

# **Statement from NHS England and the Health and Social Care Information Centre in response to the Daily Telegraph article, 'Tesco can see your medical records' (10 August, 2015)**

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We would like to make clear that the article published by the Daily Telegraph, 'Tesco can see your medical records' contains a number of inaccuracies.

The Summary Care Record (SCR) is used by healthcare professionals, on explicit consent of the patient, to support direct patient care.

While a regulated healthcare professional may have secure, controlled access to the SCR in a pharmacy within a supermarket as with any other pharmacy setting, this information is not accessible by other means and will never be available to supermarkets for other purposes, such as marketing.

The information can only be accessed through a secure, encrypted private network by authorised, regulated pharmacy professionals who have been carefully granted a pin-protected access card.

If a pharmacy professional shared confidential patient information for any purpose other than direct care, they can be held liable in law and held to account by the General Pharmaceutical Council, which has the legal authority to apply sanctions, up to and including withdrawal of their license to practice.

There are specific processes in place which means accesses to SCR are monitored to make sure they are appropriate and are only made for patients when there is a clinical need.

NHS England commissioned the Health and Social Care Information Centre to complete a pilot project which enabled 140 pharmacies to access SCR. A report of the findings from this project, which the article states has been 'seen by the Daily Telegraph'

demonstrates significant benefits to patients, pharmacy and general practice. The report was [made public on our website on 23 June 2015](#).

As part of this project, the Royal Pharmaceutical Society (RPS) consulted with a broad range of stakeholders and received endorsement from the Patients Association, Parkinsons UK, Age UK, National Voices, Diabetes UK and Asthma UK. In addition local patient groups in the Proof Of Concept areas were consulted during the project and were supportive. Additionally in each of the five pilot areas, local patient groups were consulted.

The project followed the necessary approval by the Summary Care Record Expert Advisory Committee. The panel is made up of representatives from key stakeholder organisations covering different professional groups and different patient representative bodies. These representatives carried out consultations with their respective organisations regarding community pharmacy access to SCR.

Additionally, patients have been informed about SCR through a national Patient Information Programme and have the choice of opting out of having a SCR. Patients that have a SCR created for them will continue to be asked for their explicit consent to view their SCR by healthcare professionals, for the purpose of clinical care only..

Finally, the SCR programme is not a forerunner to care.data. Care.data is a programme aiming to join up data across hospitals and general practice and make it available to the people who can use it to make services better – clinicians, commissioners, researchers, charities, patients and public. The Summary Care Record is for the use of clinicians for providing direct patient care, and is not used for any other purpose.