# ALL-PARTY PHARMACY GROUP

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*Treasurer: David Heath CBE MP*
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## *APPG meeting*
## *5.30pm, 21 February, Grand Committee Room*
### *Waiting for the revolution:*
### *the challenge of modernising information technology in the NHS*

## *Summary of meeting*

**Speakers:**
**Lindsay McClure**, Head of Information Services, PSNC
**Harry Cayton**, Director for Patients & the Public, & Chair of the National Care Records Development Board, Department of Health.

**Summary of points made by Lindsay McClure**

*Overview*
IT will be fundamental in enabling pharmacists to deliver the new contract from 1 April. The National Programme for IT (NpfIT) must meet users' needs and support efficient working; the Electronic Transfer of Prescriptions (ETP) roll out strategy and new electronic functionality must protect patient choice; pharmacists must have relevant role-based access to patient information and NPfIT must improve their level of engagement with the pharmacy profession.

*ETP*
Over the next few months, NpfIT will be testing the national roll out model for ETP through a number of early adopter sites. Functionality will be progressively rolled out across England between Summer 2005 and December 2007. It is essential that there is a level playing field for pharmacies during the roll out and that the roll out plan chosen doesn't negatively impact on patient choice or access to medicines.

It is important that patients retain the freedom to choose the pharmacy that they wish to use. During the roll out of ETP, while there is a mix of ETP enabled and non-ETP enabled pharmacies, patients must remain able to have their prescription dispensed at any pharmacy. Patients must also continue to have the choice of which pharmacy dispenses their prescriptions dispensed and not have this decision made for them.

ETP has clear benefits for the Prescription Pricing Authority. It will allow them to automate the processing of prescriptions and will save considerable staff time and resources. These savings should be translated into benefits for community pharmacy, such as improved accuracy of prescription pricing and quicker payments.

*Access to patient information*
The NHS Care Records Service and access to patient information has the potential to realise many more benefits for the community pharmacy service.

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Pharmacists need relevant access to patient records to allow them to deliver the services in the new pharmacy contract. Some roles such as supplementary prescribing can only be effectively carried out in the community pharmacy setting with electronic access to patient information.

Access to relevant information about active clinical conditions could increase patient safety and improve the effectiveness of the pharmaceutical care given to patients. For example, some medicines such as tricyclic antidepressants can be used in different ways to treat different conditions. Only by knowing what condition is being treated will a pharmacist be able to confirm whether the choice of medication is appropriate and the dose adequate.

Under the new contract pharmacists will be obliged to keep records of all NHS supplies made as well as record advice given where the information is clinically significant. There is also a need for record keeping when providing services such as medicines use review. Initially this will be paper based but it would be more effective if pharmacists could upload summary information about their contact with the patient to the Care Record so that other health professionals can access this.

There are issues around confidentiality and consent that the Care Record Development Board are taking forward.

*Other benefits from IT*

The 'Choose & Book' programme could one day be used to allow patients to book appointments for medication reviews with pharmacists or could be used by pharmacy staff as part of the New Contract's 'Signposting' service to refer patients to other primary health care professionals.

Under the new contract, all pharmacies in England will receive funding to get broadband connectivity. This will deliver various benefits, allowing pharmacists to access a variety of clinical, professional and administrative information. Pharmacists should have access to centrally procured content in the National Electronic Library for Health, which includes clinical databases and searchable full-text journals.

Pharmacists should also have access to NHS email addresses. This would enable the communication of confidential information between pharmacists and other health professionals and would support the NHS branding of community pharmacies. Other benefits include increasing the efficiency and speed of communication and potentially improving the way that information is communicated about drug recalls and alerts.

In addition to benefits that can be delivered by improving electronic communication between GP practices and community pharmacy, NPfIT will also help improve communication between primary and secondary care. For example, it will address many of the problems associated with hospital discharge communications, ensuring the prompt provision of information about changes in medication to both the GP and the community pharmacist.

*Preparing for change*

The various National Programme projects are likely to have a major impact on the way that pharmacy is practiced. It is essential that information about the programme is properly communicated to the grassroots so that practicing pharmacists can 'buy into the benefits' and start to plan for the changes ahead. Unfortunately this isn't happening at the moment.

Six clinical champions have been appointed to communicate between the Programme and the Health service in both directions. They cover GPs, hospital doctors and nurses. The pharmacy profession should have its own national clinical lead.

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**Summary of points made by Harry Cayton**

*Overview*
NpfIT is of major importance to pharmacy, and will drive improvements in patient care and safety. The Care Records Development Board (CRDB) focuses on high level policy and ethical issues, and advises NpfIT on how to address these issues while achieving successful implementation of IT changes. Key issues for CRDB are around consent, confidentiality, and protocols fit for electronic systems.

*Role of CRDB*
Established in 2004, the CRDB consists of 15 people supported by a large stakeholder network. The board comprises an equal number of clinicians, patients/users of NHS services, and others. Role of the CRDB is to advise on major policy and ethical issues around NpfIT and to keep NPfIT focussed on benefits to patients and engagement with stakeholders.

*Care Record Guarantee (CRG)*
CRDB has produced the CRG, which awaits ministerial approval. CRG sets out the relationship between patients/users, the NHS and providers of care. It lays down a framework for how records will be created and shared, how they will be used, how consent will be obtained and confidentiality achieved. CRG states that 'basic' information about individuals must be available – no one will be able to opt out. However, individuals will be able to decline to allow specified people within the NHS access to their record. CRG is intended to ensure consistency of information.

*Other issues on CRDB agenda*
CRDB will address how records can be shared with social care professionals. There are major issues around the collection and use of information relating to children. Existing protocols are designed for paper-based care records and will need to be re-designed for electronic systems. Specific issues arise in relation to prisoners and mobile populations such as service personnel. Individuals covered by 'stop notes', such as those on witness protection programmes or members of the security services, will also present issues for CRDB to consider.

**Discussion – key points**

Q: Will there be a clinical champion for pharmacy?
Harry Cayton: Can't have a pharmacy representative on the CRDB but happy to discuss the issue with pharmacy representatives.

Q: What will be the specification for enhanced services under the new pharmacy contract and how will IT figure in that?
Lindsay McClure: Enhanced services will be nationally specified and locally commissioned. It will not be practical to adapt the IT element of the specification to the individual needs of hundreds of PCTs.

Q: Many IT initiatives in healthcare fail. How will NpfIT reduce the risk?
Harry Cayton: System specifications have been carefully drafted with that risk in mind and NpfIT's approach is deliberately evolutionary. But it is true that NpfIT did not engage well enough with NHS stakeholders initially and that lack of communication and engagement is often a reason for failure. This is now being addressed.
Howard Stoate: GPs will be reluctant to share patient records, and will need much encouragement to do so.
Harry Cayton: Surveys show the public are more willing to see records shared with appropriate professionals than GPs are.
Other: Pharmacists hold information of use and importance to the NHS, such as the use of OTC medicines by patients, so it is important that there is two-way sharing of information.

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Q: Shouldn't patients hold their own records?
Harry Cayton: NHS records will be owned by the individual and can be accessed via NHS Direct. Sympathetic to the idea of records being portable, via a chip or disc.

Q: How will a level playing field be achieved between pharmacies when ETP is introduced?
Lindsay McClure: GPs should not be able to direct prescriptions, patients should have freedom to choose. If GPs are given power to direct, there will need to be robust systems to prevent abuse.

Q: Choice needs to be informed, and some pharmacies will specialise in areas of expertise, such as services for diabetics. It would be wrong to regard all pharmacies as equal.
Harry Cayton: Choice should be informed and providing information is critically important as part of a patient's healthcare, not as an add-on.

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