

July 2022

## **PSNC Briefing 022/22: Somerset Shared Care Record case study (SIDeR)**

Community pharmacy contractors in some parts of Somerset are currently successfully accessing and piloting the **Somerset Integrated Digital e-Record (SIDeR)**, this is a type of Shared Care Record (**ShCR**). The following briefing provides information about this case study which may be useful for Local Pharmaceutical Committees (LPCs), community pharmacy contractors and anyone involved with ShCR implementation within a community pharmacy context.

### **Background**

Primary care professionals, including community pharmacists, have been creating electronic records of their interactions with patients for many years. In the past, the NHS had considered creating a national comprehensive records system, which would collate information from different care settings. However, following the publication of the NHS Long Term Plan, the NHS refocused instead on expanding the number of ShCR projects being undertaken across England. Each of the 42 Integrated Care Systems (ICS), which are due to begin replacing the country's network of Clinical Commissioning Groups (CCGs) from July 2022, are required to have a ShCR. It is also now a requirement for community pharmacy, dental and optometry providers to connect to the local ShCR.

Shared care records pull together patient information from several sources, including GP and hospital records, to create a single 'system view' for clinicians that can be accessed in one place. In time, the ambition is for pharmacy systems to be able to display medicines and other information with ShCRs and for more health professionals across different settings to have the ability to share the patient records held in their local clinical systems via ShCRs.

PSNC and the Community Pharmacy IT Group (**CP ITG**) continues to encourage contractors and LPCs to get involved with the ShCR programmes in their area.

EMIS Viewer can be accessed via web URL as long as Health and Social Care Network (**HSCN**) connectivity is in place. A 'contextual launch' from PharmOutcomes is currently being explored.

### **What is the Somerset Integrated Digital e-Record (SIDeR)?**

SIDeR is a clinically led programme that aims to make the right information available to the right professional at the right time. The main SIDeR project, the SIDeR ShCR has been live since November 2020, with approximately 13,000 uses per month at present, although the usage continues to increase. Black Pear is the current Technology Partner for the SIDeR Programme, and they are the first service to use HL7 FHIR, Cloud Computing and Amazon Web Services. Use of this cutting-edge technology future proofs the programme and is in line with up-to-date integration methods and products.

The SIDeR ShCR brings together information from provider clinical and care systems into one place, so that health and care professionals can see a 'whole system' patient record. Key information such as medication (one off prescriptions and repeats), allergies, problems (conditions), key alerts, contacts and encounters (including procedures) is available in one place from the following organisations:

- Somerset NHS Foundation Trust (acute, community and mental health)
- Yeovil District Hospital NHS Foundation Trust
- Over 60 GP practices
- St Margaret's Hospice

- Somerset County Council (Adult Social Care)

Further data such as observations and test results are also available from the GP Record. SIdER offers an optimal dataset rather than a fully comprehensive view of provider clinical system data; it is designed to contain information that is deemed to be the most useful to a wide range of clinicians and care professionals.

Therefore, the SIdER ShCR contains extra information when compared with the NHS Summary Care Record Additional Information (SCR AI). SCR AI has not been adopted by Somerset due to the SIdER programme. Selected community pharmacy professionals have been given access to the GP aspect of the Somerset record to give them a fuller picture of the patient's medical and care history. There is also scope in future to extend access to see records from acute, community and mental health services, hospice, and social care if required and appropriate. Work is also being undertaken to pull through GP records for Dorset patients most likely to come over the border and this will follow by connecting with other border counties in due course.

SIdER does not use a data repository for provider information, and this is where both the technology and information governance (IG) processes are flexible and adaptable to continue to enhance the record. Information is pulled in real time from organisation endpoints using leading edge HL7 FHIR technology from Black Pear. Once the record is closed by the user, the information is no longer retained and only the audit log of who accessed what and when remains. A Level 2 Information Sharing Agreement (ISA) underpins the SIdER programme that all parties must sign up to as well as the Level 1 Somerset Information Sharing Protocol (ISP) and is clear that all SIdER initiatives are for the use of direct care only. The IG processes adhere to national guidelines and standards.

The record access reduces the need for patients to repeat themselves and lessens the risks of medicines information not being visible to pharmacists and pharmacy technicians.

As part of creating and evolving SIdER, we reference the national Professional Record Standards Body (PRSB) to ensure the breadth and depth of data exposed is most relevant and appropriate for consumption in health and care settings. The option of GP Connect has been explored but SIdER is a more mature programme and GP records from local areas can be surfaced in a more structured way. We will continue to review the situation as GP Connect matures.

## Benefits

In Somerset we believe that primary care should appear unified and connected and that relationships between GP practice, community pharmacy, dental and optometry should be strengthened. This is important as patients need to have had good and consistent experiences of services in order to encourage them to choose well and appropriately. Primary care services should be accessible, integrated, easy to navigate and effective. Enabling access to the right information at the right time is fundamental to streamline and enhance patient care. This will also pave the way for integrated neighbourhood services.

SIdER can be accessed via the internet and secure HSCN connectivity. Therefore, it does not require an installation and avoids a complicated setup process.

Community pharmacy professionals during this live early stage can use SIdER to:

- care for all patients, local and visiting, where the information would otherwise be unavailable or out-of-date;
- get a clearer understanding of a patient's medicines adherence before speaking to them, helping to optimise consultations and service provision;
- check test results to assist with medicines discussions;
- support professional decisions regarding emergency supply options;
- see why a particular medication was started (sometimes missing from SCR AI);
- carry out an additional check if medicines have changed or stopped, to ensure that the right medicines are available for the patient; and

- care for patients after discharge from hospital with real-time up-to-date information versus SCR.

Having the right system patient-record platform and practical pharmacy access processes in place will assist community pharmacy teams to enable and optimise the care services that are currently deployed (e.g. NMS, CPCS) and also support any new services from future community pharmacy contract development. We expect that more effective and efficient day-to-day patient support and problem-solving will result from SIdER access too.

## Rollout Plan

User Acceptance Testing (UAT) commenced in Autumn 2021, with five community pharmacy contractors across five sites having access to the GP record via SIdER. Users are currently accessing SIdER via website URL and login details created by Black Pear. PSNC and the Community Pharmacy IT Group has supported by requesting that pharmacy IT support will enable access to the system.

Further rollout of the project was delayed due to Covid-19 pressures, but we are now in a position to go to pilot phase with up to approximately 20-25 pharmacies to be enabled, with learning and feedback gathered until December 2022. The current SIdER contract with Black Pear is due to end in April 2023 and re-procurement activities will commence in summer 2022. If this was not the case, further rollout to community pharmacy may have been brought forward, instead we are taking more time to evaluate whether access is beneficial to community pharmacy and if it would be meaningful to enable access to other organisational endpoints.

Early conversations have been held with EMIS regarding the potential to launch SIdER via PharmOutcomes. This is believed to be possible as other shared care records initiatives such as the Great North Care Record with Cerner have been made available this way. At this stage it is not deemed a necessity to have contextual launch, but discussions will continue.

Implementation support is a critical facet of success with the planned deployment. Having a properly constructed and phased plan to deliver is central. We are taking sensible incremental steps, being mindful of the end target. The Somerset system (both Digital and Clinical groupings) are resourcing the LPC to allow us to support contractors on the ground operationally and in their practice of patient care as we gear up for our move to pilot phase after the UAT learnings. We have secured best practice coaching resource that we will deploy during 2022-23. Our hope remains a complete and successful delivery to all Somerset-located pharmacies during the current year with additional phases of onboarding post current pilot phase.

## Feedback statements

Feedback from community pharmacists involved in SIdER:

*“SIdER is an extremely useful tool for prescribing and patients coming via CPCS.”*

*“No issues whatsoever with access... fantastic resource to have.”*

*“Having a web-based solution is easier for our infrastructure and security team as we don't have to remember to reinstall anything if a computer is rebuilt or has an operating system update applied etc.”*

According to the SIdER programme team:

*“Community pharmacy is an integral part of the health system, and it is important that they are able to access the right information in order to make an informed decision when it comes to direct patient care. In particular, with the rollout of the Community Pharmacy Consultation Service (CPCS) we need to enable pharmacies to better link with NHS services to provide seamless care for patients.”*

According to Somerset LPC:

*“Many high-level national conversations have focused on the need to enable community pharmacy to be a more fully realised and integrated part of the care system and the sectors ask for clinical system access. The Somerset system has been receptive to this ask and a very supportive partner. Following extensive conversations with the Somerset system and piloting, Community Pharmacy Somerset has now concluded that SDeR is the best system to enable integrated care and we would like to request that all contractors in Somerset work with us to deploy SDeR across the area in a timely and supportive manner.”*

### Further resources

Read more at: [psnc.org.uk/shcr](https://psnc.org.uk/shcr). If you have queries on this PSNC Briefing, please contact [Daniel Ah-Thion](mailto:Daniel.Ah-Thion@psnc.org.uk), [Community Pharmacy IT Policy Manager](mailto:CommunityPharmacyITPolicyManager@psnc.org.uk) or [it@psnc.org.uk](mailto:it@psnc.org.uk).