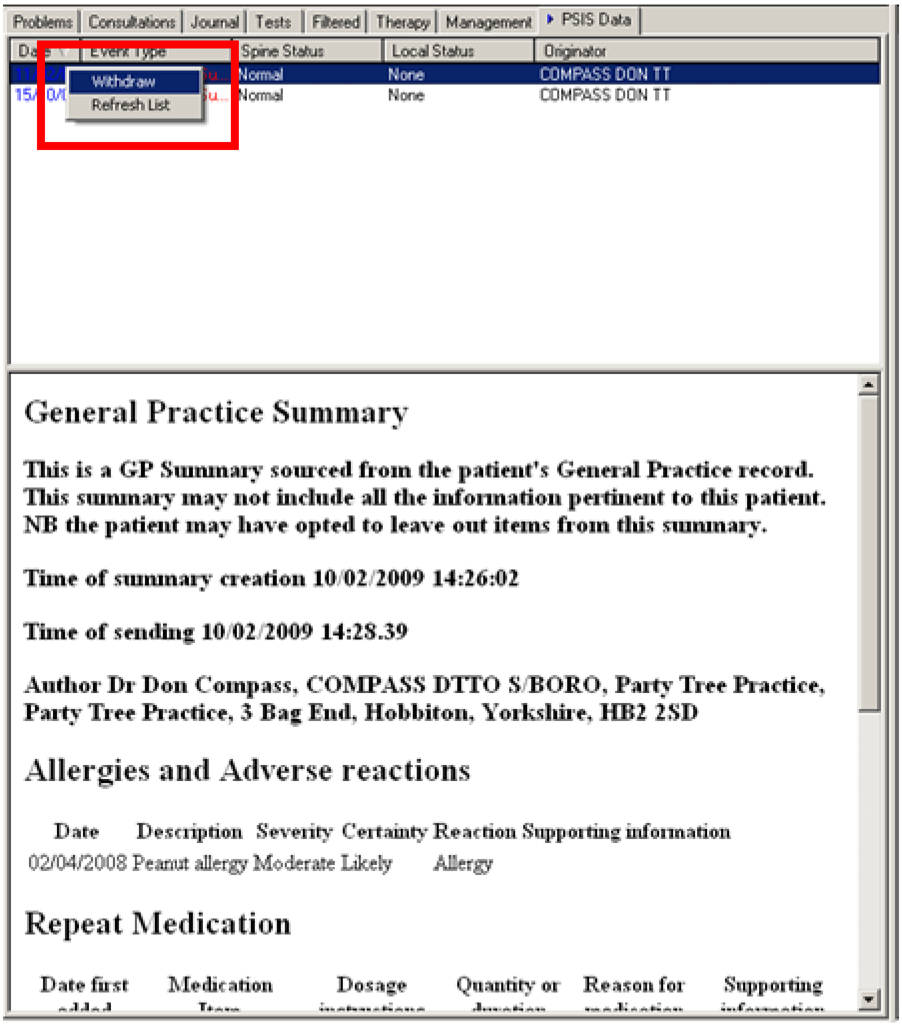


Figure 4: PSIS – right click – Withdraw Summary

5. You are then prompted with the following: "*Please provide a reason for withdrawing this GP Summary record*".

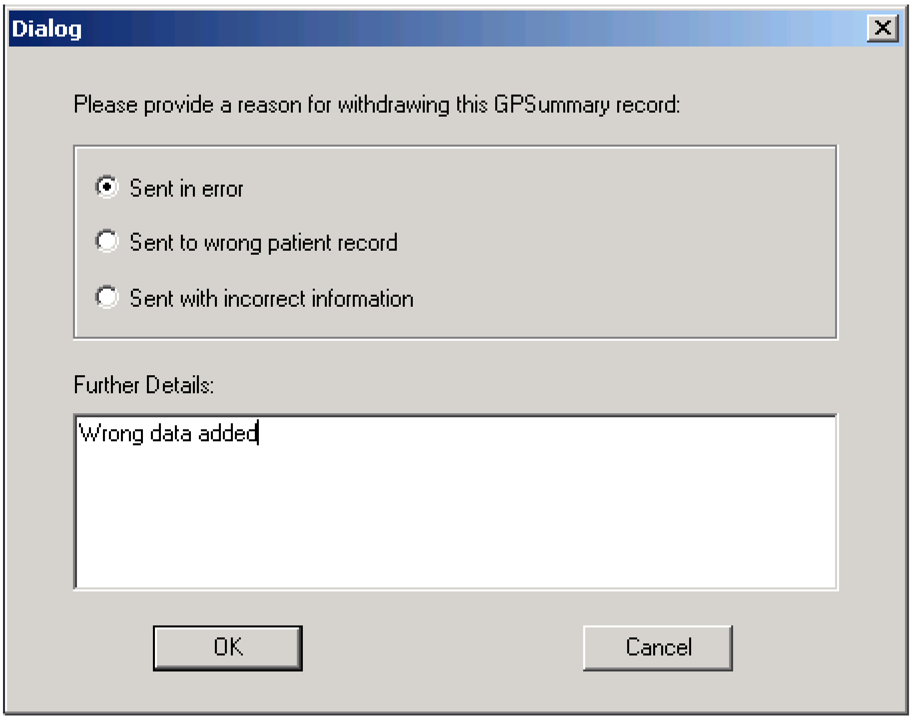


Figure 5: Reason for withdrawing summary

- You can select from the following reasons:
- Sent in error
- Sent to wrong patient record
- Sent with incorrect information
- You can also add a free text reason for withdrawal.

6. Click OK for the selected summary to be removed from PSIS.

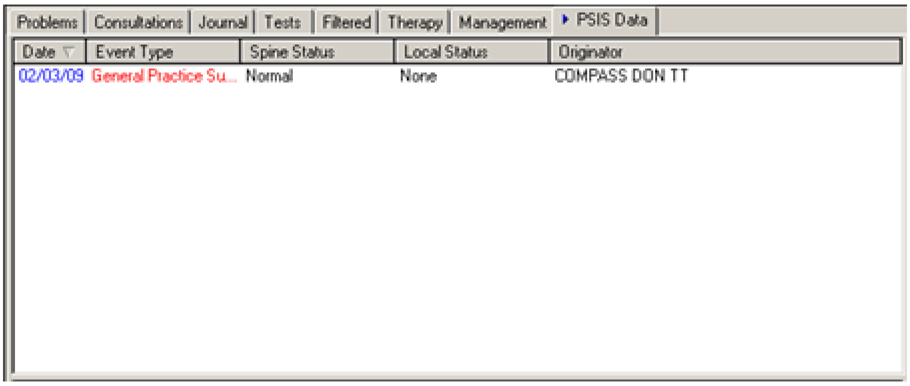


Figure 6: Summary removed from PSIS

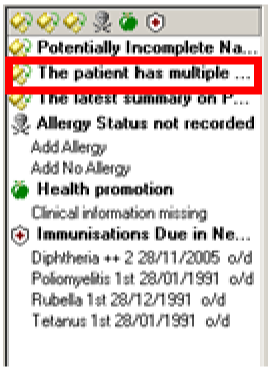
Note – if the patient only has one summary, it is strongly advised that you do **not** withdraw this summary.

Event Log for SCR Changes

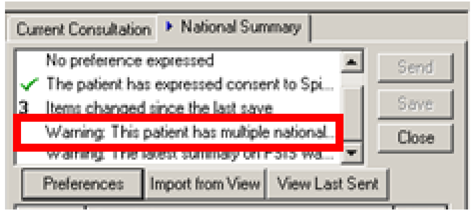
When an SCR item is withdrawn or reinstated, an audit trail log is now made in the Event Log module.

Dealing with Multiple Summaries

Before DLM 290, if there were multiple normal summaries, the last summary was automatically replaced with the current SCR. From now on, if there are multiple normal summaries, you are warned on the Alerts pane and the National Summary tab that there are multiple normal summaries. When you see this, it is advised that you review the summaries from the PSIS tab – see "***View Current and Previous SCRs*** (page 40)".

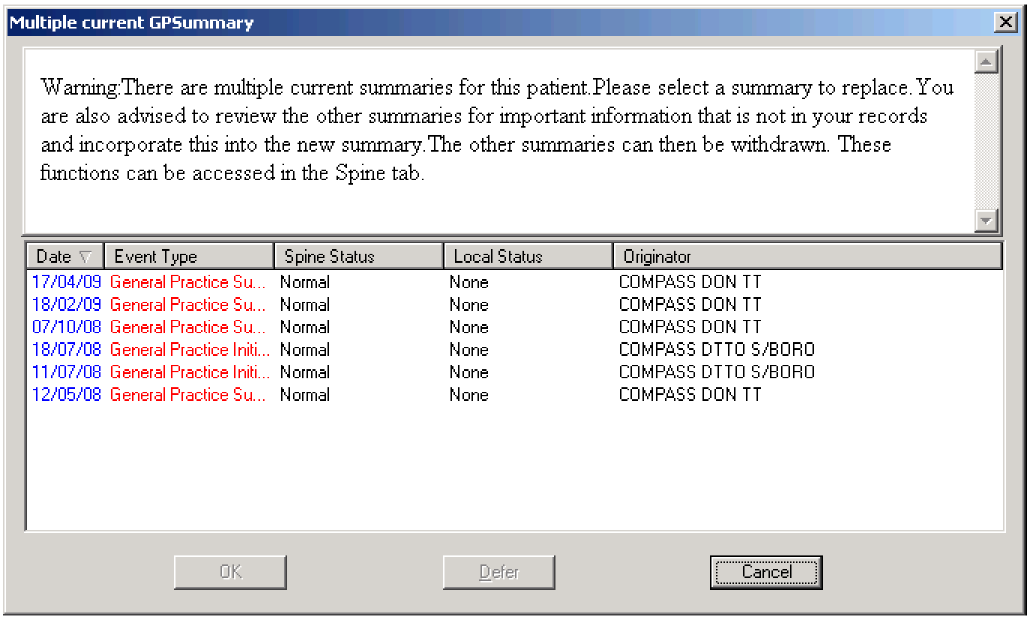


Alerts Pane



National Summary Tab

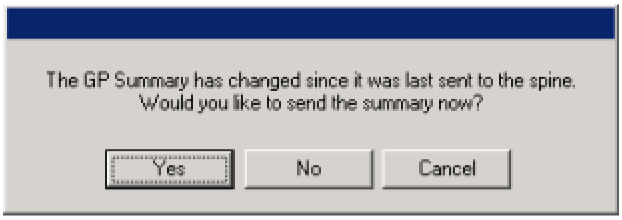
On deselecting the patient, if there are still multiple summaries, you are prompted with the Multiple current GP Summary screen. From here you can review and select which summary should be deemed as the current summary.



1. If you are sure, select the appropriate summary and click **OK** for it to be deemed as the current summary.
2. Select **Defer** to do nothing; or select **Cancel** to go back to the patient record where you can review all summaries from the PSIS Tab.

Closing the Consultation

When closing the consultation, if the patient's National Summary has changed since it was last sent to the Spine and the user who is logged in has the relevant rights, the following message will appear: *The GP Summary has changed since it was last sent to the spine. Would you like to send the summary now? Yes / No / Cancel*



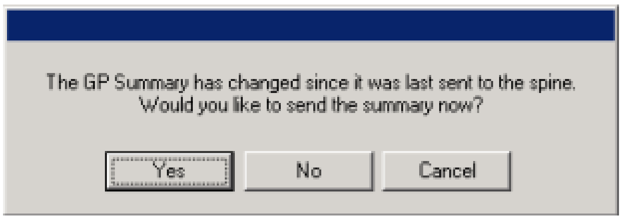
Selecting Yes will perform the same action as selecting Send in that the status will change to Awaiting Send.

If the summary is Outstanding and this is the first patient contact since the Initial Upload, the No option will be inactive. In this instance, you must either send the summary or return to the consultation.

If the patient's send preference has not been recorded, and this is a face-to-face consultation, then the Consent screen will be displayed with the heading *Please record the National Summary Preference for this patient.* If this is cancelled, then the consultation closure will be cancelled. If the preference saved as not expressed, then you will be prompted for a reason for not recording consent at this time (e.g., the patient has already left the surgery). Once text is recorded, the consultation can then be closed.

What happens if I close the Consultation without sending the summary?

If you do not send an outstanding summary, when the consultation is closed, you will be prompted with the following message: *The GP Summary has changed since it was last sent to the spine. Would you like to send the summary now? Yes / No / Cancel*



- **Yes** sends the summary
- **No** will not send the summary and leaves the status as *Outstanding*. If this is the first patient contact since the Initial Upload, the **No** option will be inactive. You must either send the summary or return to the consultation.
- **Cancel** takes you back to the Consultation Screen.

Deselecting the patient

When the patient is deselected, the summary will be sent if:

- the user has rights to send the message AND
- it is marked as Awaiting Send OR
- it has been marked as withdrawn since the last send OR

- no preference has been expressed and Critical Data has changed. In this case only Critical Data is uploaded.

Audit

When the Summary is updated, the record is audited:

- The summary status is changed from Send to Outstanding, i.e. this is the first edit of a sent summary
- A summary marked as Sent is sent again, i.e. it is sent again without changes.

The audit trail will have all sent summaries and the latest edit. Nothing else is audited.

What counts as a Face-to-Face Consultation?

A face-to-face consultation is defined as a consultation type where the patient is consulted directly. The following consultation types are regarded as face-to-face consultations:

Acute visit

Casualty attendance

Children's home visit

Clinic

Co-op home visit

Co-op surgery consultation

Co-op telephone advice

Emergency consultation

Follow-up/routine visit

Home visit

Hotel visit

Mail from patient

Minor injury service

Night visit

Night visit local rota

Night visit practice

Night visit, deputising service

Nursing home visit

Out of hours, non-practice

Out of hours, practice

Residential home visit

Surgery Consultation

Telephone call to a patient

Telephone Consultation call from a patient

Telephone Consultations

Triage

Twilight visit

Walk-in centre

A consultation is regarded as non face-to-face when a user updates the patient record without consulting a patient. With the exception of the Letter from Outpatients consultation type which does count as a face to face consultation.

Creating Local Summaries

You can create a local practice summary for patients using the SCR functionality. This can also be used done for patients who have opted **not** to have an official SCR on the national Spine and for those who have no preference expressed. This summary is stored locally in Vision and is **not** accessible to 3rd parties. However, the summary will be uploaded onto the Spine if the patient ever changes their preference to "I want a Summary Care Record". Local summaries are maintained in the same way as an SCR for upload but the send button is inactive and you must opt to save the summary.

How Registration Status affects the National Summary

New patients

If a new patient is made permanent before the Initial Upload is completed, but after SCR functionality has been enabled, they will **NOT** be included in the Initial Upload.

Applied Registration status

Patients with an applied registration status will not be included in the Initial Upload. Once the Approval Transaction has been received, they will be treated on an individual basis - see Accepted Patients below.

It is strongly recommended that you regularly search for patients with an erroneous registration status of Applied.

Accepted Patients with a Previous National Summary

When a new permanent patient is accepted (i.e. an Approval Transactions comes through for an Applied patient), Vision will check to see if they already have a National Summary on the Spine from their previous practice. If this is the case and the patient has fully consented, the Summary will be downloaded to Vision and will appear in the National Summary tab. This is an automatic process once the acceptance message has been received and processed in Registration Links.

Accepted Patients without a Previous National Summary

If an accepted patient does not already have a National Summary on the Spine, there will be a Blank Summary with no clinical data in the patient's record. On the first face-to-face consultation, you will see that the status is No summary uploaded. You will need to record the Patient Preference and upload a new Summary if the patient consents.

Non-permanent patients

For non-permanent patients (e.g. temporary residents) with an NHS number returned from a PDS trace, the National Summary record can be downloaded at the time of registration. The record will be read only and cannot be updated.

This includes patients registered for contraceptive services only, maternity services only, CHS only.

Transferred out patients

What happens to the Summary and Consent when a patient transfers out/moves out of area?

When a patient transfers out, Vision will automatically check the patient's consent status and if they have a National Summary. If they have a summary and consent to sharing, Vision will automatically upload the summary onto the Spine. When the patient is classed as permanent at another GP Surgery, the National Summary will be downloaded from the Spine on to their system when the patient is first selected. The consent status is continually stored on the Spine and does not need updating.

Unlinked patients

For patients who are not found on the PDS system, you will see that they are unlinked UNLINKED. The summary you see will only display critical data.

Any amended information will not be sent to the Spine (for consenting patients) until the patient is subsequently selected, found on the PDS system and the summary sent.

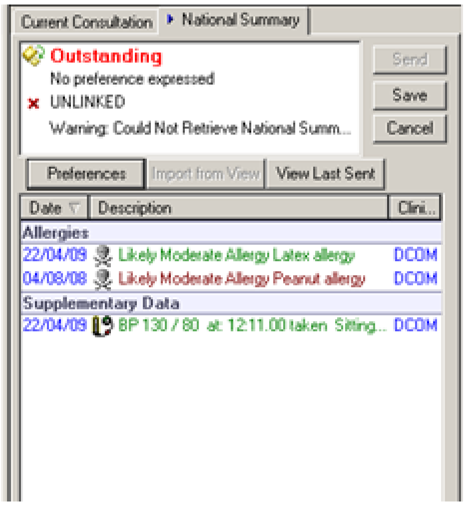


Figure 7: Unlinked Patient Summary

SCR PDS Synchronisation

During the Initial Upload and if you have chosen to Defer a PDS mismatch screen at the time of opening a new patient record, a new SCR PDS synchronisation is now run automatically. The following criteria must be synchronised in order to upload the current SCR:

NHS number

Gender
+

DOB

Surname

Forename

OR

Postcode

Where a SCR PDS synchronisation only has been successfully run , **Identity Confirmed** is displayed in the patient title bar in Consultation Manager. You are only able to access national services for SCR functionality.

Points to note:

- If PDS and Vision data have corresponding blanks for non-mandatory demographic information (ie other than the above), the PDS synchronisation is regarded as matched.
- If the patient demographic data is not successfully SCR PDS synchronised, the SCR initial upload for the patient is skipped and from Consultation Manager, the SCR on the Spine is not accessible.

- You are still able to remove your Smartcard whilst the initial upload is running. Any PDS mismatches are not displayed on the screen during this time.

FP69 Flag

FP69 Summary

The FP69 form – originally known as the green card – has now been replaced by an equivalent electronic FP69 Prior Notification transaction between the HA and GP practice. This gives the patient an FP69 status if there is some doubt that the patient is still with the practice. Often it follows an unanswered letter from the HA to the patient.

There is a six months' deadline given for action by the GP. On the patient's FP69 tab on Registration, you can reply either that you want the patient to stay on the list, or request that the patient be deducted. Taking no action means the patient will be deducted at the six month expiry of the FP69 status under a Deduction code of 14 Returned Undelivered.

Training Tip - Put a reminder in Consultation Manager for patients with an FP69 flag.

FP69 Status Before the Initial Upload

The FP69 has an impact on the National Summary as consent cannot really be presumed if the patient relationship with the surgery is in question. Therefore, all patients with an FP69 flag will not be included in the Initial Upload process.

How to identify patients with an FP69 Flag

To find patients with an FP69 Status:

1. In **Registration**, click on the **Actions** menu.
2. Select Respond to FP69 Prior Notification.

   This should list all the patients with an FP69 Status.
3. Click on the patient name and on the **Edit** button to confirm that the patient be deducted (in which case record dissent in Patient Preferences) or kept on your list.

See the Registration help file for more detailed information about FP69s.

Note - We strongly recommend that you check for patients with an FP69 status on a regular basis.

Patient consent and dissent within NHS Care Records Service

It is important that patients, doctors and their staff understand for what patients can and cannot express their consent for record sharing.

The NHS Care Record Service has a number of components:

- PDS (the Personal Demographics Service) stores names, ages, addresses and registered GP of all NHS patients. This data has been held by the NHS for many years in central computer systems and there is no option to opt-out of this service.
- PSIS (the Personal Spine Information Service) will store details of patients' clinical records and medication. This data has only previously been held on local GP and hospital systems, not centrally. It is allowable for patients to opt out of this service, but they need to understand that this information will then not be available to other healthcare professionals when they are seen, for instance, in an Accident and Emergency department.

  If the patient refuses consent for their records to be shared **and** opts not to have a SCR (i.e. not shared and not stored on PSIS), then a blank record will be created on PSIS to demonstrate that they have opted out. Although, if required, the patient can refuse consent for their records to be shared but still have a SCR on PSIS (i.e. stored but not shared) which will only be initially accessible to their GP practice. With further patient consent decided at the time of each further out of practice consultation the SCR can be accessed by other healthcare professionals.
- CAB (Choose and Book) Choose and Book manages all aspects of GP referral letters and appointments electronically. Patient consent for CAB will have a separate consent area in its own right in the future. If the patient opts out of sharing the SCR, this does not make them exempt from being referred through Choose and Book.
- EPS (the Electronic Prescription Service) receives details of prescriptions from GPs for pharmacists to draw down and dispense medication items. It is not currently possible to withhold consent for this data to be shared, but it is only shared with the pharmacist who will dispense the medication and the Prescription Pricing Division of the NHS Business Services Authority. If patients do not want their prescriptions transmitted electronically, then GPs can continue to print them on paper.

  Vision supports patients refusing consent for their records to be shared on PSIS. There is an explicit flag that can be set, that will be transmitted to PDS to mark their records as refused consent to share the clinical record.

Mail Manager and SCR

Initial Upload summaries and all subsequent summaries are sent to the Spine through Mail Manager. This is where you can and must monitor the Summary messages.

Initial Summary Messages

Initial Summary Messages, which are produced from the Initial Upload, have the message type Initial GP Summary:

Note - All initial summaries are allocated to System Administrator by default.

Subsequent Summary Messages

All Subsequent GP Summary Messages that are generated from Consultation Manager i.e. either those with supplementary data and those sent after the Initial Upload have the message type GP Summary:

Summaries that are Sent Awaiting Acknowledgement

When National Summaries are sent, a message appears in Mail Manager for each patient summary with a status of Sent awaiting acknowledgement.

For an Initial Summary, when an acknowledgement is received and the message is complete, the messages are automatically archived to avoid cluttering the Mail Manager screen. All "GP Summary" messages sit in the Outgoing Mail Manager folder and will need to be manually archived even if you have chosen to filter them from View (see ***SCR Messages Filter*** (page 57) for further details).

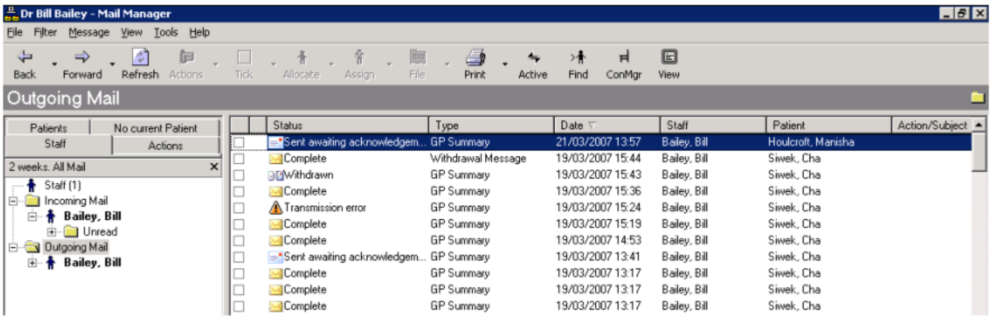


Figure 8: The Type of message is GP Summary. Before being completed, messages show a status of Sent awaiting acknowledgement. Completed messages show a status of Complete. Messages with a status of Transmission error can be reprocessed.

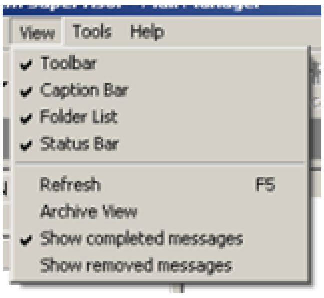
How do I view archived messages?

If the Initial GP Summary messages have been successfully received by the Spine, the messages are marked as complete and are automatically archived. If you would like to view these archived messages:

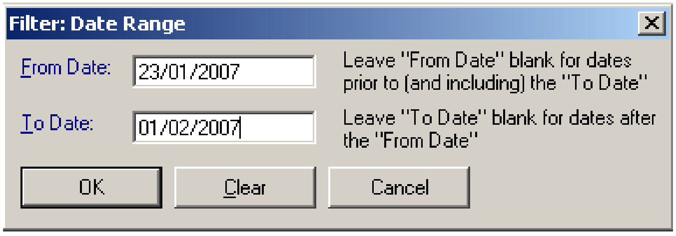
1. In Mail Manager, on the View menu.

2. Select **Archive View.**

Select **View – Archive View**



3. Enter a relevant date range.



4. Click **OK**.
5. Archived messages are now displayed.

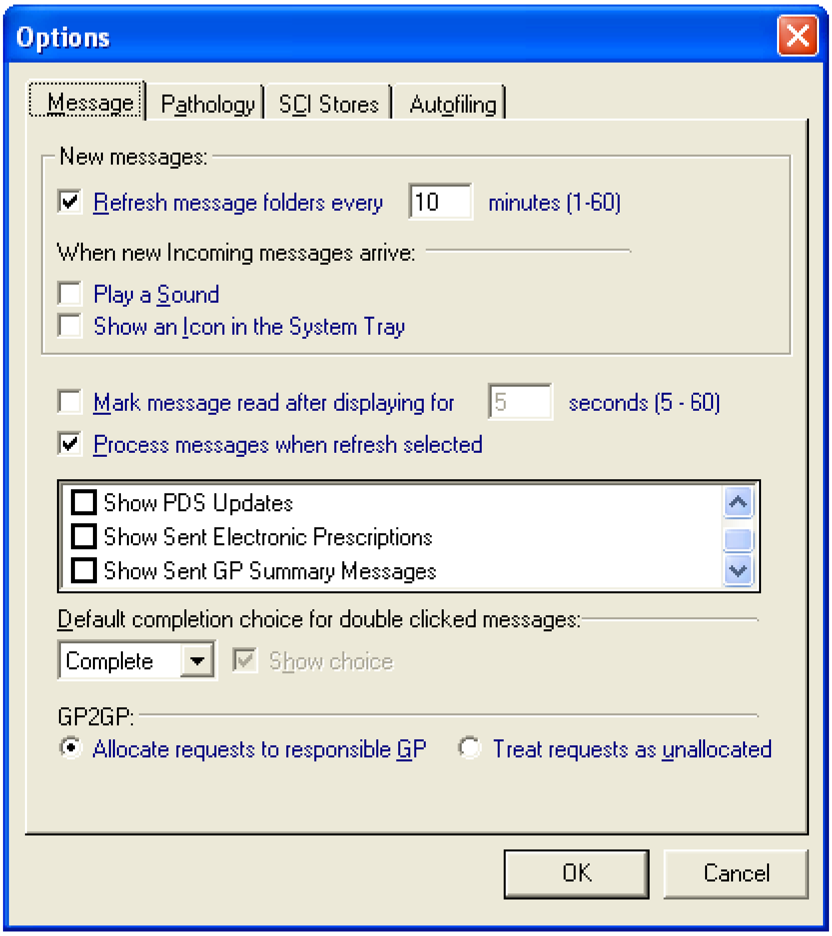
How do I turn off the Archive View?

To turn off Archive View and revert back to the current view:

1. Click on the **View** menu.
2. Select **Archive View**.

SCR Messages Filter

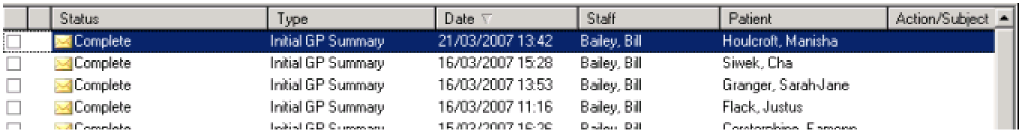
In Mail Manager you are set-up by default to hide the GP National Summary messages in your Outgoing folder. If you would like to display these messages, go to **Tools – Options** and use the vertical scroll arrow to find and tick the Show Sent GP Summary Messages option.



Note - We recommend that you leave this option **unticked** so that only unsuccessful/error SCR messages are displayed, as this will improve performance and declutter your screen. If these options are ticked, all messages including sent and complete SCR messages will be displayed.

Successful messages

Initial Upload Summaries that have been successfully acknowledged are automatically archived. From the Archive View, the message status will read Complete. No further processing is required:



GP Summary that have been sent successfully will remain in the Outgoing folder with other outgoing messages with the status as Complete. If you have chosen to filter these messages from your view, please remember that these messages will still need to be archived.

Unsuccessful Messages

For an Initial **or** Subsequent Summary message in error, the message remains in the Outgoing folder of Mail Manager and the message status displays an error reason. The Audit tab within the individual message indicates the exact nature of the problem.

Common error status:

Timed out waiting for response – This error displays when Vision has successfully sent a message, but has not received a response from PSIS. You are advised to wait for a response to be received, so long as you do not have a huge backlog of messages. Once a response is received from PSIS, the status automatically changes to complete and the message is auto-archived. If the messages remain in error for numerous days, you are advised to contact your PCT for assistance.

Transmission Error – This error displays when the message cannot be sent from Vision. You are advised to try to reprocess the message (right click on the message and select **Message –Reprocess** from the menu). If this does not resolve the error, it may be necessary to contact the INPS helpline.

Note - For patients with an unsuccessful Initial Upload, the National Summary option on the Summary menu in Consultation Manager will be inactive; hence you will not be able to access the Summary for such patients. There will also be a status in the Alerts pain in Consultation Manager which will inform you that there has been a problem.

FAQs on SCR

When will I be able to start recording consent status?

You can record patient preference and see a preview of the patient National Summary before the Initial Upload.

Why can't I maintain a National Summary for the selected patient?

The ability to send or maintain a National Summary or to change a patients' preference or consent is determined many factors. Look through the following list and check that:

- The practice is enabled for National Summary.
- The patient qualifies for a structured summary. To qualify the patient should:
    - Be permanently registered with the practice,
    - Have a new style NHS number and
    - Be synchronised on the PDS
- You have user rights to view the patients record
- You have a face-to-face consultation open

What happens when patients turn 16 years old?

All patients under 16 years of age will have a SCR by default.

> **Note** - At the moment, all patients under 16 will have a SCR on the Spine. A parent/guardian can request a SCR not to be shared or stored but the final decision lies with the GP.

When the patient is 15 years and 9 months, they will be sent a letter detailing the concept of the SCR and informing them of the dissent options (which will be similar to that sent to patients before the Initial Upload process). They have 16 weeks to think about this. If the patient does nothing, consent is assumed and a copy of the SCR remains on the Spine. After the patient turns 16 the SCR process and consensual rights are identical to that of other patients.

Can receptionists, nurses or other healthcare professionals update a National Summary?

Anybody who has the user rights in Vision to add to the Consultation Manager module can update a patient National Summary. Providing that consultation type and consent criteria are met.

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