

### UK cross-border transfer of electronic patient information

#### Overview of management briefings

Management briefings are designed to highlight and summarise key issues about information and IT-related matters likely to be of importance to strategic managers and leaders in the NHS. Wherever possible, they will include action points for follow up and pointers to contacts and further sources of information.

#### Topic summary

This paper describes in brief some of the similarities and differences between the four UK home countries and efforts on-going to enable cross-border transfer of patient information.

#### Topic explained

Prior to 1997 and devolution, the NHS in the UK's four home countries had a certain amount of autonomy. However, policy was largely dictated by the governing political party and their Secretaries of State. Electronic patient records were in their infancy and the transfer of GP records, for example, was unheard of. The prevailing philosophy was for a free market economy of IT systems with some elements of common standards. The reality was that while the NHS divisions may have developed information and technical standards, the free market economy which prevailed meant the standards were usually ignored.

This culture and lack of common technology prior to 1997 meant that there was never an issue about cross-border transfer of electronic patient records, other than basic identification and registration information. Some information standards were used across the home countries.

Each country used OPCS<sup>1</sup> procedure codes, which are codes used to identify medical interventions, although there were differences in application and recording rules. Post devolution, we have seen a gradual shift in policy between the home countries. Each has its own information and IM&T<sup>2</sup> strategy along with its own healthcare priorities, targets and more recently differing organisational structure.

In Scotland, there are unified health boards, while England has foundation hospitals. Scotland also has patient registration with community pharmacies, while in Wales there are free prescriptions – all examples of the divergence happening across the borders.

#### Implications and issues

Technical and information systems and policies differ in each home country. In Scotland 70% of Scottish GP referrals are sent electronically through the successful Scottish Care Information Gateway system.

Online appointment booking was tried but found little favour among clinicians and was quietly dropped from prominence.

In the Scottish NHS, locally available care for long term conditions is on the rise and patient choice is hardly ever talked about.

Within Northern Ireland IM&T is more streamlined as the technology is based on a single system supplier as is the relationship with social care.

#### Key Messages

*Each home country has developed its own IM&T strategy, to support differing healthcare priorities*

*Home countries differ in technical and information systems*

*Out of hours and emergency care are the primary drivers for the development of electronic summary records*

<sup>1</sup> Office of Population Censuses and Surveys

<sup>2</sup> Information Management & Technology



Meanwhile, Wales is developing its own version of an EHR<sup>3</sup> which differs from the Spine, and the Scottish Care Information Store, which provides clinicians with access to patient information at the point of care. The questions to ask are:

- 1) Are there any policy drivers for data and information sharing?
- 2) How can we transfer information between home countries?
- 3) What information should be transferred?

There are no easy answers. A small group of experts is looking at the technical aspects of mapping; and each of the home countries is busy doing its own thing.

**Examples of good practice**

From 2007, the Spine in England will have an emergency summary record for most of, if not all, patients in England. Information transferred from current GP records will resemble the successful Emergency Care Summary already in existence in Scotland for every member of the Scottish population with a registered GP.

Out of hours and emergency care are the primary motivations for having this type of record. So what if you have an accident whilst on holiday, or on business north or south of the border? If a patient requires care in another home country the very least we can do is provide identification and demographic information across the borders. Supplementing that, wouldn't it be useful to see the emergency care information if it was available?

The next major cross-border information transfer must surely be what GPs have been demanding for around a decade: GP record transfers when a patient moves practice. In Scotland, the highly successful GP Exchange (GPEX) record transfer system that is available in around 80% of practices is already used in a large percentage of patient moves around the country. Unfortunately this is not compatible with the General Practice to General Practice (GP2GP) record transfer system promised for England.

**The future**

Looking towards the future, Scotland is migrating its GPEX GP record transfer technology to enable the same format to be used as the GP2GP format used in England.

There is a home countries group developing a common technical hub through which specific patient information components could be transferred once policy, technology and standards allow. It is hoped that this group makes significant advances.

Patients will benefit if the hurdles can be overcome and, who knows, maybe one day a full electronic health record could be seamlessly transferred to wherever in the UK a patient and their carer need it.

**Related research and reading**

- Scottish Health on the Web: <http://www.show.scot.nhs.uk/>  
 The SCI programme: <http://www.sci.scot.nhs.uk/>  
 Informing Healthcare programme in Wales: <http://www.wales.nhs.uk/IHC/>  
 DHSS and Public Safety in NI: <http://www.dhsspsni.gov.uk/>  
[www.nhsconnectingforhealth.nhs.uk/etd](http://www.nhsconnectingforhealth.nhs.uk/etd)

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**Disclaimer – the content of this paper is the opinion of the author and does not represent policy or strategy of the NHS in general or NHS Connecting for Health in particular.**

**Key Messages**

*The Scottish GP record transfer system is available in 80% of practices and is being migrated to new standards that will be compatible with the English GP to GP system*

*A home countries group is working on a common technical hub to allow the transfer of patient information*

<sup>3</sup> Electronic Health Records



# *Education, Training and Development*

