



## Electronic Patient Records: the roll-out of the Summary Care Record

Standard Note: SN/SP/5601

Last updated: 22 June 2010

Author: Thomas Powell, Social Policy Section

Gavin Thompson, Social and General Statistics Section

---

This note is designed to help Members who have received queries from constituents about the Summary Care Record: an electronic record containing NHS patients' key clinical information. It provides an account of the roll-out of these records within the context of wider developments of the NHS National Care Record Service and the NHS National Programme for IT. In particular, this note focuses on issues of confidentiality, patient consent and cost.

The Library Standard Note, [The Spine and Confidentiality](#) (SN/SP4584), which this note updates, provides more detailed background on the development of electronic patient records, and on the other elements of the NHS Care Records Service, such as the Personal Demographics Service and Secondary Uses Service.

This note covers the position in England; there are separate systems for summary patient records in [Scotland](#) and [Wales](#).

This information is provided to Members of Parliament in support of their parliamentary duties and is not intended to address the specific circumstances of any particular individual. It should not be relied upon as being up to date; the law or policies may have changed since it was last updated; and it should not be relied upon as legal or professional advice or as a substitute for it. A suitably qualified professional should be consulted if specific advice or information is required.

This information is provided subject to [our general terms and conditions](#) which are available online or may be provided on request in hard copy. Authors are available to discuss the content of this briefing with Members and their staff, but not with the general public.

## Contents

<b>1</b>	<b>The roll-out of the Summary Care Record</b>	<b>3</b>
1.1	History of electronic patient records	3
1.2	Early Adopter sites	4
1.3	Independent evaluation of the Summary Care Record by University College London (UCL)	4
1.4	National roll-out	6
<b>2</b>	<b>Confidentiality and consent</b>	<b>7</b>
2.1	Report of the Taskforce on the Summary Care Record (December 2006)	7
2.2	Initial evaluation of the SCR early adopter programme (May 2008)	7
2.3	NHS Care Record Guarantee	8
2.4	Current procedures for patients who want to opt-out of having a Summary Care Record	9
<b>3</b>	<b>Costs</b>	<b>11</b>
<b>4</b>	<b>Recent developments</b>	<b>12</b>
4.1	Pre-election	12
4.2	The new Government	12

# 1 The roll-out of the Summary Care Record

## 1.1 Background to the development of electronic patient records

In December 2003, John Reid, then the Secretary of State for Health, announced plans for every NHS patient in England to have an individual electronic NHS Care Record, and that 10 year contracts had been agreed for the running of a national NHS Care Records Service.<sup>1</sup> The Summary Care Record (SCR), containing key clinical information, including allergies, prescriptions, summary medical history, operations and procedures; would be drawn from patients' GP-held electronic records. Initially to be primarily for use in emergency and unscheduled care, it was planned to be extended in due course to include information from other care settings.

There is a separate Internet-accessible technology called HealthSpace that allows patients to view their SCR and record and organise their own health data. The Secondary Uses Service enables NHS staff to access anonymised information from the national spine database.<sup>2</sup>

Supporters of the SCR highlight expected benefits including improved patient safety (such as reduction in medication errors and adverse reactions); greater efficiency and coordination of care, and more informed and engaged patients. However, the roll-out of the SCR has also raised concerns about confidentiality and whether the public has been adequately informed about what is happening. In particular, there have been concerns about the extent to which patients are able to "opt-out" and refuse to have their details uploaded, and the procedure for doing this.

The SCR is a key element of a much broader NHS National Programme for IT, which aims to provide comprehensive electronic records in both primary and secondary care and to integrate these various systems.<sup>3</sup> In addition to the SCR, the other elements of the NHS Care Records Service include:

- The Personal Demographics Service, containing basic demographic details about every NHS patient (name, address, date of birth, NHS number and current GP);
- A Secondary Uses Service, providing a single point of access to aggregated data for a range of purposes, for example, management, commissioning, clinical audit and research;
- A Detailed Care Record, an electronic record holding significantly more detailed clinical information than the Summary Care Record, which would be available locally and which would combine information from existing local systems, but not necessarily all of it;
- Local record systems containing comprehensive patient records, which have always existed on paper or in electronic form, and which continue to be stored in hospitals, GP surgeries and other organisations.

---

<sup>1</sup> Department of Health Press Notice, "[every patient to get electronic patient record](#)", December 2003. Further information about this announcement and the development of other elements of the NHS Care Record database, such as the Personal Demographics Service and Secondary User Services are available in the Library Standard Note, [The Spine and Confidentiality](#) (SN/SP4584).

<sup>2</sup> The [NHS Care Records Service website](#) provides further information.

<sup>3</sup> The website of NHS Connecting for Health, the agency of the Department of Health responsible for delivering the central components of the National Programme for IT, provides further background information on this.

The SCR and the Personal Demographic Service form the main part of a group of applications, referred to as the “spine”.<sup>4</sup> There has been a NHS national database of demographic information for some time and it is to this system that SCRs are being uploaded. The Government has confirmed that Detailed Care Records are not being uploaded onto the spine.<sup>5</sup>

## 1.2 Early Adopter sites

The SCR and HealthSpace were introduced in six Early Adopter Primary Care Trusts (PCTs) across the UK, in May 2007.<sup>6</sup> A statement by Caroline Flint, then Minister at the Department of Health, explained the background to this:

A key element of the national programme for information technology is delivery of a national summary care record. The first phase of this service will allow a summary of information held on general practitioners’ systems to be uploaded to a national database to allow other clinicians to view it. Information is loaded onto the database from different systems via a transaction messaging system, which processes and routes data messages.

Introduction of the summary care record has now begun at so-called early adopter sites. In the first instance it is expected that the service will be predominantly of use in unscheduled care settings where knowledge of allergies, medicines and major diagnoses will improve patient care and safeguard patient safety. It is expected that the service will be extended in due course to include information from other care settings. Implementation and the future development of the summary care record will be overseen by an advisory group, including clinical, patient and manager stakeholders, chaired by Professor Martin Marshall, the Department’s Deputy Chief Medical Officer.<sup>7</sup>

## 1.3 Independent evaluation of the Summary Care Record by University College London (UCL)

The Department of Health appointed a team at University College London (UCL) to provide an independent evaluation of the early adopters, which ran from May 2007 to May 2010, and covered the following areas:

- Usability, usage and functionality of the Summary Care Record
- Impact and benefits of the Summary Care Record
- Patient access to their own Summary Care Record (particularly via HealthSpace)
- Evaluation of the Public Information Programme
- Evaluation of the consent/dissent model

---

<sup>4</sup> The “spine” is a group of eight applications which underpins the NHS Care Records Service – three applications hold care record data; four are security applications to restrict access to only accredited users; and one is a messaging service, providing interfaces between Spine data and other services, such as Choose and Book and the Electronic Prescription Service.

<sup>5</sup> See, for example, HC Deb 14 March 2007 c441W

For further information on detailed care records see the [NHS Connecting for Health website](#).

<sup>6</sup> The six Early Adopter sites were Bolton PCT, Bradford and Airedale Teaching PCT, Bury PCT, Dorset PCT, South Birmingham PCT and South West Essex PCT. Further information on these pilots is available on the [NHS Connecting for Health website](#).

<sup>7</sup> HC Deb 10 May 2007 c418-9W

This evaluation process included fieldwork to gather the views of GPs, NHS staff, and patients. An initial evaluation report published in May 2008 found that although the SCR offered real benefits for treating patients in emergency and unscheduled care settings, the "complicated" technical system needed to be refined before being rolled-out. The 2008 report found that many NHS staff in Early Adopter sites (which had been selected partly for their keenness to innovate in ICT) were enthusiastic about the SCR and keen to see it up and running, but a significant minority of GPs had chosen not to participate in the programme and others had deferred participation until data quality improvement work was completed. Whilst 80 per cent of patients interviewed were either positive about the idea of having a SCR or "did not mind", others were strongly opposed "on principle".<sup>8</sup>

The final report of the UCL evaluation team was released on Thursday 17 June 2010, although the report is dated 7 May 2010, and was submitted in March 2010.<sup>9</sup> The UCL team acknowledged that its findings were based on relatively small sample sizes and early system versions, due in part to the incompleteness of the national roll-out of the SCR when they concluded their research. Although the report did not make any definitive judgements it found that there was only limited evidence that the SCR programme had achieved the benefits set out for it by the Government.<sup>10</sup> The UCL evaluation's main findings included that:

- a. There was evidence of improved quality in some consultations, particularly those which involved medication decisions;
- b. There was no direct evidence of safer care but findings were consistent with the conclusion that the SCR may reduce rare but important medication errors;
- c. There was no consistent association between use of the SCR and consultation length;
- d. There was evidence that the SCR was particularly useful in patients unable to communicate or advocate for themselves;
- e. There was no evidence that use of the SCR was associated with reduction in onward referral;
- f. Impact of the SCR on patient satisfaction was impossible to assess.<sup>11</sup>

The final UCL report also provided some data on the number of people written to, how many people have chosen to opt-out, and on the adoption and use of the SCR by clinicians. The 2010 evaluation report found that public opt-out rates in early adopter sites were very low, and that a chief constraint on widespread SCR roll-out in these PCTs was the low proportion of GP practices choosing to participate.

---

<sup>8</sup> Greenhalgh T, Stramer K, Bratan T, Byrne E, Russell J, Hinder S, Potts H. *Summary Care Record Early Adopter Programme: An independent evaluation by UCL*, University College London, 30 April 2008.

<sup>9</sup> Greenhalgh T, Stramer K, Bratan T, Byrne E, Russell J, Hinder S, Potts H. *The Devil's in the Detail: Final report of the independent evaluation of the Summary Care Record and HealthSpace programmes*, University College London, 7 May 2010.

A shorter paper based on the findings of the report has been published in the *British Medical Journal* ([BMJ 2010;340:c3111](#)).

<sup>10</sup> See for example, Department of Health, *Our health, our care, our say: a new direction for community services*, 2006; and *Our NHS, Our Future*, 2007.

<sup>11</sup> *Ibid.* p6

### SCR progress in three 'early adopter' PCTs, to March 2010

	Bolton	Bury	Dorset
% of population receiving mailing	100%	58%	70%
% of which opting out	<1%	<1%	<1%
% population with SCR	56%	48%	36%
% practices participating	44%	76%	93%

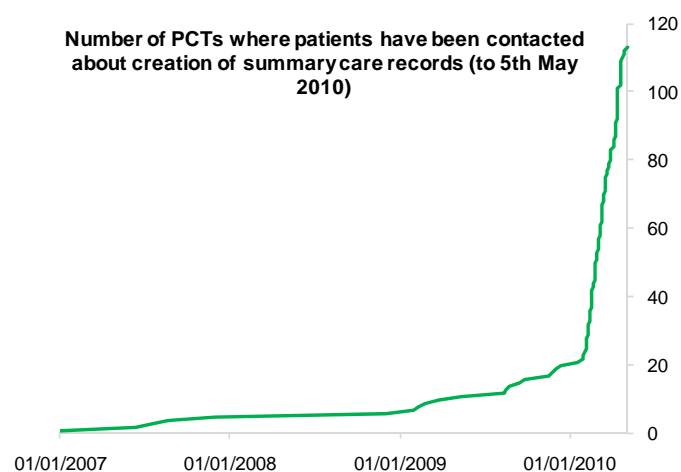
Source: Greenhalgh et al (2010) *The Devil's in the Detail*, pp.74-78

#### 1.4 National roll-out

A national roll-out of the SCR began in mid 2008. The *NHS Operating Framework for 2009-10* stated that Strategic Health Authorities (SHAs) should agree the timeline for implementing the SCR with PCTs.<sup>12</sup> Each SHA has appointed a lead for SCR implementation; these roles are responsible for co-ordinating implementation across each SHA and act as an escalation point for issues relating to implementation.

To date, the SCR has been rolled-out in 113 of 152 PCTs and there appears to have been a rapid acceleration in roll-out in the months leading up to the General Election (see chart).<sup>13</sup> 29.7m patients have now been written to about SCRs; there is no information on how many of these patients have opted out, although based on figures from early adopters (see above), numbers are likely to be low. Of these 29.7m, around 5% (1.5m) have actually had an SCR created

The UCL evaluation team reported in March 2010 that actual use of the SCR in primary care settings appeared to be low, and in secondary care it was almost non-existent. It looked at three sites where SCR roll-out had reached between 24% and 35% by January 2010. In out of hours and walk-in primary care settings, an SCR was being accessed in 4% of all consultations, and 21% of encounters where an SCR was available; that is, in 79% of cases where a patient had an SCR, it was not being accessed.<sup>14</sup>



<sup>12</sup> Department of Health, *NHS Operating Framework for 2009-10*, 8 December 2008

<sup>13</sup> <http://www.pulsetoday.co.uk/story.asp?storycode=4126016>

## 2 Confidentiality and consent

### 2.1 Report of the Taskforce on the Summary Care Record (December 2006)

Issues relating to confidentiality and patient consent were discussed in the report of a Taskforce on the Summary Care Record set up in July 2006 by Lord Warner, then Minister at the Department of Health. The Taskforce, chaired by Harry Cayton, published its report in December 2006.<sup>15</sup> The Taskforce report acknowledged differences of view over the most appropriate model of consent to be adopted for the SCR. In particular, this concerned the question of whether the creation of a record for a particular patient should require that patient's explicit consent, or whether, following a public information programme consent should be assumed and the SCR created unless the patient makes an explicit decision for this not to happen (or for it to be deleted at some future point). These two positions have been referred to as the "opt-in" and the "opt-out" models. A third approach, that of making the summary compulsory was not considered by the Taskforce or by the Department of Health.

The Taskforce made 14 recommendations. These included the creation of a Summary Care Record Advisory Group to oversee the issues arising from the early adopter sites. It recommended that this Group should include patients as well as clinical and managerial users in the NHS and that one of its roles would be to consider how best to address the issue of individuals (expected to be few) who did not wish to have a SCR in any form. The Taskforce said that it was essential that there be a public information programme before any information was uploaded. It also said that the programme should give a clear and realistic timetable to allow patients to view their proposed SCR and to set limits on sharing, should they wish to do so.<sup>16</sup>

On 18 December 2006, the Department of Health issued a press notice responding to the Taskforce report. It announced that it was setting up an advisory group on the implementation of the Summary Care Record and that it was accepting the other recommendations of the Taskforce.<sup>17</sup> This was interpreted as a climbdown by some of the press, in particular the acceptance of the Taskforce's suggestion that patients would be able to refuse to have their health records uploaded on to the system at all rather than simply being able to stop them being shared.<sup>18</sup> In fact, what has been adopted is a hybrid consent system, with an 'opt-out' system used for the creation of individual SCRs, the addition of clinical information happening on an 'opt-in' basis, with permission also being sought from patients before records are consulted.

### 2.2 Initial evaluation of the SCR early adopter programme (May 2008)

The initial evaluation of the SCR early adopter programme carried out by the UCL team raised a number of concerns about confidentiality.<sup>19</sup> Nevertheless, the team found that both

---

<sup>14</sup> Greenhalgh T, Stramer K, Bratan T, Byrne E, Russell J, Hinder S, Potts H. *Adoption and non-adoption of a shared electronic summary record in England: a mixed-method case study* [BMJ 2010;340:c3111](#)

<sup>15</sup> [Report of the Ministerial Taskforce on the Summary Care Record](#), chaired by Harry Cayton, 6 December 2006.

<sup>16</sup> *Ibid.*

<sup>17</sup> Department of Health Press Notice, "[Way clear for next steps on electronic patient record](#)", 18 December 2006.

<sup>18</sup> See previous Department of Health Press Notice on the issue, "[Health Minister sets out electronic patient record details](#)", 26 October 2006.

For press commentary, see, for example, "How patients' protests forced a rethink on NHS computer records..." *The Guardian* 16 December 2006

<sup>19</sup> Greenhalgh T, Stramer K, Bratan T, Byrne E, Russell J, Hinder S, Potts H. *Summary Care Record Early Adopter Programme: An independent evaluation by UCL*, University College London, 30 April 2008.



NHS staff and patients were largely positive or amenable to the programme, with most people valuing the benefits of instant access to medical records over the small risk of data loss or breach. Despite an extensive information programme to inform the public in Early Adopter sites about the SCR, many patients interviewed by the UCL team were not aware of the programme at all. The evaluation team noted that this raised important questions about the ethics of an 'implied consent' model for creating the SCR.

The NHS Connecting for Health website notes that the UCL report included a number of "learning points", which it would be considering and discussing with stakeholders.<sup>20</sup> In response to one of the report's recommendation, a change was introduced meaning that clinicians were required to ask for patient's consent before accessing their SCR.

The Public Accounts Committee also raised concerns about the confidentiality of patient records in a report on the NHS National Programme for IT, published in January 2009. The report was based on a National Audit Office Report of 2008 and the Government responded in March 2009.<sup>21</sup>

### **2.3 NHS Care Record Guarantee**

The NHS Care Records Service website has a section devoted to confidentiality, which includes the Government's NHS Care Record Guarantee.<sup>22</sup> This guarantee states that:

We will ask your permission if we need to look at information in your Summary Care Record. When this is not possible, for example in an emergency when you are unconscious, we will tell you later.

You will be informed when Summary Care Records are introduced into your area. Before we create the Summary Care Record, you can decide not to have a Summary Care Record at all.

After we have created your Summary Care Record, you can decide:

- not to share the information in it;
- to share the information in it with others providing you with care; or
- to add information from your other health records that you would like included.<sup>23</sup>

NHS staff directly involved in patient care will be issued with a smartcard and password in order to access information from the SCR. The amount of clinical information that can be accessed is based on the specific responsibilities of NHS staff, for example, a hospital receptionist will be able to access a patient's contact information while clinicians who work in A&E will have unlimited access in the event of an emergency. Every time someone accesses a SCR a record is kept of who has accessed this and what entries they may have made.<sup>24</sup>

---

<sup>20</sup> [NHS Connecting for Health website](#).

<sup>21</sup> NAO, *The National Programme for IT in the NHS: Progress since 2006*, (HC: 484 2007-2008), May 2008. PAC report on same, (HC 153 2008-09), January 2009. Government response to PAC, 26 March 2009.

<sup>22</sup> See the [NHS Care Records website](#).

<sup>23</sup> NHS leaflet, *NHS Care Record Guarantee*, 2009

<sup>24</sup> *Ibid.*



## 2.4 Current procedures for patients who want to opt-out of having a Summary Care Record

The NHS published a leaflet for patients explaining what information is held by the National Care Records Service and setting out the options open to patients.<sup>25</sup> More detailed guidance for GPs on managing requests for patients wishing to opt-out of having a SCR is also available. An extract from the guidance for GPs is reproduced below:

### Background

Following the incorporation of lessons learnt during the Early Adopter Programme, Summary Care Records are now being implemented in a phased approach, throughout England, as part of the National Programme for IT.

The Department of Health believes that Summary Care Records are a necessary component of care in the 21st century and that they will prove to be essential for better, safer out of hours and urgent care provision.

Some people have expressed concerns about the security of the Summary Care Record and the confidentiality of patient clinical information. The security arrangements are robust and are at the leading edge of national and international standards. Only staff with an NHS Smart Card can access the record, and then only for people to whom they are delivering care – people with whom they have a Legitimate Relationship.

Nevertheless, there will be people who do not wish to have a Summary Care Record. This document provides you with guidance for helping patients who wish to opt-out of having a Summary Care Record.

### Key Facts

Initially a Summary Care Record will contain key health information including allergies, adverse reactions and current medications extracted from the patient's GP record. Over time it will become a richer record as more information is added from other health-care settings where the patient receives treatment.

Patients are asked for their permission on every occasion before any clinician views their record. This explicit request for consent to view a record is in line with recommendations from the independent evaluation of the Summary Care Record undertaken by University College London.

<http://www.ucl.ac.uk/openlearning/documents/scrie2008.pdf>

More information on consent can be found at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/aboutscr/consent>

Patients can request not to have a Summary Care Record. This guidance is intended to help clinician's manage those requests.

### Process for informing patients

A minimum of twelve weeks before Summary Care Records are created in an area, a Public Information Programme will target those people in the area who are aged 16 and over. A personally addressed letter and leaflet will be sent to them which explains

---

<sup>25</sup> NHS leaflet, [Your health information, confidentiality and the NHS Care Records Service: Answers to your questions](#).

the purpose of a Summary Care Record, how to obtain a copy of the Care Record Guarantee, and their options, which are:

- To have a Summary Care Record, in which case they need do nothing more.
- Not to have a Summary Care Record created, in which case they must complete an opt-out form and read the accompanying information to ensure that they understand both the risks and benefits before making their choice. The NHS will continue to endeavour to provide people who do not have a Summary Care Record with the best services, and will not discriminate against those who do not choose to have a Summary Care Record.

A template opt-out leaflet is available at <http://www.connectingforhealth.nhs.uk/systemsandservices/scr/documents/noscr.pdf>

Practices should require those who do not want to have a Summary Care Record to obtain a copy of the form and complete and sign it. This will provide a clear record of their decision. PCTs and GP practices should ensure that opt-out information is available through a number of channels for example local web site, PALS officers or directly from the Practice.

If a patient does not express their wishes to opt-out within the 12 week Summary Care Record Public Information Programme, their Summary Care Record will become accessible to clinicians providing them with care or treatment.

(...)

If a patient decides not to have a Summary Care Record then subsequently changes their mind, a record can be created for them.

If a patient decides to have a Summary Care Record and subsequently changes their mind, the record will be suppressed and no longer available to support clinical care.

Patients can also request to have their record deleted. This will only be possible in those cases where the record has not been relied upon to provide care.

As the following written answer makes clear, although patients can choose not to have a SCR, they are not able to prevent their basic demographic information being held within the NHS Care Records Service:

**Stephen O'Brien:** To ask the Secretary of State for Health whether patients will be able to opt out of having (a) their detailed patient information, (b) their basic patient information including prescription and allergy details and (c) their demographic information, including name, date of birth, address and NHS number uploaded to Spine or placed on their summary care record. [195204]

**Ben Bradshaw:** Patients are able to opt out of having both their basic clinical information, including medication and allergy details, and their detailed clinical information, uploaded to the 'spine', the national database of key information about patients' health and care within the care records service (NHS CRS), by choosing not to have a summary care record.

Patients are not able to prevent their basic demographic and contact details from being held within the NHS CRS. The NHS has maintained registers of its service users from the earliest days of its existence to support the delivery of health care. A record is also kept of which general practice each patient is registered with, and reasons of efficiency and probity require this to be held centrally, for example to prevent multiple GPs from

being paid for the same patient, and to ensure that the correct commissioning body meets the cost of care provided. A register is also needed to enable the Secretary of State to meet the obligation to provide health care, free at the point of contact, for those patients who are ordinarily resident in England.

While for these reasons it is not practicable to give patients choice about whether their demographic details will be held in the system, safeguards have been built into the NHS CRS personal demographics service (PDS) which allow an individual's contact details to be hidden from NHS staff if patients request this level of protection.<sup>26</sup>

### 3 Costs

The costs for the SCR programme are difficult to disaggregate from the other elements of the “spine” database, and, more generally, from the overall costs of the NHS National IT programme. A written answer to a parliamentary question gave a figure of £18.7m to February 2009, although this may only relate to the cost of extracting of data from GP’s record systems.<sup>27</sup> The answer also provided figures for anticipated future maintenance charges relating to the whole NHS spine, as shown in the table to the right.

Financial year	Maintenance charges (£000)
2009-10	44,730
2010-11	43,734
2011-12	35,967
2012-13	31,119
2013-14	6,841
<b>Total 2009-14</b>	<b>162,391</b>

As noted above, the Department of Health has commissioned two independent evaluations of the SCR programme by a team at UCL; the cost of the commissioned work is £272,200 for the first study and £723,400 for the final study, a total of £995,600.<sup>28</sup>

According to a recent FoI request<sup>29</sup> £7.5m has been spent on printing, packaging and postal costs associated with this process since December 2009. NHS Connecting for Health have agreed to pay for this (the cost was originally to have been met by PCTs).

The Public Accounts Committee reported on the National Programme for IT in the NHS in March 2007 (HC 390, 2006-07), and provided an overview of the costs and scope of the programme:

“[the National Programme for IT in the NHS] constitutes the largest single IT investment in the UK to date, with expenditure on the Programme expected to be £12.4 billion over ten years to 2013–14. The central vision of the Programme is the NHS Care Records Service, which is designed to replace local NHS computer systems with more modern integrated systems and make key elements of a patient’s clinical record available electronically throughout England (e.g. NHS number, date of birth, name and address, allergies, adverse drug reactions and major treatments) so that it can be shared by all those needing to use it in the patient’s care. The Programme also includes other services, such as electronic prescriptions, an email and directory service for all NHS staff (NHSmal), computer accessible X-rays (Picture Archiving Communication Systems), and a facility for patients to book electronically first outpatient appointments.”<sup>30</sup>

<sup>26</sup> HC Deb 22 April 2008 c1990W

<sup>27</sup> HC Deb 9 March 2009 c146-7W

<sup>28</sup> [HC Deb 7 Apr 2010 c1440-1W](#)

<sup>29</sup> <http://www.pulsetoday.co.uk/story.asp?storycode=4126016>

<sup>30</sup> <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmpubacc/390/390.pdf>

A National Audit Office (NAO) report on the NHS National Programme for IT, preceding the PAC's report, provided some breakdown of costs of the different elements of the programme.<sup>31</sup> The NAO revisited the subject in 2008 to review progress since 2006. It reported that the estimated cost of the National Programme for IT had risen to £12.7 billion (at 2004-05 prices).<sup>32</sup>

A footnote to the final report of the UCL evaluation of the SCR explained that financial data on the total budget allocation for the SCR had been removed at the request of NHS Connecting for Health.<sup>33</sup> More recent information about the various projects making up the NHS National Programme for IT is available on the [NHS Connecting for Health website](#).

## 4 Recent developments

### 4.1 Pre-election

As noted in section 1.3 of this note, there appears to have been a rapid acceleration in roll-out in the early months of 2010 (see chart on page 6). However, an article in the *Daily Telegraph* on 17 April 2010 reported that NHS Connecting for Health was suspending the roll-out of electronic patient records until “public awareness had been increased”.<sup>34</sup> During the pre-General Election “purdah” the BMA’s General Practitioner’s Committee issued a joint statement with NHS Employers, on behalf of the Department of Health and NHS Connecting for Health, regarding the SCR. This statement, which was sent to all SHAs by the Department of Health, confirmed that uploads to the SCR should only take place where there has been agreement between PCTs and GP practices that patients have been adequately informed, and practices fully supported. The BMA websites notes that NHS Connecting for Health:

“...have agreed to work with the BMA to define an appropriate public awareness campaign, in addition to improving examples and templates for PCTs and practices to support public awareness and practice and professional involvement; further details will be available shortly.”<sup>35</sup>

The Department of Health and NHS Connecting for Health websites do not provide any further information on this recent development. A briefing dated March 2010, set out the views of the BMA’s General Practitioner’s Committee.<sup>36</sup>

### 4.2 The new Government

The Coalition Programme for Government published on 20 May 2010 stated that:

We will put patients in charge of making decisions about their care, including control of their health records.<sup>37</sup>

---

<sup>31</sup> [http://www.nao.org.uk/publications/0506/department\\_of\\_health\\_the\\_nati.aspx](http://www.nao.org.uk/publications/0506/department_of_health_the_nati.aspx)

<sup>32</sup> NAO, *The National Programme for IT in the NHS: Progress since 2006*, (HC: 484 2007-2008), May 2008. PAC report on same, (HC 153 2008-09), January 2009. Government response to PAC, 26 March 2009.

<sup>33</sup> Greenhalgh T, Stramer K, Bratan T, Byrne E, Russell J, Hinder S, Potts H. *The Devil's in the Detail: Final report of the independent evaluation of the Summary Care Record and HealthSpace programmes*, University College London, 7 May 2010, footnote F, p25

<sup>34</sup> “NHS forced to halt plan for medical records database”, *Daily Telegraph*, 17 April 2010. See also: “NHS suspends electronic patient records project”, Nicolas Timmins, *Financial Times*, 17 April 2010

<sup>35</sup> BMA GPC and NHS Employers, *Joint statement Summary Care Record*, 3 May 2010

<sup>36</sup> BMA, *The Summary Care Record – Guidance from the General Practitioners Committee of the British Medical Association*, March 2010

<sup>37</sup> HMG, *The Coalition programme for government*, 20 May 2010

The new Government set out its general approach to SCRs in answer to a parliamentary question on 3 June 2010:

**Michael Fallon:** To ask the Secretary of State for Health if he will make it his policy to end uploading of medical data to the Summary Care Record; and if he will make a statement. [167]

**Mr Simon Burns:** Uploading of information to the summary care record will continue to take place, where the relevant general practitioner (GP) practices and primary care trusts (PCTs) agree that patients have been adequately informed about the process, and properly enabled to opt out should they wish, and where GP practices and PCTs are satisfied that data are of an appropriate quality for sharing.<sup>38</sup>

On 24 May 2010 the Government announced it was setting up a joint Treasury and Cabinet Office “Efficiency and Reform Group”, to assist the drive to achieve the £6.2 billion of spending cuts. A press release announced the measures that the new group would be taking, including an “immediate freeze on all new ICT spend above £1 million”, and a review of “the Government’s biggest projects, including ICT projects, to see where costs can be reduced or wasteful projects stopped altogether.”<sup>39</sup> On 10 June 2010 the Minister of State for Health, Simon Burns, wrote a letter to the BMA council chairman, Dr Hamish Meldrum, to confirm he would be reviewing the current processes that are in place in relation to SCRs: “to ensure that the information that patients receive, and the process by which they opt out, are as clear and simple as possible.” The letter continued, “Using SCRs effectively depends on patients and doctors feeling an ownership of these records, rather than them being perceived as something imposed by a central arm of government.”<sup>40</sup>

When in opposition, both the Conservative and Liberal Democrat’s had called for centralised patient records to be scrapped.<sup>41</sup> For example, David Cameron’s speech to the Conservative Party Spring Conference on 26 April 2009 criticised the Labour Government’s approach to electronic patient records, and suggested that savings could be made by using web-based systems to manage health records, such as Google Health or Microsoft Health Vault.<sup>42</sup> The Conservative Party also commissioned an independent review of NHS and Social Care IT programmes, which published its findings in August 2009. In its response to the review the Conservatives said they would “seek to dismantle Labour’s central NHS IT infrastructure, delivering its benefits through local systems instead.”<sup>43</sup>

---

<sup>38</sup> HC Deb 3 June 2010 c87W

<sup>39</sup> Cabinet Office Press Release, [Cabinet Office and Treasury to Join Forces to Drive Out Waste](#), 24 May 2010.

<sup>40</sup> Letter from Simon Burns MP, Minister of State at the Department of Health, 10 June 2010 (published on the [Pulse magazine website](#))

<sup>41</sup> The [Liberal Democrat 2010 General Election manifesto](#) pledged to abolish NHS Connecting for Health. See also: [The NHS: A liberal blueprint](#), Norman Lamb MP, Centre Forum, February 2010.

<sup>42</sup> Rt Hon David Cameron MP, [speech to the Conservative Party Spring conference](#), 26 April 2009.

<sup>43</sup> Conservative Party website news story, [Conservatives will end Labour’s costly central plans for NHS IT](#), 10 August 2009.