

The likelihood of an Emergency Access Alert being generated is difficult to quantify as ultimately all scenarios are possible however improbable they may be.

Regardless of what viewing model used all users need to be aware of the implications of their actions

Once an alert is generated it has to be viewed (as part of the care record guarantee) by a member of staff responsible for information governance (IG), usually a privacy officer (PO). The PO can be an existing person in the organisation, usually an existing IG manager or could be an individual from an overarching health organisation. This check will decide if that access was legitimate. If the access was legitimate than the alert is closed and no further action is required.

If it is thought that the access may be illegitimate than an investigative process is initiated that follows local guidelines. Which includes informing the patient.

If we find that someone has deliberately accessed records about you without permission or good reason, we will tell you and take action. This can include disciplinary action, which could include ending a contract, firing an employee or bringing criminal charges.

Care Record Guarantee v5—Commitment 12

WHAT DOES IT LOOK LIKE?

All SCRs follow the same format, the top of the record will have the date of creation. Followed by the location of creation and any disclaimers.

Core information is then listed first, followed by any additional information if the patient has given permission for this to be added.



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Quick Reference Guide

Permission to View in
Community Pharmacy

WHAT IS PERMISSION TO VIEW?

Permission to View is one of a variety of controls by which authorised healthcare staff can gain access to a patient's Summary Care Record (SCR).

Every access to the SCR means that the patient **must** be asked for their Permission to View (PTV).

How this permission is sought, recorded and utilised will vary by locally decided policies, procedures and processes.

WHO CAN ASK FOR PERMISSION TO VIEW

Permission to View can be sought by a number of different healthcare staff. For example a pharmacy technician in an large pharmacy may ask the patient on behalf of all the pharmacists in the team. Or a member of staff working alone will ask for themselves.

Regardless of how the patients PTV has been captured it will always be recorded by using the "Self Claim" option.

If a large pharmacy wishes they could record the fact the patient has given permission to view in the PMR.

WHAT DO I NEED TO DO TO GAIN ACCESS?

For access to Summary Care Records a user inserts their Smartcard into a reader attached to a PC that has authorised software installed and that is connected to the N3 network. The user's access rights are verified, they record on the system that they have a legitimate relationship (LR) with the patient whose record they are trying to view.

Once they have done this, the user will ask the patient for PTV.

WHAT DOES PERMISSION TO VIEW LOOK LIKE?

The PTV screens vary slightly from software to software. However the options below are all displayed in each case. Even if a user has the correct permissions to get to this screen not every user will be able to use all the options as this is further controlled by their Smartcard.

- Yes — Permission to View granted
- No — Permission to View denied
- Emergency access — Permission to View required in a emergency

NHS Summary Care Record Access Management

STOP. Has this patient given permission to view their Summary Care Record?

The screenshot shows a decision screen with two main options: 'Yes View record' and 'No Access refused'. The 'No' path leads to a screen with the text: 'The usual legal ethical and professional obligations apply when accessing a patient's clinical record.' Below this is a red 'Emergency Access' button and a question: 'Do you need to access the record for other reasons?' with a link for 'Other access options'. At the bottom, there is a red-bordered box containing the text: '>> Provide more information about the access (Optional)' followed by an empty text input field.

Summary Care Record Application (SCRa 2) @ 21-1015

WHAT IS THE NORMAL PROCESS FOR ACCESSING A PATIENT'S SCR?

Accessing a patients record is done on a case by case basis the exact procedure will be determined locally and is also software dependant. In general terms the process is as follows using SCRa:

- 1 Patient reports to pharmacy. The pharmacist searches for the patient. Once the patient is located they click view. The phar-

macist then asks the patient for PTV.

- 2 The patient grants or denies PTV. The pharmacist records the patients answer by clicking the relevant option.
 - a. The pharmacy professional should also enter the reason for accessing the SCR into the free text "access" box. For example "providing MUR".
3. If permission is granted the pharmacist is then looking at the SCR.

WHEN TO USE EMERGENCY ACCESS?

Emergency Access is a restricted right on the Smartcard. That means that not every authorised clinician or member of healthcare staff will have it even if they have the ability to record permission to view.

Whilst it should be exceedingly rare for anyone to use Emergency Access in a community pharmacy context an example scenario might be:

A patient arrives at a reception desk and speaks to the pharmacy assistant. Whilst they are waiting to be seen they patient collapses unconscious.

A pharmacist then decides that they need to see the patients SCR as it is in the patients best interest. They click/select the emergency access option. They enter the reason into the free text box and the SCR is displayed.

PRIVACY

Alerts are in built into the SCR as a means of securing access to confidential patient information. They are not the same as clinical alerts or IT system alerts.

A Self claim alert is being triggered every time a record is accessed this is because of the way the viewing model works.