
UC National SOP – GP Connect/SCR Access

Controlled document

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Reference number	UC National SOP – GP Connect/SCR Access
Author	Lucy Bailey
Committee/individual responsible	UC Operations Management
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Target audience	UC Operational & Clinical Teams

Version Control	
Version	Notes/Changes from previous release only
1	Newly Created SOP

Clinical Risk Assessment			
Risk	Likelihood	Severity	Mitigation
None Identified			

This guidance remains valid up until 6 months after the review date when it will become null and void.

Clinicians should make their decisions in the patient's best interest, based on clinical judgement, applicable clinical guidance and relevant professional standards.

This policy is for your guidance and cannot cover every eventuality. If you have any queries about implementing this policy, please speak with the managers on duty or the local clinical lead.

If you have any feedback or questions on a SOP, LOP or a guide, please contact us by using this short form
<https://forms.office.com/e/PAzNAnzBND>

1 Purpose

To provide clear guidance for clinicians and authorised staff on how to access and use GP Connect and Summary Care Record (SCR) for patient information lookups, ensuring compliance with data protection and clinical governance standards.

2 Scope

This SOP applies to all clinicians and authorised users accessing GP Connect and SCR within the IUC, CAS or OOH services.

3 Definitions

- GP Connect: A service that allows authorised clinicians to view elements of a patient's GP record in real time.
 - SCR (Summary Care Record): A national electronic record containing key patient information (e.g., medications, allergies, adverse reactions).
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4 When to Use GP Connect/SCR

- To aid clinical assessment and subsequent clinical decision-making
- GPC and / or SCR should be always be accessed during every clinical contact to aid assessment and provide richer clinical background information. This includes where:
 - Acting as an adjunct to supplement / verify / add to history as well as information being provided by the caller.
 - Double check past medical, medication and allergy history
 - Reviewing recent GP consultations, referrals and results

Do not use for:

- Non-Clinical purposes
 - Accessing records of family, friends, or colleagues
 - For routine auditing purposes
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5 Procedure

5.1 GP Connect Lookup

- Log into the Adastra clinical system using your smartcard.
- From the patient record select "GP Connect – View Record" in the case you are working on. If you have gained consent then click 'yes' and record that consent gained to access GPC in notes. If not able to get consent and need to access in patients' best interests then record rational in the emergency access box and in notes (e.g., patient not answering the telephone).
- Review relevant sections (e.g., medications, problems, encounters, observations).
- Document in the clinical record that GP Connect was accessed and the consent process applied, and Key findings, e.g., eGFR result / summary of recent contact etc, or what if needed to supplement your consultation.

5.2 SCR Lookup

- Log into the clinical system using your smartcard.
 - From the patient record Select "View SCR".
 - Confirm "legitimate relationship" and "clinical justification".
 - Review SCR content (core or enriched).
 - Document access in the patient record as above.
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6 Trouble shooting

You must always access GPC as the first port of call as this contains more in-depth information compared to SCR. However, if you cannot access GPC, you must record the reason why and attempt to access SCR.

If for any reason you cannot access GPC or SCR then first check that the patient is verified and has a green NHS number in the demographic screen. If the patient is not verified then proceed to verify the details against the NHS spine or ask the coord to rectify this.

If you still can't access then please screen shot the error message and inform the coordinator.

You may need to seek alternative information sources depending on the presentation. E.g., is the patient known to the neighbourhood team etc, could they access information on your behalf.

If you do not feel it is clinically safe to complete an assessment without GPC information then please discuss with the medical on call.
