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General Practitioners

Shared Record  
Professional Guidance



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# Rationale

- The progressive development of shared electronic clinical records, thus far primarily in the GP and community environment.
- CFH system suppliers have now implemented Primary/Community systems with explicit sharing of a single record by clinicians from different teams and NHS bodies.
- This has led to rising levels of uncertainty from all sides about the governance, medico-legal and patient-safety consequences of shared electronic clinical records systems.
- The governance and guidance of Primary Care systems has historically rested



# Purpose

- The purpose of this project is to develop a professionally led set of guidelines for the governance of shared electronic patient records in the primary care domain, that should carry the endorsement of the full range of relevant health professional representative bodies and be promoted by CfH to their clinical system suppliers and all system users.
  - "It is clear that, in relation to service failure, problems often occur at the borders between one organisation or team and another"
  - "We need to continue the NHS journey of improvements and move from an NHS that has rightly focused on increasing the quantity of



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## key questions

- The key questions for this project to address are;
  - What are the purposes of shared clinical record systems?
  - How can these requirements be delivered safely?
  - What are the principles and practice that ensure clarity, safety and continuity
  - At what level does responsibility for clinical record system governance lie?



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# Project Definition

- How to manage clinical data from multiple sources in a shared care record environment
- Editorial control of shared electronic health records
- Handling patients' or colleagues' requests to amend/correct/delete/not record/limit sharing of information or to add supplementary information
- Enabling patient choices
- Confidentiality when shared with wider groups outside any control mechanism present.

• Multiple sources of records



# Scope

- Local detailed care record in the form of current ESP (GPSoc) and LSP Primary Care IT systems.
- The implementation of patient decisions on consent to share electronic detailed care records
- Governance of clinical records relating to clinical staff that currently have the ability, or potential, to add records (including):
  - General Practitioners
  - Practice employed clinical staff
  - Community Clinical staff
  - Clerical staff
- Work will be expected to cover ownership, responsibility and governance of record elements, together with medico-legal record integrity and liability.
- All routine functions from the above groups that need to be recorded in the shared record should be considered. Record maintenance and the ability to filter, edit and amend records between different



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## Out of Scope

- Role Based access control definitions
- Summary Care Record and consent model
- Secondary Care clinical systems
- 'Outreach' secondary care clinicians
- Pharmacy
- UK 'wide' considerations
- Prisons + GUM services
- Mental Health systems
- Child Health systems
- Maternity systems
- Social services



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# Key Stakeholders

- The Royal College of Physicians
- The Royal College of GPs (& The RCGP Ethics Committee)
- The General Medical Council
- The Joint GP IT Committee of the BMA/GPC
- Nursing
  - RCN, CPHVA, CDNA< Unison
- AHP representative bodies
- Clinical system suppliers
- The Office of the Information Commissioner
- The Primary Health Care Specialist Group (BCS)
- Patient representative groups
- Voluntary groups
- ?????



# Project Plan

- Stage 0 - Agree guidance, scope, form and content (clarify statement of requirements) with CfH □
- Stage 1 - Recruit researcher, PID agreement, literature review & identification of key stakeholders □
- Stage 2 - Involvement of key stakeholders
- Personal interviews (e.g. Information Commissioner)
- Focus groups (e.g. professional organisations, expert groups & patients)
- Surveys conducted electronically (e.g. via Doctors.net or Medix)
- Stage 3 - Interim guidelines development
- Stage 4 - Production of interim report & liaison with key stakeholders



# Project Deliverables

- An agreed Project Initiation Document
- Ongoing documented review of project purpose, scope and content and decision milestones.
- A literature review with two elements
  - Define the landscape - a description of health-related records
  - Development of outline guidance structure and content
- Interim report and draft guidelines
- A description of the current state of play in the UK
- A description and analysis of the stakeholder consultation process
- Final report and recommendations covering the aims of the project based on the outcome of the stakeholder consultations and literature review



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## Risks!

- Failure of stakeholders to engage
- No consensus over emerging guidelines
- Project drift in terms of outputs and timescales
- Scope creep



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## SRPG steering group

- Peter Short (Chair & GP NCL)
- Rowena Herbert (CfH OCCO)
- Jo Nash (CfH OCCO)
- Phil Walker (DH)
- Alan Hassey (RCGP)
- Paul Robinson (RCGP)
- Barbara Stuttle (Nursing NCL)
- Sue Thomson (AHP rep)
- GPC (TBC)



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## RCGP Project Team

- Project Management
  - Dr Alan Hassey
  - Dr Paul Robinson
  - Prof Jeremy Wyatt
  - Dr Libby Morris
- Project Team
  - Dr John Williams
  - Dr Leo Fogarty
  - Dr Tom Davies
  - Dr Colin Brown
  - Dr Bob Milne
  - Dr Phil Koczan
  - Mr Ewan Davis
  - Dr Nick Booth