

Eve Hill Medical Practice

Patient Participation Group Meeting Minutes

Meeting held on 27/02/2024 7pm at Eve Hill Medical Practice

Present: Dr V Smart (VMS), Kelly Houseman (KH) Practice Manager, Kim Skidmore (KS) Minute taker, Grace Williams (GW). Stuart Bates (Involvement Specialist – Dudley) Pippa (IG Manager) See attendance list

Welcome and Introduction

KH introduced herself to the group. KH introduced Stuart and Pippa from Dudley Risk Stratification Team.

Risk Stratification –Summary Care Records

Stuart handed a patient leaflet around to the group. Stuart explained that he is an Involvement Specialist for Dudley and the aim of the risk stratification relating to patient information sharing. Stuart informed the group that they hold a 3 monthly people panel for patients to have a healthy conversation regarding sharing of data. Meeting is being held Saturday 9th March at the Brett Young Carers Hub. Next meeting will be held in June which hopefully will be more local.

Stuart introduced Pippa (there is a presentation with information on that is displayed during the talk). Pippa informed the group that she is an IG (information Governance) Manager who works with primary and secondary care services making sure that the handling of information is done in a secure way to allow organisations and to handle patient's personal and sensitive information legally. Pippa advised it's important to make sure patient data is protected.

Pippa advised patient information is sensitive, and the purpose of this talk is to look at what services can be provided and what needs to be put into place to ensure that patient data remains protected within the NHS.

Pippa stated 'Sharing of data saves lives'. Pippa explained to the group that there is a system that allows hospitals or other health care providers to access basic patient related information to enable them to see updated health records. Shared Care Records are live with GPs, secondary care providers and is starting to go live with councils. KH explained that there is already an agreement in place with some parts of the council for example the Safeguarding team. They can access records in respect of a Safeguarding Enquiry. Pippa explained that this can only be used "In context". A Shared Care Record would include, Address, Contact information, prescribed medications, allergies, test results and care plans. There can be a slight delay in the records being

updated if for example medication has been issued by the GP the day before, it may not show on the summary care record straight away if there has been a recent visit to the GP.

Pippa explained to the group that using data and sharing of data has huge benefits for health and care. Pippa gave an example of how shared care was used in a personal experience.

Pippa advised the group that she looks into all aspects of IG following the data protection act, GDPR and her job is to make sure that information/record sharing is done legally following UK laws.

Pippa explained population health management which allows professionals who are directly involved with patient care to see relevant information regarding care and treatment you are receiving such as your LTC (Long Term Conditions). Stuart and Pippa are looking to see what can be put in place to help patients in only having to explained their health problems once if needing to attend hospital, A&E etc. Pippa explained they are currently working on how Sharing of patient information can be used for secondary care and primary care data to identify patient who are most at risk from certain medical conditions and who will benefit from clinical care to help prevent or better treat their condition.

Stuart explained to the group that he has a set of questions he would like to ask to allow for the project to progress.

Q&A

General views on data sharing

Q1: Do you know what data about you is shared by the NHS?

A: The Group did not know this.

Member of the group asked a question. Sometimes referrals are specific for a condition, other conditions can play a part in that referral, how much information is released. KH responded that we have in place a system which with every referral will automatically add 'Active Medical Problems' and any major significant past problems such as major surgeries would be shared, the GP will then decide and make a clinical decision whether there is anything significant from patients medical history that would need to be shared with the service.

A member of the group asked, do patients know what is going to be shared. KH Advised not necessarily, it's the GP to patient relationship, GPs will usually make decision on requesting a referral what information needs to be shared.

Shared care record is evolving. Current data is limited, we can only see if a patient is an inpatient in hospital, if they are under a specialist service (T&O, Respiratory etc). KH advised as side from the nation projects (Summary Care Records, Shared Care Records) we have local agreements such as with the local safeguarding team, Physiotherapy teams.

A member of the group explained that they have the NHS app and can see recent medical records but unable to see important health problems. KH advised that the NHS app will only show medical records from November 2023 unless you have applied for full access with the surgery. KH advised patient that a form can be completed at reception if wishes to have full records.

NHS used to use a lot of acronyms, now that patients have access to their own medical records the NHS is getting better at not using this so that patients can fully understand their health records. Over the years terminology has changed and patients can unintentionally be offended by historical record taking therefore the surgery has a process to screen the medical records prior to releasing to patients.

A member of the group stated that the hope for the future is that patient's data will be available across hospital all over the country.

Pippa advised that Summary care records is local currently. In the future it will be available across the country.

A member of the group suggested that could patients not have a device/disk/ID card that patients could have which contains their data and if they want to give this to a health service/professional they can and its them who are releasing their data and they are responsible for it. There was a long discussion around this with the PPG group.

Q1 part 3: Do you know where to go, or who to ask, to find this information out?

A: Commissioning officer in surgery.

KH advised the group that she is the IG lead for the surgery, Dr Martin is our Caldicott Guardian and we have an outside DPO (Data Protection Officer).

It was explained to the group that you can opt out of sharing Summary Care Record/Shared Care Record, an opt out form would need to be completed and the surgery will add this onto the records.

Q2: How do you feel about the NHS sharing identifiable data to help plan direct care?

A: A member of the group asked what the implications would be if data was hacked. KH advised that the NHS and the surgery have a strong firewall built up of multiple layers therefore if one layer of the fire wall was hacked the IT team have a system in place which would should down the whole server before the hackers could get any further.

Another member of the group added that it has to happen, population is growing.

Q3: How do you feel about the NHS sharing non-identifiable data to help plan services that prevent people from becoming unwell and stay healthier for longer?

A: Has to be done

Q4: Who (which organisations is it appropriate for the NHS to share data with?

A: Each other and Health Organisations. There are more and more non NHS organisations and there needs to be a way to share information with them such as social prescribing services.

KH advised that these services such as social prescribing require consent from the patient to share information with them.

Q5: Who (which organisations) is it inappropriate for the NHS to share data with?

A: Inappropriate to share with insurance company a list of patients who have x, y, z medical problems but it would be appropriate to disclose a medical problems with an insurance company for an insurance report request with a signed patient consent form.

Communication questions – 'Having heard the briefing and reviewed the leaflet...'

Q1: Do you understand the benefits to non-identifiable data being shared?

A: improve services, put money into services that are needed in the areas who need it.

Q2: Do you understand that you have the option to opt out?

A: yes

Q3: Are there any other questions you have that you feel aren't covered off in the communication materials?

Group did not answer this question

The group were advised if there are any queries they can speak to surgery who can feedback to Pippa and Stuart. With regards to the draft leaflet- Stuart would like feedback and help from patients regarding this in order to finalist and design the final leaflet.