

## **Use of Individual Health Record (Summarised GP Record) extension for direct care in Primary & Secondary Care**

October 2015

Dear Doctor,

The Individual Health Record (IHR) (in future will be called the Welsh GP Record) has been successfully piloted within University Hospital of Wales emergency wards and within the Royal Gwent, Medical Assessment Unit (MAU) since our last communication to you in March 2014.

The intention is to now increase the accessibility to the same summarised version of the GP record into the areas defined below.

The current level of the access to the GP record in Secondary Care has already proven invaluable in the management of the patient, particularly in the medicines management and medicines reconciliation process where the patient has very complex drug regimes.

It has also greatly impacted on improving patient safety by providing awareness of current medication histories and allergies.

A new system, the National Intelligent Integrated Audit Solution (NIIAS) which proactively monitors user activity has been deployed within the Welsh Clinical Portal (WCP) to monitor access to the summarised GP record.

WCP is the only secondary care route through to the GP record; GPC Wales and Wales Information Governance Board (WIGB) are supporting the extension of access to the information outside of the GP community of practice when required for direct patient care through the use of the WCP.

NIIAS monitors every user access to the record within the WCP and allows Secondary Care organisations to maintain their commitment of ensuring that use of the information is appropriate and balanced against availability and privacy.

With this advanced auditing capability is the requirement that explicit patient consent is recorded for both the OOH and Secondary Care access. This will of course continue to be the case for all models where the summarised GP information is accessible.

As NIIAS is now fully operational and the patient consent model remains, GPC Wales and WIGB have supported further roll out of the record to the following areas via the WCP

- All inpatient clinical teams involved in the direct care of the patient.
- Secondary care pharmacists and pharmacy technicians involved in the direct care of the patient.
- Doctors & nurses involved in the direct care of the patient in an outpatient setting.

Once NIIAS has been enabled within other clinical systems that with approved access via the usual consent model, patient benefits can also be realised in;

- Community based pharmacists but no extension to the wider community pharmacy team; and
- First responder and advanced paramedics involved in the direct care of the patient.

The previous IHR Information Sharing Agreement from 2011 is still valid at this time. The previous letter (sent March 2014) detailing the use of the IHR for emergency care communicated the fact that the law does not require an agreement for this when using data for direct care in these circumstances. This position has not changed.

However in order to inform the different uses of patient information derived from Primary and Secondary Care information systems, a new set of guidance is in the process of being drafted. This document will in essence capture the 2 way sharing of patient information; where the GP community may require access to Secondary Care systems (to access laboratory test results) and the existing summarised GP record being made available to those Secondary Care establishments. You will be informed in due course about this new guidance. GPC Wales are assisting in its development.

If you have any questions or concerns about the content of this letter please can you contact myself or Mr Hurle by the 30<sup>th</sup> October to make these known.

Yours sincerely,



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