**Greater Manchester Care Record (V1.0)**

**Standard Operating Procedure**

# Purpose

* Support the appropriate use of Greater Manchester Care Record (GMCR)
* To assist in the decision-making process for the use of GMCR to provide better treatment of patients.

# Scope

* This procedure covers the use of GMCR to assist pharmacy professionals in making decisions regarding the care of patients, facilitating better patient care.

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|  | Procedure | Responsibility |
| **Procedure prior to accessing GMCR** | | |
| 1 | GMCR should only be accessed by Registered Pharmacists and Registered Technicians | Responsible Pharmacist |
| 2 | GMCR training/Video - Greater Manchester Care Record Community Pharmacy training must be completed prior to accessing GMCR | Pharmacist/Technician |
| 3 | User assurance form to be completed (see appendix 1 & 2) and account request to be made by GMSS service portal by the nominated GMCR Governance Person. A copy of the assurance form must be attached with the request. | Responsible Pharmacist |
| 4 | You must always use your own log in details to view patients details on GMCR | Pharmacist/Technician |
| **Procedure for Viewing an GMCR** | | |
| 5 | To access a patient’s GMCR you must have a legitimate relationship with the patient. | Pharmacist/Technician |
| 6 | The patient’s permission does not need be obtained to access the GMCR as this works on an opt out model. If a patient has advocated they do not wish to share information to the GMCR you will see `patient declined to share` when accessing the record. | Pharmacist/Technician |
| 7 | If a patient advocates to you, they wish not share their information to GMCR, please redirect them to their GP who will apply the correct read code to close down the feeds of information. | Pharmacist/Technician |
| 8 | When accessing a patients record you will need to log `the reason you are viewing the record` for audit purposes this appears as a pop up box when accessing a patients record | Pharmacist/Technician |
| **Locating a patient on GMCR** | | |
| 9 | Using any of the computers in the main dispensary/ consultation room, access the following URL using Google Chrome or Microsoft Edge: <https://idcr.manchester.nhs.uk/gateway/common/forms/v3/login.aspx>  Enter your user name and password. | Pharmacist/  Technician |
| 10 | Locate the correct patient on GMCR by entering the NHS number if known. If the NHS number is not available the surname, first name, gender, post code and date of birth can be used. | Pharmacist/Technician |
| 11 | If the patient has declined to share information to GMCR, they can still be located by searching, however, their record will be inaccessible with a warning stating `patient has declined consent to share`.  The pharmacist will need to use their professional judgement and existing resources to make a clinical decision. | Pharmacist/Technician |
| **Permission to view / Access management** | | |
| 12 | Once a patient is located the GMCR will ask you to confirm the reason you are viewing the record. Please record the reason you are viewing and click proceed to enter the record. | Pharmacist/Technician |
| 13 | The GMCR will show you any alerts including allergies when you first enter the record. Once you have read these click `continue`. | Pharmacist/Technician |
| 14 | Navigate the tiles to find care plan information, GP information, hospital activity, social care and mental health information – relevant to your clinical decision. | Pharmacist/Technician |
| 15 | The GMCR should only be printed if needed. | Pharmacist/Technician |
| 16 | Once the record has been viewed and the required information obtained, log out using the log out tab. | Pharmacist/Technician |
| 17 | If you access a patient’s GMCR in error an Information Governance report must be completed. (See Appendix 3) |  |
| **Record keeping** | | |
| 18 | GMCR has an audit log which records who has accessed records, when and what has been viewed. Organisations are required to complete audits to ensure appropriate use of the system. | Pharmacist/Technician |
| 19 | Anyone found to be misusing the GMCR will need to be reported to their information governance team. | Pharmacist/Technician |
| **Governance** | | |
| 20 | The pharmacy must nominate a GMCR Governance Person (GMGP) in order to receive access to GMSS to request accounts  The GMGP will be responsible for confirming that each access to GMCR is legitimate.  It is beneficial to have two GMGP within each pharmacy- a primary GMGP and someone to cover annual leave, sickness or monitor GMCR access made by the primary GMGP | Responsible Pharmacist |

# Review procedure

This procedure will be reviewed in the light of operational changes, staff changes, and incidents/events/complaints.

In the absence of any events it will be reviewed on or before the date shown below.

# Known risks

* New or untrained staff.
* Pharmacists or Technicians not able to access GMCR

# Document information

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| --- | --- |
| Document title: | Greater Manchester Care Record |
| Document reference: |  |
| Prepared by: | Leanne Liptrot |
| Signature: |  |
| Date of preparation: | 2/8/2021 |
| Effective from: | 28/10/2021 |
| Version: | 1.0 |
| Date of next review: | Post Phase 1 |

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| --- | --- | --- | --- |
| Version | Date | Author | Notes |
| 0.1 | 2/8/2021 | Leanne Liptrot | Draft to be discussed at T&F |
| 0.2 | 14/10/2021 | Leanne Liptrot | Updated following feedback from LPC |
| 1.0 | 28/10/2021 | Barbara Smith | Final version agreed  Community Pharmacy Task & Finish group |
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# Staff record

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# Appendix 1

**Greater Manchester Care Record - Bolton [GMCR - Bolton]**

**Community Pharmacy (Substantive post)**

**Information Governance Individual User Assurance Form to be completed before access is granted**

This document provides an overview of your key responsibilities for Information Governance and consent which you need to read, and completes the confirmation at the end of the document before you will be allowed to access patient information via the Greater Manchester Care Record - Bolton [GMCR - Bolton].

This document supports, but does not remove the requirement to understand and comply with the principles of the following documents relevant to GMCR - BOLTON;

* GMCR - BOLTON Information Sharing Agreement
* Information Governance / Information Sharing / Confidentiality / Data Protection / Records Management and any other relevant documents relevant to your employing organisation.

***In accessing patient information via the GMCR - BOLTON you will:***

* Have a legitimate relationship with the patient
* Not access the patient record unless there is a legal basis to do so
* Respect any patient’s decision to decision to opt-out of the GMCR - BOLTON
* Not share your access to the GMCR - BOLTON, or any access/passwords to systems that would enable other users to access information available via the GMCR - BOLTON
* Have completed and be up to date with the IG (or equivalent) training within the previous 12 month period, as mandated by your organisation
* Be familiar with the NHS Code of Confidentiality, which the GMCR - BOLTON considers the base line for confidentiality standards
* Not discuss patient information with any person who does not also have a legitimate relationship with the patient
* Not save or print patient information for use outside of the terms of your organisational policies and/or the delivery of direct care to the patient
* Handle all information derived from the GMCR - BOLTON with the sensitivity, confidentiality and privacy as if it were any other patient information, and in accordance with policies, procedures and all relevant law
* Report any breaches, potential breaches, including your own, and/or loss of patient information to your organisation’s Senior Officer responsible for Information Governance (or equivalent) immediately upon discovering them
* Understand that your access to a patient’s record is subject to organisational auditing/monitoring and records of access to their information may be requested by patients
* Understand that any inappropriate access may make you subject to sanctions or disciplinary in accordance with the relevant Disciplinary/Contact Policy, and liable in relation to relevant legislation such as the Data Protection Act 2018, Human Rights Act 1998, and the Computer Misuse Act 1990
* Be knowledgeable about the GMCR - BOLTON to be able to inform patients, if asked, what it is and how it works. This may be via the provision of a patient information leaflet
* Understand that the use of the GMCR - BOLTON is not intended to replace appropriate assessment of a patient including seeking a medical history and undertaking a professional examination or assessment, or querying information on the Portal, as required. The Data on the GMCR - BOLTON is provided to assist in the delivery of care to the patient and not as a substitute for the exercise of individual clinical or other professional judgement.

**OPT OUT**

A patient has the right opt-out of their information being available for Secondary Uses.

An opt-out from a patient would mean that their information would not be available in the GMCR - BOLTON for health and care purposes, of for Secondary Uses.

Where a patient wishes to opt-out, the Professional should consider explaining the benefits of the GMCR - BOLTON and Secondary Uses.

If the patient continues to object, the Professional should perform their duties, as they would without a shared record.

**ACCESS MODEL Summary:**

|  |  |  |
| --- | --- | --- |
| **Ref** | **Purpose of Access / Information Sharing** | **Lawful Basis** |
| 1 | Point of Care – Patient present | 6(1)(e)  9(2)(h) |
| 2 | Point of Care – Patient not present | 6(1)(e)  9(2)(h) |
| 3 | Preparation for patient ‘home’ visit | 6(1)(e)  9(2)(h) |
| 4 | Multi-Disciplinary Team (or equivalent) / Patient Case Review | 6(1)(e)  9(2)(h) |
| NOTES:   * In the above table the term ‘Patient’ is generic and may refer to Client, Customer, Service User or other similar meaning terms specific to a participating sectors * ‘Patient’ may also consent to any person who can legally act on behalf of the patient to access their record, for example a Solicitor (with appropriate consent from the patient); a person appointed by a Court to manage the affairs of a patient; a parent or representative subject to a patients capacity (as described in the Mental Capacity Act 2005). | | |

**User Assurance Statement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * In signing below I confirm that I have read, understood and agree to work to the contents of this document. * In signing below I confirm that I understand my personal and organisational responsibilities for Data Protection / Confidentiality / Information Governance. * In signing below I confirm that I am up to date with Information Governance, and any other relevant training that my organisation requires me to complete. * In signing below I confirm that I understand that to access a patient’s information via the solution I must have a legitimate relationship to that patient and understand the consent model and processes to be utilised when I wish to access patient information made available by the Greater Manchester Care Record - Bolton, and that my access may be audited/monitored. * In signing below I understand that the information contained within the GMCR - BOLTON is there to support the delivery of care and is not a replacement for current systems, procedures and clinical decision making processes, as currently utilised by myself as a professional. | | | | |
| **Title :** |  |
| **First Name :** |  | **Surname:** |  | |
| **Organisation:** |  | **Job Title/Role:**  **(Pharmacists / Technician`s only)** |  | |
| **Telephone number1:** |  | **Male / Female / Prefer not to say:** |  | |
| **Email address1:** |  | **Professional registration number:** |  | |
| **Patient locality access** | **Bolton** | **Date of professional registration renewal:** |  | |
| **A brief description of why you need access to a patients/citizen’s health and social care record:** |  | | |
| **Signature:** |  | **Date:** |  | |
| NB: Please note your account will remain active for 12 months and will require reactivation. | | | | |
| **FOR COMPLETION BY THE SENIOR OFFICER FOR THE ORGANISATION WITH APPROPRIATE AUTHORITY OR an Officer with Delegated Authority:**  I confirm that the above named Officer in signing above has completed the required training and is authorised to use the Greater Manchester Care Record - Bolton | | | | |
| **Signature of organisation Authorising Senior Officer (e.g. Caldicott Guardian) or Delegate:** |  | **Job Title of Authorising Officer:** |  | |
| **Print Name:** |  | |
| **Date:** |  | |

**IDCR Administrator use only**

|  |  |  |
| --- | --- | --- |
| Username |  | |
| Added by |  | (Date) |
| Sent to user by |  | (Date) |

# Appendix 2

**Greater Manchester Care Record - Bolton [GMCR - Bolton]**

**Community Pharmacy (Locum)**

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* Report any breaches, potential breaches, including your own, and/or loss of patient information to your organisation’s Senior Officer responsible for Information Governance (or equivalent) immediately upon discovering them
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| --- | --- | --- | --- | --- |
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| **Title :** |  |
| **First Name :** |  | **Surname:** |  | |
| **Organisation:** |  | **Job Title/Role:**  **(Pharmacists / Technician`s only)** |  | |
| **Telephone number1:** |  | **Male / Female / Prefer not to say:** |  | |
| **Email address1:** |  | **Professional registration number:** |  | |
| **Patient locality access** | **FFFF (GM wide)** | **Date of professional registration renewal:** |  | |
| **A brief description of why you need access to a patients/citizen’s health and social care record:** |  | | |
| **Signature:** |  | **Date:** |  | |
| NB: Please note your account will remain active for 12 months and will require reactivation. | | | | |
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| **Signature of organisation Authorising Senior Officer (e.g. Caldicott Guardian) or Delegate:** |  | **Job Title of Authorising Officer:** |  | |
| **Print Name:** |  | |
| **Date:** |  | |

**IDCR Administrator use only**

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| --- | --- | --- |
| Username |  | |
| Added by |  | (Date) |
| Sent to user by |  | (Date) |

# Appendix 3

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| **Community Pharmacy Information Security Incident Report Form** | | | | | | | |
| Reference Number: | |  | Pharmacy/Branch name: | | |  | |
| **Incident details** | | | | | | | |
| Date of incident: | |  | | | | | |
| Location of Incident: | |  | | | | | |
| Summary of Incident:  (State facts only and **not** opinions. Include details of staff involved and any contributing factors) | |  | | | | | |
| Incident Classification:  (see incident management procedure for guidance) | |  | | | | | |
| Brief description of action already taken | |  | | | | | |
| Actions taken to prevent a reoccurrence | |  | | | | | |
| Has the IG Lead been informed? | | Yes  No | | | Has the PCT  been informed? | | Yes  No |
| Have you contacted your insurers? | | Yes  No | | | Has the ICO  been informed? | | Yes  No |
| Details of any advice provided to pharmacy | |  | | | | | |
| Reporter details | | | | | | | |
| Name |  | | | *Job title (#)* | |  | |
| Information Governance Lead follow up (investigations, findings and planned actions) | | | | | | | |
|  | | | | | | | |
| IG Lead Name: |  | | | *Date* | |  | |