



Department
of Health

Rt Hon Alistair Burt MP
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Mr R. Brittain
Assistant Coroner
St Pancras Coroners Court
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02 DEC 2015

Dear Mr Brittain,

Thank you for your letter of 7 October 2015, following the inquest into the death of Edward Gascoigne. I was sorry to hear of Mr Gascoigne's death and wish to extend my condolences to his family.

This case highlights issues about the sharing of patient information within the NHS. You are rightly concerned about access to patient's GP records by treating clinicians and indicated that you feel that the current system of record sharing in the NHS will pose risks to patient care.

It is vital that the effective treatment of patients is underpinned by timely and appropriate transfer of key information that follows the patient through the healthcare system.

The current system of sharing GP patient records is via the Summary Care Record (SCR). To date, more than 96% of people in England have had SCRs created and uploaded onto the NHS National Spine, a national infrastructure that stores electronic patient information.

SCRs contain information sent electronically from the GP record to be held securely on the National Spine. Core data in all SCRs comprises: details of Medications (Long-term, Acute and recently discontinued), known Allergies and Adverse Reactions. This information is kept up-to-date in real time.

In most SCRs, the Core data also contains the 'date of last issue' of medications, which gives an indication of whether the patient is taking the medication regularly.



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for use by commissioners for all contracts for healthcare services other than primary care).

To quote the relevant section:

'23.6 Subject to General Condition 21 (Patient Confidentiality, Data Protection, Freedom of Information and Transparency) the Provider must ensure that all Staff involved in the provision of urgent, emergency and unplanned care are able to view key Service User clinical information from GP records, whether via the Summary Care Records Service or a locally integrated electronic record system supplemented by the Summary Care Records Service.'

In addition, NHS England's business plan for 2015/16, which sets out priorities for the coming year, has mandated SCR access for 111 services, 999 services and hospital acute admission areas. To quote from the section, *Commitments for redesigning urgent and emergency care services:*

'By March 2016 complete information sharing across 111, 999 and hospital acute admission areas to at least a minimum of Summary Care Record, including end of life and advanced care plans. . . '

Furthermore, NHS England is working with partners to develop a range of tools and guidance to support commissioners and providers in the transformation of urgent and emergency care services. This includes the development of an enhanced summary care record which will enable greater access to patient care plans, including end of life care records, special patient notes and mental health crisis notes.

I hope I have reassured you that Government plans for sharing of patient information is a priority for urgent and emergency care and that the current SCR system is designed to improve access to patient's GP records so that important and vital patient information is available to all treating clinicians.

I am grateful to you for bringing the circumstances of Mr Gascoigne's death to my attention and trust that you find this reply helpful.

Yours sincerely Alistair Burt

ALISTAIR BURT