# Frequently asked questions – for professionals

Contents

[Frequently asked questions – for professionals 1](#_Toc135903093)

[General Questions 1](#_Toc135903094)

[GP Information 9](#_Toc135903095)

[Extra Views 9](#_Toc135903096)

[Acute Hospital Information 10](#_Toc135903097)

[Community Health 10](#_Toc135903098)

[Care Plans 10](#_Toc135903099)

[OOH/111 11](#_Toc135903100)

## General Questions

1. **What is an Integrated Care Record?**

Health and Care organisations across Bath and North East Somerset, Swindon and Wiltshire (BSW) are working together to make available an Integrated Care Record (ICR).  An Integrated Care Record is a system which interfaces with different digital health and social care records allowing secure access to key information by professionals involved in care. These systems are being rolled out across England by the local health services. This includes GP, hospital and other health and care organisations.

1. **Why do we need an Integrated Care Record?**

The Integrated Care Record will become a fully integrated health and social care record for patients in our area to support patient care. It has been developed with the intent of enabling all organisations providing health and social care support in BSW to share care information with one another.

To enable the Integrated Care Record to realise its full potential, participating partner organisations sign up to an information-sharing agreement – the purpose of this is to provide a robust and legal framework for sharing care information between agencies in BSW to support improved health and social care.

1. **What is the benefit of sharing?**

BSW is moving to a more integrated system of care for patients/citizens with closer working with a variety of providers. This way of working is reliant of sharing of appropriate information about an individual. Benefits of the ICR which have already been started to be realised include:

* professionals have a more complete picture of a person with a reduced need to go searching for information
* less repetition e.g. asking a medical / personal history
* stopping duplication e.g. organising tests or assessments which have already been completed by another organisation
* ability to create shared care plans that all professionals can see which allows appropriate end of life decisions being made
* ability to plan services based on an understanding of population need

1. **How does it work?**

The Integrated Care Record is a secure shared digital record that is only provided to health and social care organisations that can comply with the relevant laws about data protection.

Only those directly involved with a person’s care and authorised to use the system can see patient identifiable information, and records are kept of who accesses which records.

The Integrated Care Record system that is being used in BSW is supplied by Graphnet who provide a number of integrated care records systems, through their product Care Centric, across the UK. <https://www.graphnethealth.com/solutions/shared-care-records/>

1. **How do I enable sharing into the ICR?**

This is done on an organisational basis. For GP practices the ICB manages an organisational group in SystmOne which once joined, allows data to flow automatically to the ICR on a nightly basis. For other providers the ICB works with local IT teams to manage the mechanisms for this data feed.

1. **What happens if a patient wants to object to their information to be included in the ICR?**

If a patient wishes for their information not to be shared, then this will need to be for the whole ICR. We would strongly recommend that this is explained clearly to the individual and the potential consequences explained (e.g. if involved in an accident the emergency teams may not be able to access important information promptly). If the person still wishes to object, please direct them to their GP who can apply the relevant code to their record *(****XaKRw****- Refused consent for upload to local shared record)*.

1. **What happens if a patient wants an ICR but has previously opted out?**

In the past individuals have expressed an unwillingness to share their GP information with other organisations. We still respect these decisions so if a historical code exists in a GP record an ICR record will not be accessible. It may be worth re-discussing this decision with individuals as they may not be aware of the implications. If an individual now wants to be included in the ICR they need to be directed to their GP who can apply the relevant code to their record *(****XaKRv****- Consent given for upload to local shared electronic record).*

Information will start being included in the record from the next day, but historic GP information will take some time to be included.

1. **How do I handle a SAR?**

All the information in the ICR except the care plan is taken from provider professional systems. If an individual wanted a copy of the information held in the ICR they should be directed to all the providers that they have a relationship with and follow standard SAR processes.

1. **Do I need to ask consent to see an ICR record**

No. As long as you have a direct relationship with the individual and need to access information to deliver health or social care. This is part of the GDPR regulations and more information is included in the DSA which can be downloaded here :



1. **Do we need to get consent for sharing into the ICR?**

No. We as health and care organisations have a duty to share information but patients/citizens should be informed (but not consented). The informing should occur with the privacy notice each organisation has.

Further information on this is available in Section 11 of the DSA:

“The ICR is a new way of sharing data. Much of that data is already shared via phone call, email, and letter. The ICR is in effect a timelier and secure method of sharing.

Objections will need to be checked as to whether they are objections to the sharing of the data, or objection to sharing via the ICR as a mechanism. Objections to sharing in general will have to be managed by the relevant partner’s policy.

Where an individual raises concerns about the sharing of data via the ICR itself, then if these concerns cannot be addressed, a decision will need to be made by the relevant lead professional as to whether safe and effective care can be delivered without using the ICR. If the professional view is that it can be with data being shared by previous methods then the individual’s objection to the ICR may be upheld and their data prevented from being shared via the ICR.”

1. **What information from my professional record gets shared?**

The Integrated Care Record will provide a common set of information on each individual that health and social care professionals will be able to access to help them provide even better care and support, provided there is a direct care relationship with that individual. Examples of what will be shared include:

* Demographics and contact details
* list of diagnoses
* medications
* vaccinations
* allergies
* GP activity (dates/times)
* hospital activity (dates/times)
* test results
* referrals, clinic letters and discharge information.

The benefit of having an Integrated Care Record is that participating organisations can work together locally to identify the kind of information that needs sharing and develop the care record accordingly.

1. **What information will I see in the ICR?**

This is dependent on your role and described here:

The actual datasets and roles will be created in the system along similar lines and managed as an access control matrix. Each partner will be taken through an ‘on boarding process’ to identify the data they are in agreement to share, how it links to the data categories in the system and what roles will be able to access it.

*The Role Based Access Control matrix below outlines levels of permissions different professionals and clinicians will have:*

|  | **Data items** | **Health Professionals & Administrators** | **Social Care Professionals & Administrators** |
| --- | --- | --- | --- |
| **Demographics/ Allergies** | Demographics | Y | Y |
| Allergies | Y | Y |
| **GP Medications** | Repeat Medications | Y |  |
| Medications Issued | Y |  |
| **GP Problems** | Active Problems | Y |  |
| Past Problems | Y |  |
| Additional Problems | Y |  |
| **GP Results** | Results | Y |  |
| **GP Lifestyle** | GP Lifestyle (no sub categories of alcohol/smoking/exercise) | Y | Y |
| **GP Blood Pressure** | Blood Pressure | Y |  |
| **GP Additional Information** | Encounters & Administration | Y | Y |
| Referrals | Y |  |
| Vaccinations & Immunisations | Y | Y |
| Contraindications | Y |  |
| Family History | Y | Y |
| Pregnancy, Birth & Post Natal | Y | Y |
| Contraception & HRT | Y | Y |
| Investigations | Y |  |
| Operations | Y | Y |
| Radiology | Y |  |
| **Clinical Correspondence** |  |  |  |
| **Hospital Activity Summary** | Outpatient Activity | Y | Y |
| Inpatient Activity | Y | Y |
| Emergency Activity | Y | Y |
| **Acute Results** | Pathology results | Y |  |
| Radiology Results | Y |  |
| **Acute Medications** | Acute Medications | Y |  |
| **Social Care Adult** | Case Details | Y | Y |
| Events (Assessments, Safeguarding, DOLS) | Y | Y |
| Risks & Hazards | Y | Y |
| Conditions/Impairments/Disabilities | Y | Y |
| Related Persons & Carers |  |  |
| Case Workers | Y | Y |
| Classifications/Category of Need | Y | Y |
| Care Plans & Service Provisions | Y | Y |
| Needs & Outcomes |  |  |
|  |  |  |
| **Social Care Child** | Case Details | Y | Y |
| Events (Assessments, Meetings, CaseNotes) | Y | Y |
| Alert Types (chid protection, child in need etc) | Y | Y |
| Conditions/Impairments/Disabilities | Y | Y |
| Related Persons & Carers | Y | Y |
| Case Workers | Y | Y |
| Classifications/Category of Need | Y | Y |
| **Community** | Encounter details |  |  |
| Referrals | Y | Y |
| Personal Contacts | Y | Y |
| Alert |  |  |
| Diagnoses | Y | Y |
| Immunisation | Y | Y |
| Care plans, problem, intervention | Y | Y |
| Medication | Y | Y |
| **Mental Health** | Demographics | Y | Y |
| Allergies | Y | Y |
| Inpatient Activity | Y | Y |
| Referrals | Y | Y |
| Appointments | Y | Y |
| Care Coordinator | Y | Y |
| Crisis, Relapse and Contingency Plans | Y | Y |
| Perinatal Care Plans | Y | Y |
| Inpatient Discharge Summary | Y | Y |

This matrix will be under constant review to ensure most relevant/appropriate information is shared.

**How often is the information in the ICR updated?**

| **Organisation** | **Status** |
| --- | --- |
| 1.      GP Practices | Overnight |
| 2.      Medvivo OOH | Overnight |
| 3.      Salisbury NHS FT | Near real-time |
| 4.      RUH Bath | Near real-time |
| 5.      Great Western Hospitals | Acute data: near real-time  Community data: overnight |
| 6.      Wiltshire Council | Overnight |
| 7.      Swindon Borough Council - Children | Overnight |
| 8.      Swindon Borough Council - Adult |
| 9.      Wiltshire Health & Care NHS Trust | Overnight |

1. **How will I access the ICR?**

Through your current clinical system. There will be a button on the host IT system which will launch the ICR. The system uses Single Sign On (SSO) technology, no usernames or password need to be remembered. It is also context aware so will automatically load the record of the individual your host system was on.

1. **I work at a GP practice how do I access the ICR?**

These slides will help get you started with this



1. **Will the information in the ICR be secure?**

Yes. All data centres used are NHS Digital approved. All data centres are UK based. All data processing will be conducted within the UK by UK based staff.

Graphnet – Contract Schedule F confirms use of Amazon Web Services and Microsoft Azure cloud server, approved NHS Cloud providers, with data centres in the UK. Our contract assures that no Data Controller’s data would be processed outside of the EU (with additional commitment from Graphnet that no data will be processed outside of the UK).

See Security Statement for more information here:



1. **Who is liable if someone unauthorised sees information that I have recorded in the ICR**

Liability is not with the person/organisation who is sharing into the ICR but with the person/organisation that is accessing the information inappropriately. Any complaints should be directed to organisation that accessed the information inappropriately. This is all described in the Data Sharing Agreement.

1. **How do we make sure people are informed of this change in how their data is being used?**

This will be done through updating each organisation’s privacy notice, information on social media and pointing to BSW ICR website.

1. **Who owns the data you are collating/collecting?**

Ultimately patient data is ‘owned’ by the patient.  They have a degree of control over their data defined in data protection legislation.  For public services there is implied agreement between the individual and the service provider, that data needs to be used to provide a service.  That is why organisations using data are referred to as ‘controllers’, rather than ‘owners’.  Controllers are required to inform the individuals whose data they process what they process it for.  They do not always need consent to process data, but where individuals are not happy with the uses of data they have the right to object.

All controllers are bound by data protection legislation to act lawfully with the data they are entrusted with, furthermore public bodies are bound by legislation that defines their roles and services and cannot do things they are not established to do.  Organisations that supply systems for the processing of data, such as Integrated Care Records are legally identified as data processors.  They are bound both by contractual terms with the controller(s) and by data protection legislation to only use the data for the purposes defined by the controller(s).

1. **Will my organisation have to pay to access the ICR?**

No, access for those organisations in scope is not chargeable. However your organisation may need to invest in the process of linking up its current IT system to the ICR which may require development. If a new organisation wanted to access the ICR then there would need to be discussion about funding as there is a supplier cost for a provider joining the ICR

Sharing data to the ICR may also lead to a cost form the organisation of developing the method to achieve this.

1. **Who will provide training and support for the ICR?**

The ICR is a web based platform which is very intuitive to use once set up. We will provide advice to individual organisations who may decide to organise their own training. Support for the ICR should be through your existing organisation IT routes with escalation to the ICR team as required

1. **What is the difference between the ICR and SCR?**

The [Summary Care Record](https://digital.nhs.uk/services/summary-care-records-scr) is a national record of important patient created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care. The BSW Integrated Care Record is a summary of information created from, and shared with, health and care organisations locally across BSW.

1. **What is the Information Commissioner and National Data Guardian view on the IG framework for the ICR?**

The BSW IG Framework was developed in line with the [NHSX ShCR IG Framework](https://www.nhsx.nhs.uk/information-governance/guidance/summary-of-information-governance-framework-shared-care-records/). The Information Commissioner and National Data Guardianwere involved in the publication phase of this guidance and are represented on the National Health & Social Care IG panel that approved its publication.

1. **Patients need to know the ICR exists in order to choose whether to opt out of it. Do practices need to text their patient list with information about the ICR to enable them to opt out?**

Practices have a responsibility to inform patients of organisations with whom their data is shared. There are many ways this can be achieved and must include an accurate Privacy Notice. Texting patients about the ICR or putting up posters are also options for practices to consider.

*N.B. The Practice DPO has issued template privacy notices that meet this requirement.* [*mg.gp-dpo@nhs.net*](mailto:mg.gp-dpo@nhs.net)

*The ICR project team can help with text or poster content.* [*bswicb.icrinfo@nhs.net*](mailto:bswccg.icrinfo@nhs.net)

1. **Is an audit trail kept of who has accessed an individual’s Integrated Care Record**

Yes. The ICR project team can help with this.

1. **When another professional views an individual’s ICR is this recorded in the record?**

No. Although practices can request access to an automated report that identifies which records have been viewed and by what organisation.

The ICR project team can help set this up bswicb.icrinfo@nhs.net

1. **Is all information held by the GP practice visible in the ICR?**  
   The ICR is only able to display coded data. There maybe medical conditions which have not been coded and this will not be visible in the ICR.
2. **The contact details for the person I’m reviewing are wrong, how can they be corrected?**

If the details for the person are incorrect and the source of the person is your own organisation then you should speak to your data quality or similar team to correct. For other issues please email [bswicb.icrsupport@nhs.net](mailto:bswicb.icrsupport@nhs.net) and the BSW ICR team can forward your email to the correct organisation to review.

## GP Information

1. **What is a GP problem?**
   1. A problem is a coded health issue completed on the clients GP health record. These are usually medical conditions that are important to a patient’s medical history, for example, Hypertension, Diabetes, Dementia and Cancers.
2. **What’s an Active Problem?**
   1. Active Problems are those issues that have not been end dated at the GP practice and are set as major issues by the practice. Active Problems tend to be
      1. important current temporary conditions (for example, exacerbation of asthma)
      2. important long term chronic conditions (for example, diabetes)
      3. important conditions which may have setlled but remain important to be aware of (for example, a cancer)
3. **What are past problems?**
   1. Past problems are those issues that have been ended in the GP practice, most likely because the condition has resolved.
4. **What are additional problems?**
   1. Additional problems are those issues that are set as minor issues at the GP practice
5. **What are GP medications?**
   1. Medications are drugs prescribed to clients
6. **What are repeat medications?**
   1. Repeat medications are drugs prescribed to be taken on a regular basis, for example, medicines which lower blood pressure in hypertensive patients.
7. **What are GP results?**
   1. GP results are diagnostic results requested by and recorded in the GP practice
8. **What is GP lifestyle?**
   1. GP lifestyle is where information about the person is shown, including alcohol and smoking details

## Extra Views

1. **What is the Summary View?**
   1. The Summary View is a one page report showing useful details about the patient, from a GP’s perspective
2. **What is the Timeline View?**
   1. The Timeline View is an overview of the data available for the person within the ICR, showing details about events that have happened. Note that data from before when systems were imported to ICR will not show. More detail on this from this is available via [bswicb.icrsupport@nhs.net](mailto:bswicb.icrsupport@nhs.net)

## Acute Hospital Information

1. **What is recorded in Acute Hospital Activity?**
   1. Any Outpatient, Inpatient or Emergency events are shown for the patient here, these are available from the linked hospitals (GWH, RUH, SFT) from two years before their data went live and on a real time basis now.
2. **What are Acute Results?**
   1. The Acute hospitals provide; Reports from Radiology, Results from Pathology and Reports from other areas into this section. These are available real time from the hospitals.
3. **What are Clinical Letters (Clin. Letters)?**
   1. Any documents sent from Acute Hospitals (GWH & RUH currently) and Swindon Community services are made available here. These are sent real time.

## Community Health

1. **What is Community Health information on the ICR?**
   1. Community Health information is from our three Community Health providers; HCRG, Swindon Community & Wiltshire Health & Care. It’s provided on a nightly basis.
2. **What data is provided for Community Health?**
   1. Information on Referrals to services, Personal Contacts with services, Latest diagnosis for patients and Community Care plans are included. Swindon Community also sends clinical communication.

## Care Plans

1. **What are Care Plans?**
   1. There are Currently there are three available care plans on the ICR, these replace paper based plans enabling information about patients to be shared across many providers.
      1. The End of Life ICR – this is a full EpACCS form that has been piloted by the Swindon Palliative Care & Hospice team and soon will be rolled out to BaNES and Wiltshire. It will be available on the National Record Locator to view by our SWAST colleagues.
      2. Frailty Care Plan – the Frailty module within the ICR offer the ability to assess, monitor and manage frail patients with input from all health and care staff involved in patients’ care. We’re looking to roll this out in BaNES initially, but it is open to all areas should they wish to utilise this function.
      3. ReSPECT – this is the digitised version of the current 3.5 version of the paper-based ReSPECT plan. Fully accredited by the Resus Council the form can be stored and accessed within the ICR. A copy can also be printed so it remains with the patient at all times. A Swindon rollout is underway, soon followed by BaNES and Wiltshire.

## OOH/111

1. **What is OOH/111 Activity?**
   1. OOH/111 is out of hours and NHS 111 activity – this is provided for BSW by Medvivo, the data shown details cases, set case questions, consultations & case details. For more details please contact [bswicb.icrsupport@nhs.net](mailto:bswicb.icrsupport@nhs.net)
2. **What is OOH/111 Medication?**
   1. These are drugs that have been prescribed by OOH GPs to patients?

[Return to Contents](#_Frequently_asked_questions)