QUICK GUIDE: SHARING PATIENT INFORMATION

TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND

This is one of a series of quick, online guides produced by NHS England with partners providing practical tips and case studies to support health and care systems.

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- Better use of care at home
- Clinical input to care homes
- Identifying local care home placements
- Improving hospital discharge into the care sector
- Technology in care homes

Centre of Excellence for Information Sharing  
Information Governance Alliance (IGA)  
CARE ENGLAND  
Representing independent care providers
INTRODUCTION

Information sharing is an important issue for integrated teams to get right. The Health and Social (Safety and Quality) Act 2015, which came into effect on 1st October 2015 sets a duty for information to be shared where it facilitates care for an individual and it is legal to do so. This sharing requires the patient to be informed and provide them with an opportunity to object. This is irrespective of the organisation or profession the member of an individual’s integrated multi-disciplinary team is from.

This quick guide is to support front-line health and social care staff in their daily working as an integrated team centred around an individual.

Staff also need to consider the capacity of patients.

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<th>Information Sharing Parameters</th>
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<td>✓ Let the individual know about how their information will be used and that it will be shared across the individual’s integrated care team when relevant.</td>
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<td>✓ It is important to understand all providers and agencies involved in a person’s care, including the role that carers and family may play. This includes sharing relevant information on admission to and discharge from different care settings.</td>
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<tr>
<td>✓ Those facilitating and delivering care for an individual are able to discuss relevant information as a team for the benefit of the individual’s care, across care settings. This includes care workers, care home staff and housing providers and may, with the individual’s permission, include carers and family.</td>
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<td>✓ Have confidence in your professional judgement / justification and take a common sense approach when sharing patient information with other health and social care providers.</td>
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<td>× Providers should not use or share information inappropriately. Confidentiality doesn’t mean don’t share amongst the care team - 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.</td>
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<td>× Do not forget that individuals can request access to their own personal information at any time.</td>
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<td>× Do not forget that individuals can object or complain about inappropriate use or sharing of information and sharing information outside of the care team may be unlawful.</td>
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<td>× Ensure that you give information to the right people who need to take action. Do not rely on a family member or carer to pass on information between care settings.</td>
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<td>× Patients must understand how their information will be used and who will have access to it.</td>
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LINKS TO FURTHER INFORMATION

- Guides on the Health and Social Care (Safety and Quality) Act 2015, confidentiality and the duty to share can be found on the IG Alliance website. Advice on information governance issues can be obtained from the IGA.

- For legal advice on the Data Protection Act 1998 and the duty to inform individuals please contact the Information Commissioner’s Office.

- Guidance and support on managing organisational and behavioural challenges to sharing information are available from the Centre of Excellence for Information Sharing.

- For information on sending secure email please see the Health and Social Care Information Centre guidance.

- You may need to seek further guidance from your organisation. This could be through reference to your IG resource, policies and training.

SUMMARY CARE RECORDS

Summary Care Records (SCRs) are an electronic record of key information from a patient’s GP practice and as a minimum contain the ‘core’ dataset of medication, allergies and adverse reactions. 96% of patients have an SCR and the benefits are already clear, including improvements in patient safety and experience and in the efficiency and effectiveness of patient care.

Over 85% of GP practices now have enhanced functionality to simply and efficiently create ‘richer’ SCRs. The patient is required to provide their ‘express consent’ before their GP practice can create an SCR which contains additional information beyond the ‘core’ dataset. Local health communities are being encouraged to consider how key patient groups (e.g. long term conditions, frailest 2%, end of life) can be targeted to ensure they are offered the opportunity to have an SCR with additional information.

For further information see the Health and Social Care Information Centre website or watch the SCR: The Value of SCR in Urgent Care video.

SCRs can complement local data sharing solutions which offer similar types of data sharing between care settings, but generally do not offer the national coverage that SCR provides. All areas of the NHS have been asked to work together to produce local digital roadmaps and more information can be found here: Local Digital Roadmaps.

FURTHER SUPPORT FOR CARE HOMES

The Information Commissioner’s Office (ICO) undertook 11 voluntary data protection advisory visits with residential care homes during 2014. The findings and recommendations report is available here and includes valuable resources and support for implementation.

Care homes should also register on and complete the Information Governance Toolkit which provides step by step guidance to meeting information governance requirements.
To share or discover more case study examples in this area please use the BetterCareExchange. Create an account here.

Special thanks goes to these organisations for their support, time, effort and commitment during the development of this Quick Guide.

Did you find this Quick Guide useful?  Yes  No