A Quick Guide to Sharing Patient Information for Urgent & Emergency Care

1 Purpose

This short guide is designed to help frontline providers and commissioners confidently share information to support the delivery of safer, faster and better urgent and emergency care, collaborating in urgent and emergency care networks (UECNs) to deliver best practice.

2 Lawful Information Sharing

Those involved in providing urgent and emergency care have a legal duty\(^1\) to share relevant information where this may facilitate improved care for an individual and the sharing is lawful.

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\(^{1}\) For guides on the Health and Social Care (Safety and Quality) Act 2015, confidentiality and the duty to share go to the [IG Alliance website](https://www.iga.nhs.uk).
Lawful means meeting the requirements of the Data Protection Act 1998 but where the purpose is urgent or emergency care this just means explaining who information will be shared with (this could be on a web site) and sharing what needs to be shared through secure channels.

Lawful also means meeting confidentiality requirements for consent but where the purpose is urgent or emergency care, in the absence of a patient objecting; this can be inferred, whether for immediate or for possible future care.

Where a patient has the capacity to make decisions you should check their understanding and whether they object. Ask for their consent to view information that you can access from other parts of the system, e.g. the Summary Care Record.

Where a patient lacks the capacity to make decisions you should consult any available family or carers but act in the patient’s best interests and unless there are very exceptional circumstances you should share and/or access the information needed to support care.

Confidentiality doesn’t mean don’t share for care – it means ensuring that individuals understand what is proposed and don’t object. Sharing information about an individual may be unlawful if they are not informed about it and would have objected if they’d known. It is therefore, important that you have robust fair processing mechanisms in place. Ensure that you are not sharing information for the wrong reasons or too widely, i.e. for purposes other than care where you would need explicit consent.

3 Information Sharing Components

3.1 First Contact

The first point of contact must be able to capture enough detail to enable appropriate advice and onward referral, including consent to view records if the patient has the capacity to make decisions. Wherever possible patients should be transferred between named individuals rather than being added to a queue, enabling patients to understand what is happening and consent decisions or other preferences to be shared.

3.2 Summary Care Record (SCR)

Access to core general practice information should be made available to all services in urgent and emergency care. The SCR can already provide access to special patient notes (including any red flags), medicines and contra-indications, and allergies. The SCR will also increasingly be enhanced with additional information including significant medical history, communications requirements, and end of life care (advance care plans) to better support care.

There are other areas of law that apply, including the Human Rights Act, however compliance with the Data Protection Act 1998 and confidentiality law will normally ensure compliance with these.
In the absence of (or alongside) a local integrated digital patient care record (such as the Hampshire health record), the national summary care record (SCR) should be used, as it offers a low cost, high value solution to summary patient record access. For further information see the [Health and Social Care Information Centre](http://www.hscic.gov.uk) website or watch the [SCR: The Value of SCR in Urgent Care](http://www.youtube.com/watch?v=12345) video.

### 3.3 NHS Number

There is now a legal duty\(^3\) to use the NHS Number as the primary identifier along the patient pathway. Ambulance services should develop plans to get access to the NHS Number, through solutions such as Spine mini-services or directly. This is a key building block in enabling information captured by ambulance services to be shared. This will also form the basis for use of electronic messaging of information between ambulance services and other parts of the urgent and emergency care system.

### 3.4 Tools for patients and carers

Patient held information is valuable in empowering choice and increasing patient safety. Tools such as ‘This Is Me’ ([from the Alzheimer’s society](http://www.alzheimers.org.uk/)) should be widely adopted across local health and social care communities. Carers are vital to a sustainable health care service and they should also have access to shared digital tools and information (such as access to the NHS Choices website) to support those they look after.

### 3.5 Efficient & secure transfer of information

Electronic handover of care using standardised datasets is a key priority. The Academy of Medical Royal College’s publication, “*Standards for the clinical structure and content of patient records*” should be followed to ensure that this is achieved safely. Wherever possible, systems should be designed so that relevant information arrives at a service ahead of the patient (e.g. ambulance services sharing information electronically prior to their arrival at ED; urgent repeat prescriptions being filled before a patient arrives at a community pharmacy).

At the end of the episode of care, appropriate transfer of care documents should be relayed to the patient’s GP and other relevant services, such as community pharmacy, to ensure continuity of care. The patient should also receive a copy. For information on sending secure email please see the [Health and Social Care Information Centre guidance](http://www.hscic.gov.uk).

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\(^3\) For guidance on the Health and Social Care (Safety and Quality) Act 2015, ‘consistent identifiers’ go to the [IG Alliance website](http://www.igalliance.org.uk).
Equality and Health Inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have:

· Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

· Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.