

Dear Colleagues,

You will be aware that the Department of Health and Connecting for Health (CfH) issued a statement last week advising that the upload of summary care records in areas subjected to the accelerated roll-out (this includes BEN and HOB PCTs) would be suspended until such time as there is "greater public and professional awareness". This decision was made following repeat expressions of concern from the GPC and wider BMA in a number of areas, including the opt-out model of consent, the quality of data to be uploaded, the effectiveness of the patient information programme,(PIP) the overly- complex process by which patients are able to opt-out, and the rushed and ill-thought through implementation of the accelerated roll-out.

CfH agreed that due to the manner of implementation of the accelerated roll out, engagement with the public and general practices had been insufficient, at least in some areas. CfH therefore agreed that further uploads would not happen in the accelerated roll out areas until this had been improved. All the patient leaflets had either been sent or were at a stage with mailing houses that they could not be stopped. However, the patient leaflet is only one component of the PIP.

The agreement is for uploads not to take place until patient and clinician awareness has been improved. There is also an agreement that the BMA will be involved in further discussions.

Therefore, whilst there is no requirement on PCTs to stop engaging with practices, nor to stop any publicity campaigns, the view of the BMA /GPC is that it is unreasonable for PCTs to continue with this until they have received further information from the DH/CfH, and until a decision is made regarding what constitutes "proper engagement."

In the interim, the advice of the GPC and of the LMC is as follows :

- 1) There is no obligation on practices to engage with the SCR programme. It is an 'opt in' scheme for practices.
- 2) If participating, you must be satisfied that your data quality is fit for sharing outside the practice.
- 3) You must be satisfied with the opt-out consent process. Presumed patient consent must be supported by widespread raising of patient awareness within your practice.
- 4) You must be satisfied with the quality and accuracy of your PCT's local awareness campaign.
- 5) You may wish to wait for further central guidance as to what constitutes an appropriate awareness campaign.
- 6) You may wish to wait until the imminent independent evaluation by University College London on the early adopter sites has been published, considered, and acted upon appropriately.
- 7) You should be satisfied that there is sufficient support from your PCT, including adequate high quality training for your practice staff.

Regards

Bob Morley

**Dr. Robert Morley**

**Executive Secretary, Birmingham Local Medical Committee**