NHS Board Chief Executives

Dear Colleague

NHSScotland Emergency Care Summary

The purpose of this letter is to provide an update on this project and to set out the underpinning principles and agreements.

NHS Scotland is changing the way in which out of hours (OOH) services are provided. As a result, and as part of the E-Health Strategy, the GMS IM&T Programme has sponsored a project that aims to provide essential patient Emergency Care Summary (ECS) information to out of hours services including NHS 24. The GMC have confirmed that this project is consistent with the principles in the GMC guidance. The two NHS Boards which will be participating as early implementation sites are Ayrshire & Arran and Grampian. It is expected that the early implementation sites will go “live” in December 04 / January 05 and, subject to review in March 05, be rolled out over the remainder of 2005.

For the purpose of this project the ECS is seen as part of the patient’s normal primary care record. The OOH & GP Summary Group has agreed that a small subset of data will be extracted from each GP Practice’s computer patient records. This will consist of demographics, medication and allergies. The ECS dataset will be taken from the local GP Practice’s electronic system daily, for patients where emergency care summary information has changed. Each GP Practice system will generate an ECS batch file that will be forwarded to the ECS Store via e-links/Partners software.

Clinician and Administrative staff from NHS 24 and OOH who access the ECS Store will be managed by tightly controlled access permissions. National ‘best practice’ guidance has been produced on the management of access permissions, and stringent audit mechanisms have been put in place. For example.

From the Chief Medical Officer

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each day all ECS records accessed by OOH clinicians will be matched against calls to the OOH Service. GP Practice administrative staff will be able to check on a daily basis who has accessed their patients ECS records. This can be achieved by login to the ECS system and printing out a list of OOH staff that have viewed any of the practice’s patient’s ECS records.

Consent will be obtained from the patient by the OOH clinician before their ECS record is accessed. Patients also have the choice to ‘opt-out’ of having their ECS information in the ECS Store. The GP Practice system has an opt-out flag facility that prevents an ECS dataset being sent to the Store. Clinicians must ensure that the patient is given sufficient information to know what their options are, but also what the consequences might be if they refuse permission to have an ECS record in the ECS Store.

Prior to commencement of the early implementations there will be local media coverage, and posters and leaflets made available within the GP Practices explaining both the need for the project, and what it means for the patient. I would be grateful if you would arrange to circulate this letter to all GP Practices within your NHS Board board area.

Yours sincerely

DR E M ARMSTRONG