

ALL-PARTY PHARMACY GROUP

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Electronic prescribing

A report to Health Ministers

Background

The effective use of information technology is a vital element in delivering better, more accessible patient services, and in ensuring that providers of health care are able to work efficiently together. At present, NHS prescriptions are paper-based and while the systems used to process that volume of paper are well-established and generally effective, there is common acceptance that a move towards electronic transmission should deliver a fast, convenient and reliable service.

Information for Health, the government's information strategy for the NHS published in 1998 stated that by the end of 2001, a project would be established to explore ways of using the NHSnet to link all computerised GP practices to local community pharmacies. Both these groups would link to the Prescription Pricing Authority (PPA). The electronic transfer of prescriptions (ETP) between GPs, community pharmacies and the Prescription Pricing Authority is one of the key elements of *Pharmacy in the Future*, the programme for pharmacy announced by Lord Hunt at the British Pharmaceutical Conference in September 2000. The expectation expressed in the government's programme was that ETP would introduce significant benefits for patients, including fewer trips to the GP surgery to collect repeat prescriptions and an end to illegible and incomplete prescriptions.

In March 2001, Lord Hunt announced the approval of three pilots to test the benefits, costs and risks of ETP. The approved proposals are from the Transcript consortium, a consortium led by Pharmacy2U, and a consortium led by Sema. These pilots have taken some time to be established. Our understanding is that they are now in operation.

Our deliberations

We take the view that electronic prescribing has the potential to deliver great benefits for patients and the NHS but we were keen to explore further how that potential might best be realised, where it might lead and whether there are significant obstacles in the way of progress. Our aim was not to investigate or evaluate the three pilot schemes sanctioned by the Department of Health. Those pilots will run their course and will be independently assessed according to the criteria set down by the Department itself.

We were fortunate to be joined at our meeting in December 2001 by three expert guest speakers: Chris Town, Chief Executive of North Peterborough Primary Care Trust, and Drs Cecilia Pyper and Justin Amery of the Department of Public Health at Oxford University. Both Dr Pyper and Dr Amery are also practising GPs at the Bury Knowle Health Centre in Oxford.

Chris Town confirmed our view that paper-based prescribing is comparatively bureaucratic and cumbersome. It increases the risk of errors, incomplete prescriptions, and queries, and it can reduce patients' speed of access to medicines. Mr Town took the view that whilst electronic prescribing is a simple concept it is also a complex solution. There are many technical issues to resolve concerning the transmission process (the ETP pilots now in train should provide useful information on this point) and there are practical issues for patients and health professionals, and for the NHS itself. Nevertheless, it was put to us that electronic prescribing will bring tangible benefits to all.

Patients will have greater choice and flexibility in where, when and how they receive their prescribed medicines. They will have improved access, and it will facilitate a better understanding of how to take medication and what it means for the patient.

For GPs, it will save time within the surgery – not only the time of the GP him or herself but administrative and reception staff as well. All in all, it should encourage greater efficiency within GP practices. It will bring GPs and pharmacists closer together, and the more efficient information flows it could deliver will increase their shared understanding.

For pharmacists themselves it was argued that electronic prescribing was an important foundation for a greater role in medicines management, especially for those patients with chronic conditions. Here, a key issue is access to appropriate information about patients' health and medication. It was recognised that work needs to be done to identify how, based on patients' consent, information should be shared across care teams and what kind of information should be shared.

The NHS will benefit from the increased accuracy that electronic transmission will deliver, and from reduced waste and fraud. There will be timely access to aggregated management information, and a reduction in the expense and inefficiency of paper-based prescribing.

Chris Town argued strongly that electronic prescribing must be seen as a first step, not as an end in itself. Ultimately, the objective should be to roll out electronic records and ensure that pharmacists have access and can contribute to appropriate records in order to conduct medication review and medicines management services.

Against that background, Dr Pyper and Dr Amery gave us an insight into the way in which patient access to information and the use of electronic records might operate, and how that might be perceived by patients themselves.

They presented the findings from work undertaken in Oxford to investigate patients' views on the use of patient records. A selection of patients aged between 16 and 74, each of whom had consulted their GP at least six times in the past six months, were given the opportunity to hold their own paper records. Traditional surgery records were suspended and patient-held records were used for all consultations with health professionals.

The feedback from patients in this group was clear and positive. They reported that they felt better able to ask questions of their GP; that they were better informed; that their GP was better informed about their condition and their concerns; they felt less anxious about the content of their record; they felt empowered to take charge of their health; consultations were a more comfortable and informative experience; and they were able to correct errors and to challenge personal information on the record.

Dr Pyper and her colleagues also undertook an electronic health record project with a randomised group of patients. This is one of 18 projects inaugurated under the Electronic Record Development and Implementation Programme (ERDIP) launched in 1997. Dr Pyper's study differs from the others in that it is examining the impact of giving patients full access to their complete primary care electronic health record. The project involves patients as partners in the development and content of their web-enabled electronic health record.

Patients were surveyed both before and after having had access to their electronic record. Beforehand, the vast majority (94%) felt that they should have the right to see their record. 65% wanted to be able to control access to their record. 74% felt that the advantages of an electronic record outweighed the disadvantages. Just over 50% expressed concerns about the security implications of electronic information.

Having seen their electronic record on-line, 99% of patients found it useful. 84% found the record easy to understand. 66% considered the advantages outweighed the disadvantages and 61% were confident about the security of the system. Asked about whether they would like to see their records available to them on the internet the majority felt that if security concerns could be overcome then the concept would be acceptable. Many patients wished to give all health professionals access to their electronic record. Others wanted the right to withhold consent.

In the light of this research Dr Pyper was strongly of the view that electronic records should be used to make more effective use of pharmacists' skills and experience. She identified the following activities to be carried out by pharmacists using information from electronic records:

- Drug reviewing to improve clinical effectiveness
- Drug reviewing to improve cost effectiveness
- Improved chronic disease management
- Support for patients in self-management
- Training and support of PHCT

She anticipated that electronic records would generate a closer partnership between patients, pharmacists and other health professionals, and that there would be less duplication of data and improved validation. She and Dr Amery urged us to ensure that the views of patients were heeded in policy development. Less time and money will be wasted if the patient is actively involved at every stage. Different patients have different needs at different times, and that means a single solution is unlikely to work. If patients' concerns about security and confidentiality are discussed and examined, they are often not as serious as they might initially seem. Above all, she argued, the close involvement of patients in establishing, maintaining and using their electronic records keeps health professionals and policy makers focussed on what should matter most.

Our view

We agree with our expert speakers not only about the desirability of electronic prescribing in itself, but also that it should be seen as a vital step towards the introduction of electronic health records throughout primary care.

Furthermore, we find compelling the argument that those records should be established, managed and used by health professionals and patients. We acknowledge the concerns that Dr Pyper identified about security and confidentiality, and – like her – expect those concerns to be overcome by the use of clear protocols and appropriate security barriers.

The benefits to be derived from electronic prescribing are clear and substantial: better access and more choice for patients, a more 'joined-up' approach to primary care; quicker progress towards repeat dispensing; and increased efficiency and reduced cost for the NHS. Those benefits will be maximised by moving as quickly as possible to electronic records, the next stage in the development of electronic information in primary care.

So far as pharmacists are concerned, we see electronic prescribing and electronic records as crucial to the achievement of many of the objectives set out in the government's Pharmacy Programme, all of which have received the support of the profession itself. Medicines management is a prime example: the use of electronic information of the kind described to us would not only make the task much easier for pharmacists, it is likely to ensure that medicines management is carried out more effectively and efficiently for more patients.

We are concerned that the electronic prescribing pilot trials have taken some time to be established. In our view it is important that these trials inform a roll-out programme as soon as possible, and that funding issues are addressed. We also believe it would be desirable to begin planning, with pharmacists' representatives and other interested parties, progress towards the use of electronic records. The information collected by Dr Pyper and her colleagues would be useful in this regard.

Electronic prescribing should not be regarded as a process by which a paper prescription is simply replaced by an electronic version. It is a means to an end, that end being the introduction of electronic health records.

Given the importance of this subject and the fact that the ETP pilot trials are still at an early stage, we expect to return to this subject again in the future.

Recommendations

Recommendation One: Policy objectives should be re-stated to make it clear that electronic prescribing should be seen as a first step in the move towards repeat dispensing and shared electronic records.

Recommendation Two: The current trials of electronic transmission of prescription data should be evaluated and findings made available as swiftly as possible.

Recommendation Three: In collaboration with interested parties, the Department of Health should produce an analysis of impediments to the integration of patient-accessed electronic records and GP/pharmacy records, and develop ways of overcoming any impediments.

Recommendation Four: A next steps programme should be prepared, involving all relevant parties, including pharmacists, so as to ensure that the move towards electronic health records takes place without unnecessary delay and that their full potential is realised.

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