

British Medical Association

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APPENDIX 1



Rt Hon Mike O'Brien MP,
Minister of State,
Department of Health,
Richmond House,
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Chairman of Council

**General Practitioners
Committee**

BMA Working Party on NHS IT

5 March 2010

Dear Mike

Summary Care Record

We are writing to express our serious concern about the recent accelerated roll out of the Summary Care Record (SCR). We urge you to consider, as a matter of urgency: (i) a halt to the roll out of the SCR in the areas which have not yet begun their Public Information Programmes (PIPs); (ii) inclusion of an opt-out form in the information material to patients; and (iii) the permanent withdrawal of BMA comment from the NHS Connecting for Health promotional video.

The British Medical Association, including the General Practitioners Committee, accepted limited roll out of the SCR on the basis of acceptance of the recommendations of the University College London (UCL) evaluation in 2008, and given the commitment that there would be a further thorough independent evaluation. In a letter of 1st October 2008, to the Clinical Director of the SCR, the BMA stated 'there will need to be a review of the Public Information Programme, which failed to inform all patients of their choices in the early adopter practices'. We also stated that 'once agreed the new [consent] model should be carefully piloted with a limited number of practices before any wider roll out'. We are therefore very surprised and disappointed that a much wider roll out was announced in December 2009 and this is in progress counter to the BMA's position above. This is also prior to the publication of the second UCL evaluation, which we understand is scheduled for publication shortly. It is of note that NHS Connecting for Health committed to take on board the recommendations of the first UCL evaluation in 2008, which was commissioned by NHS Connecting for Health itself. The nature and haste of the current roll out falls foul of this. The BMA's Working Party on NHS IT expressed this concern clearly at its meeting on 11th February 2010, at which there was NHS Connecting for Health presence. On 18th February 2010, the General Practitioners Committee had a vote which raised serious concerns about the current SCR roll out.

We are receiving reports from GPs that they feel unprepared and unsupported for the SCR and in some areas the roll out is taking place without the support and involvement of the Local Medical Committee. This is a direct consequence of the shortened timescale, which involved the announcement of funding in mid December 2009 and required it to be spent by PCTs on PIPs by the end of March 2010. This has resulted in implementation being rushed to meet this deadline. We are concerned that this is also impacting upon the level of patient awareness resulting in records being created without even implied or presumed patient consent. It does not allow GPs and practices the requisite time and resources to support patients in making informed choices about the upload of their medical information.

The UCL independent evaluation found that the PIP had failed to inform patients of their choices, with seven out of ten patients in early adopter areas unaware of the SCR. The BMA's acceptance of the consent-to-view model was subject to a review of the PIP. We recognise that the PIP is now conducted on a regional,

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rather than PCT, basis but there has been no evaluation or evidence presented to the BMA that this has significantly improved awareness and that consent is therefore valid. We are also concerned that an opt-out form is not included with the patient information material and patients have to log onto a website to download a form, request a form from a call centre or inform their GP practice. We have also heard that there may be issues around how easy it is to download the form which further exacerbates our concern.

There remain a number of significant issues, which still require resolution, prior to a full scale roll out. The IM&T DES ended at the end of March 2009, with a proportion of practices yet to be accredited. The BMA and GPC are concerned that this will affect the quality of the information included in SCRs. Whilst all GP practices should ensure that their data are as accurate as possible, data that are an appropriate standard for sharing within the practice may not be in an appropriate format to share with other organisations. Therefore this requires additional support; something that was in place in early adopter areas.

The UCL independent evaluation was inconclusive about workload issues. We believe that SCRs will generate extra work, which is not part of the GMS contract. In addition to the workload associated with ensuring data are of an appropriate quality for sharing, we feel that supporting patients to ensure their consent for the SCR is informed and adding information to the SCR following a GP consultation will impact adversely upon GP practices. Dealing with returned mail and FP69 procedures is also a sizeable task.

At some NHS Connecting for Health meetings, with local GPs, we understand that BMA support for the accelerated roll out has been incorrectly implied. In particular we are aware of the use of a promotional NHS Connecting for Health video, also available on the NHS Connecting for Health website, which includes a BMA view relating to the original UCL evaluation and early adopter programme. We are concerned that this video is being associated with the current, accelerated roll out, which runs counter to the BMA position and the UCL evaluation recommendations. We request that this BMA comment is removed from the video forthwith to ensure that there is no misrepresentation of the BMA's position regarding the accelerated roll out.

In view of these concerns a significant number of members of the General Practitioners Committee are seriously concerned and are calling for a boycott of the SCR and for the BMA to advise its members against uploading information onto the spine. We urge you to halt this precipitate roll out in the areas which have not yet begun PIPs so that the results of the UCL evaluation can be considered and progress in the latest SHAs to go live, which will create the required critical mass, can be properly considered. Failure to do so will jeopardise the earlier gradual implementation and potentially the whole programme.

The BMA and GPC have tried to be helpful in its engagement with NHS Connecting for Health to ensure appropriate implementation of SCRs, which would be based upon evaluation, evidence and informed consent by patients and the public. We are deeply disappointed that the current national roll out has bypassed the BMA's views, and ignored our goodwill which we have provided up until now.

We look forward to hearing from you as a matter of urgency.

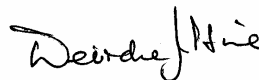
Yours sincerely



Dr Hamish Meldrum
Chairman of Council



Dr Laurence Buckman
Chairman of the GPC



Dame Deirdre Hine
Chair of the BMA's Working Party on NHS IT

Cc: Christine Connelly, CIO and Director General for Informatics, Department of Health
Dame Barbara Hakin, Chief Negotiator, NHS Employers
Gillian Braunold, Clinical Director, Summary Care Record and HealthSpace programme