Dear Colleague

Extension of Emergency Care Summary (ECS) Access to Scheduled Care Settings in Support of Medicines Reconciliation

The purpose of this letter is to inform you that NHS Boards and GPs have agreed a change to access arrangements to ECS so that it supports medicines reconciliation in scheduled care settings, and that Scottish Government supports this decision.

I wrote to you most recently in 2008 with CMO(2008)5 to clarify access arrangements for the Emergency Care Summary. To date such access has been restricted to unscheduled care settings. Nevertheless representations have increasingly been made by clinicians in scheduled care that there is a strong case for access to current GP prescription data to support the task of medicines reconciliation, and the patient safety benefits in connection with that have been demonstrated in a pilot carried out by NHS Lanarkshire.

Given that the only realistic online way in which access to GP prescription data can currently happen is via ECS, a consultation on this proposed extension of access was carried out by Scottish Government eHealth. Both the case for extension and a proposed set of confidentiality safeguard measures were set out, the basis to which was agreement by NHS Boards and their GPs as joint Data Controllers that it would be legitimate to check for updates of medication details in the patient’s earlier referral letter. Responses showed strong consensus in support of the proposal, including from patient groups and GP organisations such as RCGP and SGPC, on the assumption that the stated safeguard measures were implemented.

Clarification on the access arrangements and safeguards is given in Annex 1.

While the revised ECS access arrangements are now agreed, they will be rolled out in a phased way, initially with 5 Boards: Grampian, Highland, Forth Valley, Lanarkshire and Tayside. Though there are some technical reasons for this, more important is the need to develop implementation guidance on the clinical use of prescription details in ECS and in addition the governance that surrounds this. These 5 Boards are the ones participating in the Scottish Patient Safety Programme.
‘180 day’ medicines reconciliation initiative and are therefore ideally placed to work with Dr Gregor Smith, NHS Lanarkshire Primary Care Medical Director, who has been retained to develop this guidance material. One aspect to be explored relates to the means by which patients might be made aware of this use of ECS data.

The plan is to complete this work over the next few months following which a seminar will be held to launch the material and at which the Boards will share their experiences. This event will be open to all Boards and for your diaries will be held on 22 March 2012 in the Beardmore.

Yours sincerely

Harry Burns

HARRY BURNS
Annex 1 Framework for ECS Access Arrangements Applicable to Scheduled Care

1. This framework is based on the *NHS Intra-Scotland NHS Information Sharing* document that has been endorsed by NHS Boards with their GPs, Scottish Government, Royal College of General Practitioners and the Scottish General Practice Committee of BMA Scotland. The Information Commissioner's Office was also content with the material.

2. ECS can be viewed by a clinician in scheduled care when they have a legitimate role in the care of a specific patient in order to check the accuracy of GP prescriptions for that patient.

3. Scheduled care is taken to mean an outpatients appointment or arranged admission where there has been an earlier referral letter. Continuing care is also legitimate, for example when a patient with a long term condition is seen periodically by a secondary care specialist or as part of hospice care.

4. NHS Boards should ensure that only a limited number of named individuals with a legitimate role relating to medicines reconciliation are given access to ECS, authorised by suitably qualified senior staff and kept under regular review.

5. All staff granted access should be aware of their obligations and understand that they are accountable for their actions should privacy or security breaches occur.

6. Measures should be in place to ensure that an individual patient is legitimately due for an outpatient appointment or admission, i.e. recorded on the secondary care IT system as such. As early as possible NHS Boards should put in place 'clinical portal'-type arrangements for access to ECS through integrated systems whereby access is enabled to the individual electronic record.

7. For the specific of medicines reconciliation the consent is implied, given agreement by the patient to the earlier referral letter. However where possible the patient should be asked or made aware out of normal courtesy.

8. An audit trail record of accesses for each patient - who looked at what and when - should be maintained and inspected to help ensure that accesses to ECS have been legitimate.

9. For clarity, while GP practices are responsible under the Data Protection Act for information held solely within the practice, this is not the case for any shared information such as that held in ECS. In that situation it is NHS Boards and GP Practices jointly who are Data Controllers.

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