

ALL-PARTY PHARMACY GROUP

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Implementing NHS IT developments in the new pharmacy contract *A report to Health Ministers*

Background

Much of our Group's work in the past two years has been focused around the development of NHS community pharmacy services and, as it has taken shape, the new contractual framework for community pharmacy. We have examined a variety of issues from pharmacists' role in smoking cessation and tackling obesity to medication reviews and the development of closer working relationships between GPs and pharmacists.

Throughout our work one theme has been consistent: the importance of ensuring that developments in NHS information technology include community pharmacy, and that the IT changes needed to deliver the new pharmacy contract are in place in good time. IT will play a fundamental part in helping pharmacists to deliver the new contract. For pharmacists to carry out new roles such as supplementary prescribing in the community pharmacy setting, they will need access to clinical information about patients via the NHS Care Records Service. To allow pharmacists to communicate effectively with other members of the primary care team, they will need access to NHS email addresses. And all pharmacies will need to participate in the electronic transmission of prescriptions (ETP), which is a government priority.

We therefore decided to examine the current status of IT developments relevant to community pharmacy and to seek views on what further changes related to IT are required for the successful introduction of the new contract. In doing so, we heard evidence from Harry Cayton, chair of the National Care Records Development Board and Director for Patients and the Public at the Department of Health, and Lindsay McClure, Head of Information Services at the Pharmaceutical Services Negotiating Committee (PSNC). The Group is grateful to them for their assistance.

ETP

ETP will allow prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to the Prescription Pricing Authority for payment. Over the next few months, the National Programme for IT (NpfiT) will be testing the national roll out model for ETP through a number of early adopter sites. The first such site went live in February 2005. Functionality will be progressively rolled out across England between summer 2005 and December 2007.

There is concern 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 should 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.

All of the pharmacy system suppliers are working with NPfIT on upgrading their systems to support ETP but it is clear that different suppliers are at different stages of development. The arrangements for national roll out have not yet been finalised. It is important that there is a level playing field for pharmacies during the roll out and that the roll out plan chosen does not negatively impact on patient choice or access to medicines.

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.

There is a lack of clarity about the treatment of private prescriptions and prescriptions for controlled drugs. We were told that they are likely to remain outside the scope of ETP as currently envisaged. It would be useful for them to be included to ensure that the record held on the 'spine' contains a complete picture of the patient's medication history. This would improve patient safety. In relation to controlled drugs, we understand that changes may be made following Dame Janet Smith's inquiry into the activities of Dr Harold Shipman, so the position that drugs listed in schedules 2 and 3 will not be included may only be temporary. We would welcome clarification from the Department of Health on this point.

We would also appreciate further information from the Department about the effect that current plans for ETP are likely to have on patients who live near the borders of England with Wales or Scotland and who currently travel over the border to fill their prescriptions.

We believe that the devolved administrations have recently recognised this issue but that no solution has yet been identified. The point has implications beyond ETP for various forms of healthcare delivered across the borders.

Access to patient information

ETP itself is only the tip of the iceberg of what the National Programme can offer pharmacies. The NHS Care Records Service and access to patient information has the potential to realise many more benefits.

We understand that the Department of Health will consult shortly on this matter. We hope that pharmacists will have relevant role-based access to patient records to allow them to efficiently undertake the new roles and deliver the new services that have been outlined in the framework for 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.

Hospital pharmacists and primary care pharmacists have demonstrated the value that they can bring to clinical teams by having access to information about patients.

Historically, community pharmacies have operated in silos with pharmacists only having access to clinical information gathered from the prescription form or through discussion with the patient.

Access to relevant information about patients such as active clinical conditions could increase patient safety and improve the effectiveness of the pharmaceutical care given to patients.

Under the new pharmacy 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. For various services pharmacies will be providing under the new contract, such as medicines use reviews, there is also a need for record keeping. Initially this will be paper based but there is widespread agreement that 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.

Harry Cayton described to us the wider issues around confidentiality and consent that the Care Record Development Board. These need to be carefully considered, but we are impressed by the proposed Care Record Guarantee and believe that will make a significant contribution to clarifying how confidentiality and consent will be protected.

Engaging the pharmacy profession

It is clear, and has been recognised in respect of other professions, that good communication between NPfIT and the professionals on the grounds is essential for the smooth and successful introduction of IT developments in the NHS.

In our view there is no doubt that the National Programme has the potential to enhance pharmacy services and deliver patient benefits. However, 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. There is clearly work to do in this regard.

PSNC told us that they are having constructive dialogue with the National Programme and the Department of Health on the roll out of ETP. Work has begun on developing guidance for pharmacists and there have been recent initiatives to improve engagement including establishing an ETP Pharmacists User Group. It is important that this momentum continues.

Six clinical champions have been appointed to communicate between the Programme and NHS professionals in both directions. They cover GPs, hospital doctors and nurses. We are aware that the National Programme have recently appointed a clinical champion to represent the allied health professions but believe that pharmacy is of sufficient importance to the National Programme's success, that the pharmacy profession should have its own national clinical lead.

Conclusion

IT developments will be fundamental in enabling pharmacists to deliver the new contract from 1 April 2005. NPfIT must meet users' needs and support efficient working. The 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.

Recommendations

- **Patients should be free to choose the pharmacy that dispenses their medication. The direction of electronic prescriptions by prescribers should be resisted.**
- **A national clinical champion for pharmacy should be identified and appointed, with the remit of communicating between NPfIT and the profession.**
- **Pharmacists should be given appropriate role-based access to patient information, while ensuring consent and confidentiality are respected.**
- **Cross border arrangements for sending prescriptions and patient information electronically between the home countries should be clarified.**
- **Private prescriptions and controlled drugs should be incorporated within ETP roll-out plans.**
- **Pharmacists should be able to upload summary information about their contact with patients to the Care Record so that other health professionals can access this.**

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