



BRIEFING PAPER

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A paperless NHS: electronic health records

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Summary

This briefing has been prepared ahead of the debate in Westminster Hall on Thursday 28 April at 3pm on **use of digital records in the NHS**. The Member in charge is Geoffrey Clifton-Brown.

The Government has committed to making all patient and care records digital, real-time and interoperable by 2020. There will be a staged approach to electronic health records - by 2016 all patients should be able to access their own GP electronic record online in full, seeing not just a summary of their allergies and medication but blood test results, appointment records and medical histories. By 2018 this record will include information from all their health and care interactions. By 2020, the NHS has committed to be “paper-free at the point of care”.

Additionally, the NHS is introducing Summary Care Records - electronic health records of essential patient data - to enable healthcare staff across the country to provide immediate care and treatment. As of February 2016, 55.06 million people have had a Summary Care Record created.

NHS England and the Health and Social Care Information Centre will also introduce the care.data programme, a national collection of anonymous patient data to enable population-level analysis of health trends. The national roll-out of care.data will begin once a pathfinder exercise has taken place.

This briefing relates to the NHS in England.

1. Electronic health records

1.1 NHS 'paper-free at the point of care' by 2020

*"The Government is committed to complete the digitisation of the National Health Service and, through the National Information Board and implementation of the Personalized Health and Care 2020 Strategy, to deliver a series of important digital milestones on the road to a paperless NHS by 2020."*¹

In a speech on 2 September 2015, the Health Secretary outlined the Government's vision for the use of technology across the NHS. Jeremy Hunt announced that by 2016 all patients should be able to access their own GP electronic record online in full, seeing not just a summary of their allergies and medication but blood test results, appointment records and medical histories. By 2018 this record will include information from all their health and care interactions. In addition, by the end of 2018 all doctors and nurses will be able to access the most up-to-date lifesaving information across GP surgeries, ambulance services and A&E departments, no matter where a patient is in England. By 2020 this will include the social care system as well.²

NHS England's [Five Year Forward View](#) (October 2014) committed to making all patients' records "largely paperless" by 2020. A National Information Board has been established which brings together national health and care organisations from the Department of Health, NHS, public health, clinical science, social care and local government, together with appointed lay representatives. It is charged with developing the strategic priorities for data and technology in health and care for the Department of Health, to deliver the maximum benefit for citizens and patients and to make appropriate recommendations for investment and action.

The Five Year Forward View committed the National Information Board to publishing plans to develop fully interoperable electronic health records so that patients' records are largely paperless. Patients will have full access to these records, and be able to write into them. They will retain the right to opt out of their record being shared electronically. The NHS number, for safety and efficiency reasons, will be used as an identifier in all settings, including social care.³

In November 2014, the National Information Board published [Personal Health and Care 2020: Using Data and Technology to Transform Outcomes for Patients and Citizens: A Framework for Action](#). The

¹ [PO 30082 \[on Health Services\], 10 March 2016](#)

² Department of Health and National Information Board, [Health Secretary outlines vision for use of technology across NHS](#), 2 September 2015

³ NHS England, [Five Year Forward View](#), October 2014

framework sets out the Government's policy for using information technology to improve the delivery of healthcare and transform outcomes for patients and citizens. It sets out how better use of digital technology will benefit patients, reduce care costs and improve patient safety in the following key areas:

'enable me to make the right health and care choices' – citizens to have full access to their care records and access to an expanding set of NHS accredited health and care apps and digital information services;

'give care professionals and carers access to all the data, information and knowledge they need' – real-time digital information on a person's health and care by 2020 for all NHS-funded services, and comprehensive data on the outcomes and value of services to support improvement and sustainability;

'make the quality of care transparent' – publish comparative information on all publicly funded health and care services, including the results of treatment and what patients and carers say;

'build and sustain public trust' – ensure citizens are confident about sharing their data to improve care and health outcomes;

'bring forward life-saving treatments and support innovation and growth' – make England a leading digital health economy in the world and develop new resources to support research and maximise the benefits of new medicines and treatments, particularly in light of breakthroughs in genomic science to combat long-term conditions including cancer, mental health services and tackling infectious diseases;

'support care professionals to make the best use of data and technology' – in future all members of the health, care and social care workforce must have the knowledge and skills to embrace the opportunities of information;

'assure best value for taxpayers' – ensure that current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting.

With regards to electronic health records, the framework states:

In 2015, all citizens will have online access to their GP records and will be able to view copies of that data through apps and digital platforms of their choice. But it is essential that citizens have access to all their data in health and care, and the ability to 'write' into it so that their own preferences and data from other relevant sources, like wearable devices, can be included. Patients won't have the ability to edit the entries their clinician has made but their comments will be visible. This framework prioritises comprehensive access – with the ability for individuals to add to their own records – by 2018.⁴

[...]

All patient and care records will be digital, real-time and interoperable by 2020. By 2018 clinicians in primary, urgent and emergency care and other key transitions of care contexts will be operating without needing to use paper records. This will be

⁴ National Information Board, [Personal Health and Care 2020](#), November 2014, page 21

achieved by alignment of national technical and professional data standards with regulatory and commissioning requirements. By April 2015, building on the existing interoperability programme, the NIB, in partnership with users and industry bodies, including the Foundation Trust Network and the NHS Confederation, will coordinate agreement on these standards and how they should be 'hard-wired' into commissioning and regulatory oversight.⁵

The framework also said that in April 2016 the Health and Social Care Information Centre [now NHS Digital] will consult on ways of supporting carers, to access digital records.⁶

By June 2016, all local health and care systems must produce Local Digital Roadmaps to NHS England, setting out how they will achieve the ambition of 'paper-free at the point of care' by 2020. Local Digital Roadmaps will be a condition for accessing investment for technology enabled transformation.⁷

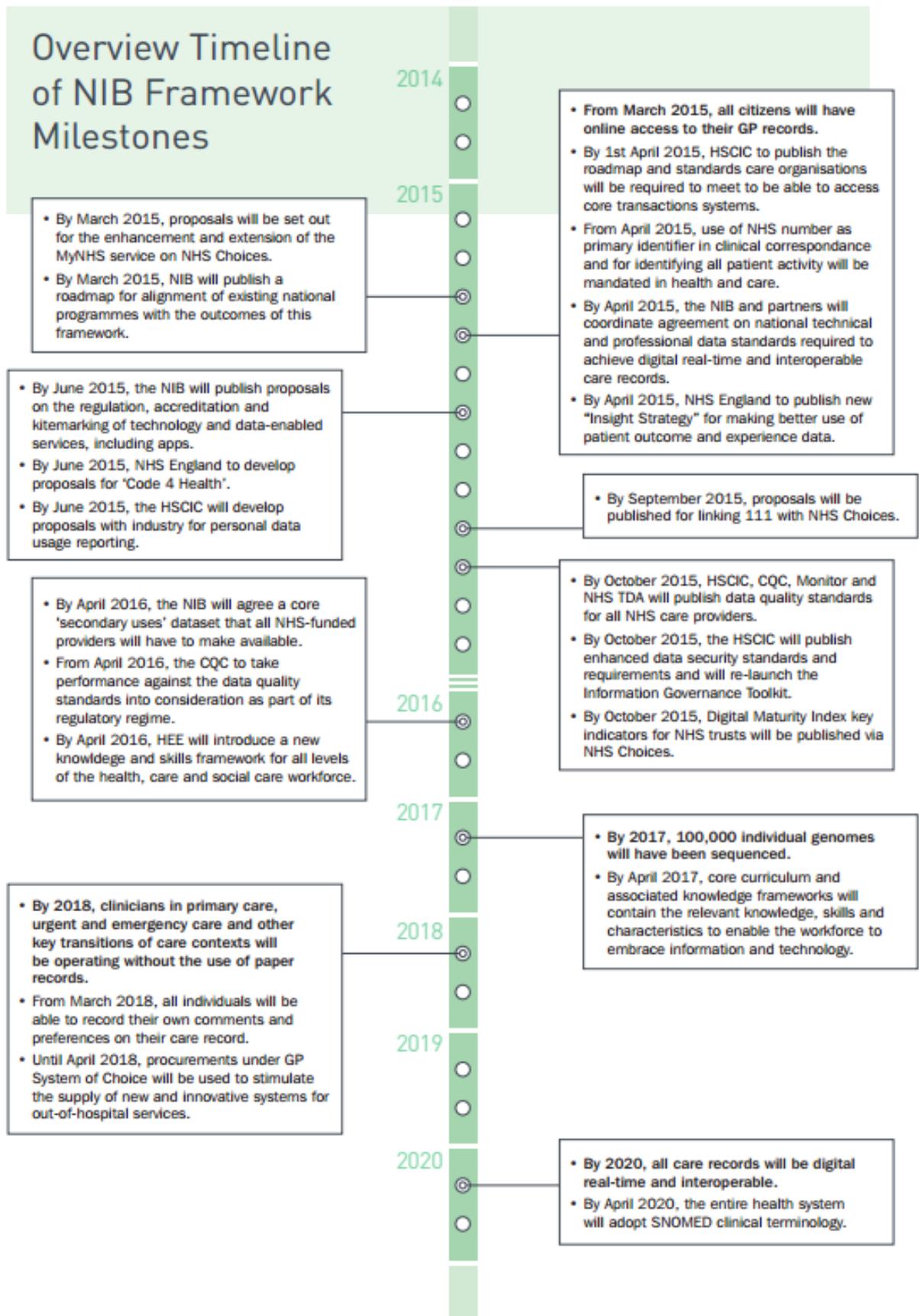
The diagram below shows a timeline of the National Information Board's key milestones⁸:

⁵ National Information Board, [Personal Health and Care 2020](#), November 2014, page 29

⁶ National Information Board, [Personal Health and Care 2020](#), November 2014, page 31

⁷ NHS England, [Local Digital Roadmaps](#)

⁸ National Information Board, [Personal Health and Care 2020](#), November 2014, page 58



1.2 Care.data

The *Health and Social Care Act 2012* introduced changes to allow the Health and Social Care Information Centre (HSCIC) to collect and share confidential information from health records. One of the key changes is a proposed electronic “care.data” service. This will extract and link large amounts of patient data collected as part of NHS care in order to create a national picture of health patterns so commissioners can study issues such as diagnosis, waiting times and patterns of illness or disease.

NHS England has outlined a number of intended benefits of care.data:

Collecting and connecting information nationally will help us to;

- better understand diseases and develop drugs and treatments that can change lives;
- understand patterns and trends in public health and disease to ensure better quality care is available to everyone;
- plan services that make the best of limited NHS budgets for the health and wellbeing of everyone;
- monitor the safety of drugs and treatments; and
- compare the quality of care provided in different areas of the country.⁹

The care.data programme was paused in February 2014, and a decision was taken to have a phased approach to implementation starting with a pathfinder stage. A full evaluation of the pathfinder stage will take place before national rollout of care.data begins. Six CCGs have been chosen as pathfinders (Blackburn with Darwen, Leeds North, Leeds West, Leeds South and East, West Hampshire and Somerset.)¹⁰ The pathfinder practices for the programme are planning to communicate with their patients in autumn 2015.¹¹

Care.data will be implemented on an opt-out basis. The opt-out for the care.data programme will apply to confidential GP data being used for purposes beyond direct care.

The National Data Guardian for Health and Care, Dame Fiona Caldicott, will provide advice on the wording for a new model of consents and opt-outs to be used by the care.data programme. Care.data communications will not be issued until Dame Fiona Caldicott the National Data Guardian, has advised the Secretary of State that she is satisfied with the safeguards NHS England has put in place.

In July 2015, the Minister for Life Sciences, George Freeman, said:

No information will be collected until Dame Fiona Caldicott, the National Patient Data Guardian, advises she is satisfied with the care.data pathfinder’s proposals and safeguards. A full evaluation

⁹ NHS England, [The care.data programme – collecting information for the health of the nation](#)

¹⁰ [PQ 7630 \[on General Practitioners\], 23 July 2015](#)

¹¹ [PQ 7629 \[on Medical Records: Publicity\], 23 July 2015](#)

of the pathfinder stage will take place before national rollout begins.¹²

For background information, see the Library briefing on [Care.data](#) (March 2014).

1.3 Summary Care Records

Patients' medical records are kept in the place where they receive care, such as a GP surgery. NHS Choices states that "These places can usually only share information from your records by letter, email, fax or phone. At times, this can slow down treatment and sometimes make it hard to access information."¹³

To address these challenges, the NHS is introducing Summary Care Records, which are electronic health records containing essential information about a patient, such as their medication, allergies and adverse reactions. This will enable healthcare staff across the country to provide direct care and treatment. It is being introduced across England. Patients can opt out of having a Summary Care Record.¹⁴

The NHS Connecting for Health website has a [FAQs section](#) that gives an overview of the records system, and there is a particular section on [Access to your records](#). Access to the Summary Care Record is restricted to medical staff and they should only look at the information they need to do their job:

Who can see my Summary Care Record?

Only NHS healthcare staff involved in supporting or providing your care can see your Summary Care Record. Healthcare staff who can see your Summary Care Record:

- need to be directly involved in caring for you;
- need to have an NHS Smartcard with a chip and passcode (like a bank card and PIN);
- will only see the information they need to do their job; and
- should have their details recorded.

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your Summary Care Record without asking you. If they do this, they will make a note on your record to say why they have done so.

Wider implementation of the Summary Care Record within community pharmacy across England began from autumn 2015 and is expected to be completed by autumn 2017.¹⁵

In February 2016, the Government said that 55.06 million people have had a Summary Care Record created and the Summary Care Record is currently enabled in 102 out of 154 Out of Hours GP Services.¹⁶

¹² [HC Deb 7709 \[on Medical Records\], 23 July 2015](#)

¹³ NHS Choices, [Your Records](#) [last accessed 20 March 2015]

¹⁴ For the opt-out process, see NHS Choices, [Introduction to Summary Care Records](#) [last accessed 19 December 2014]

¹⁵ [PQ 8586 \[on Pharmacy\], 14 September 2015](#)

¹⁶ [PQ 25409 \[on General Practitioners\], 5 February 2016](#)

For further information, see the Library briefing on [Electronic Patient Records: the roll-out of the Summary Care Record](#).

2. Further reading

The House of Commons Library briefing on patient health records and confidentiality looks at accessing and sharing patient health records, safeguarding and sharing confidential patient information, and electronic health records.

CBP 07103, [Patient records and confidentiality](#), April 2016.

The Parliamentary Office of Science and Technology (POST) has produced a briefing on electronic health records which looks at the current use and potential benefits of electronic health records, and challenges to implementation, including IT systems and data security and privacy:

POST note 519, [Electronic health records](#), February 2016

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