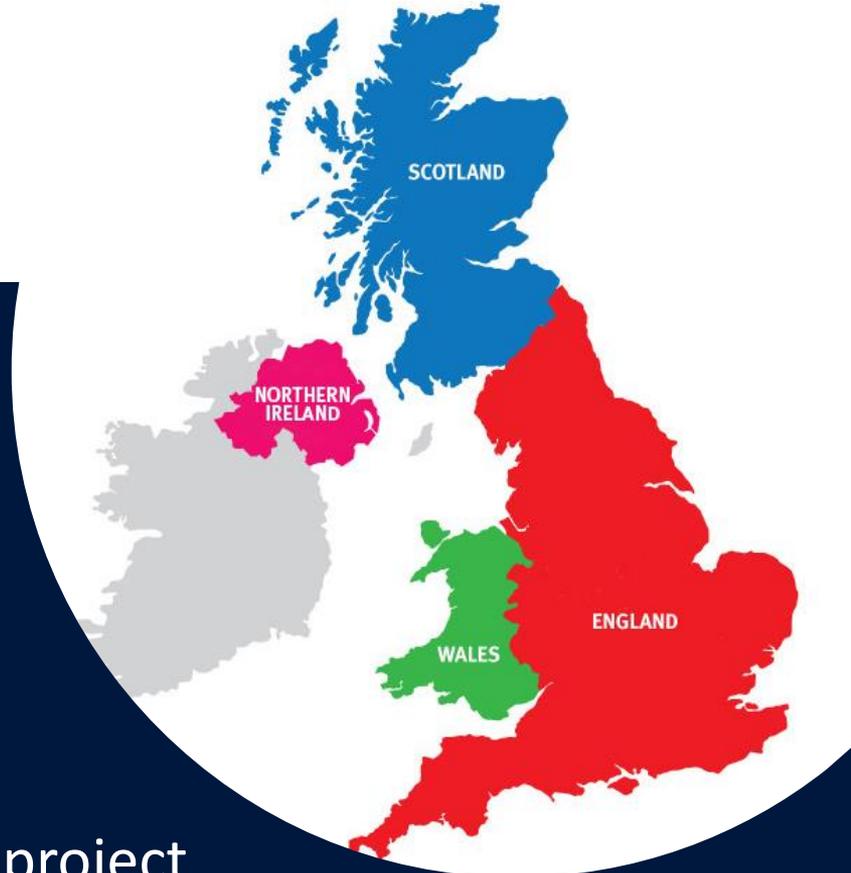




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# Community pharmacy standard uplift project Supplier Webinar

FEBRUARY 2023

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# Agenda

## Introduction

- Introductions (Recording of webinar)
- Purpose of today's webinar
- About the PRSB

## Context setting

- Purpose of the Community Pharmacy Standard uplift
- The services supported by the standard

## Discussion

- Summary of the change causes and proposed changes
- Specific questions for discussion
- How to review the draft uplift information model

## Next steps

- Next steps

## The PRSB – who we are

We develop information record standards so the right information is shared **whenever** and **wherever** care is needed.

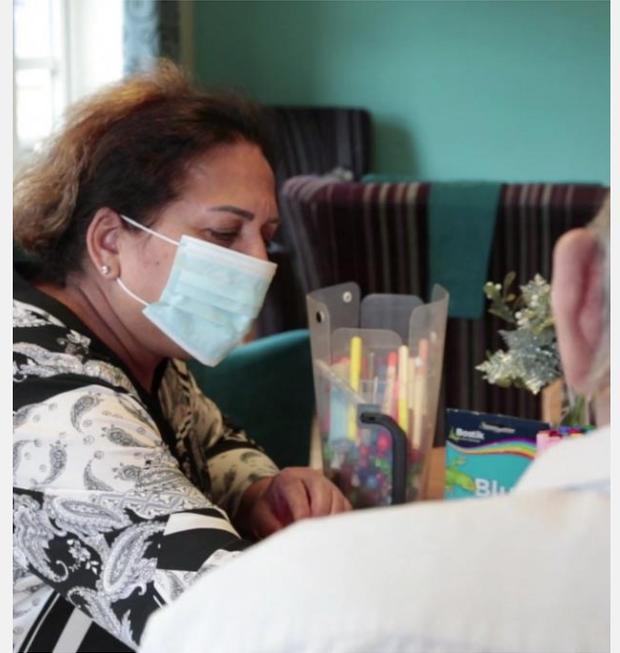


Our unique network of **professionals, patients and public** bring together their clinical expertise, the best care skills and lived experiences to help us make joint decisions about how we share the right information safely and effectively.



## The PRSB – key facts

- ✓ We are an independent, not for profit, community interest company
- ✓ We are UK wide with links to international bodies
- ✓ We uniquely represent clinical, social care and people
- ✓ Our standards identify the critical set of information for safe care and best practice
- ✓ Our methods are agile and flexible
- ✓ NHS E/I has set up a call-off contract, the **Core Information and Standards Service Framework (CISS)**, with the PRSB as the strategic partner for information record standards development through to delivery.



# Bringing together the right people – 79 members

➔ Royal colleges

➔ Patient and carer groups

➔ Regulators

➔ Social care organisations

➔ Industry/System suppliers

➔ Devolved administrations



# PRSB's role and value to the health and care system



PRSB **brings together professionals and people using services** to define what information is needed for care.

Our **expertise in record standards** is supported and endorsed by UK-wide bodies.

We **manage and maintain standards**, so they are consistent, current and relevant.

We **collaborate** with our stakeholders to identify need, develop standards and support their adoption to improve efficiency and save staff time.

We work with **suppliers and providers** to support them by providing independent **assurance of conformance** with our standards.

**We speak on behalf** of our members, partners and stakeholders whose views are welcomed and sought by national bodies and governments across the UK.

Our **role and work is valued** because it leads to solutions that improve people's work, suppliers' systems and enables delivery of the kind of integrated care that we all want.

- The [Community Pharmacy Information Standard](#) was developed in 2018/19
- Then enhanced in early 2021 for the expanding services included under the new Community Pharmacy Contractual Framework (CPCF) (England only)
- It has been widely implemented for vaccinations (flu and COVID) and emergency supply of medications, but less so for the other services (where the technical (FHIR) messages haven't existed for sending information to the GP)
- Aim now is to update the standard (to V3) ready for wide implementation across community pharmacies for all relevant services
- With technical (FHIR) message specifications planned using this updated standard

- ❖ Support the revised set of services within the current CPCF (2019-2024)
- ❖ Consolidate to reflect other developments since the last revision related to this work e.g. dose syntax, referral standards, international vaccination standard etc.
- ❖ Incorporate enhancements and changes to the underlying components of the standard, and update to the latest improved ways of formatting and presentation.
- ❖ Develop a standard with capacity and flexibility to accommodate potential new services being developed or piloted by NHSE policy teams.
- ❖ Engage suppliers, users and other key stakeholders in the uplift to increase awareness and support broader adoption across the system.
- ❖ Gain an approved ISN to support implementation.



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# Summary of Changes to Services

# SUMMARY OF SERVICE CHANGES

## New/possible services included for future-proofing the standard:

- Menopause\*
- Cancer referral\*\*
- Weight management

## Services removed from the standard:

- Sore throat testing
- Medication review
- Palliative care
- Cardiovascular disease

## Changes to existing services:

- 'Hypertension case finding service' changed name to 'Blood pressure check service'

## Consolidation with developments in PRSB:

- Dose syntax
- Vaccination record
- 111 inbound pathway
- Referral standards

\*The NHS policy team is still in the process of designing this service.

\*\*This service is currently a pilot and not agreed as part of CPCF.

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As a result of changes to services and updates to service specifications, changes to the information model have been carried out.

**This includes:**

- Removing decommissioned services
- Ensure future-proofing for piloted services
- Removal of provenance data
- Creating new data items that are not currently in PRSB's dataset
- Inheriting data items used in other PRSB datasets, but not currently in CPS
- Applying data items currently used in CPS to additional services

# REMOVAL OF PROVENANCE DATA

PRSB has produced an information model that describes who made the record entry or carried out the activity, where and when. This is known as provenance data. This information model simplifies how we include this data in our standards, which is essential but repetitive.

The data includes:

- Performing professional
- Date
- Location
- Person completing record
- Date recorded

We are carrying out an exercise to change how these data items appear in PRSB standards. Provenance data will now be referenced as 'Information type' within each standard. This will not change how professionals record this information in care records but removes repetition in the standards, making the standards much shorter and easier to read and use.



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# Proposed Changes

## SECTIONS

Person Demographics

GP Practice

Consent

Safeguarding

Eligibility Criteria

Referrer Details

Referral Details

Contact with Professionals

Vaccinations

Appliances

Presenting Complaints or Issues

History

Clinical Summary

Smoking Record

Alcohol Record

Family History

Investigations

Signpost Record

Examination Findings

Assessments

Allergies And Adverse Reactions

Medications and Medical Devices

Information And Advice Given

Distribution List

Plan And Requested Actions

Admission Details

Future Appointments

Problem List

Procedures and Therapies

### Legend

 Existing Data in  
Pharmacy Standard

 New Data in Uplifted  
Pharmacy Standard

All data sections are  
part of PRSB's Core  
Information Standard.



Admission details has been added to the standard to meet service specification requirement (Reason for hospital admission) for the smoking cessation service.

Previous consultation highlighted that reason for admission to hospital may not be the same as the reason for referral to the service.

**Question 1:** Is there clinical value in knowing the reason for admission as well as/instead of the chief clinical concern that warranted the referral?

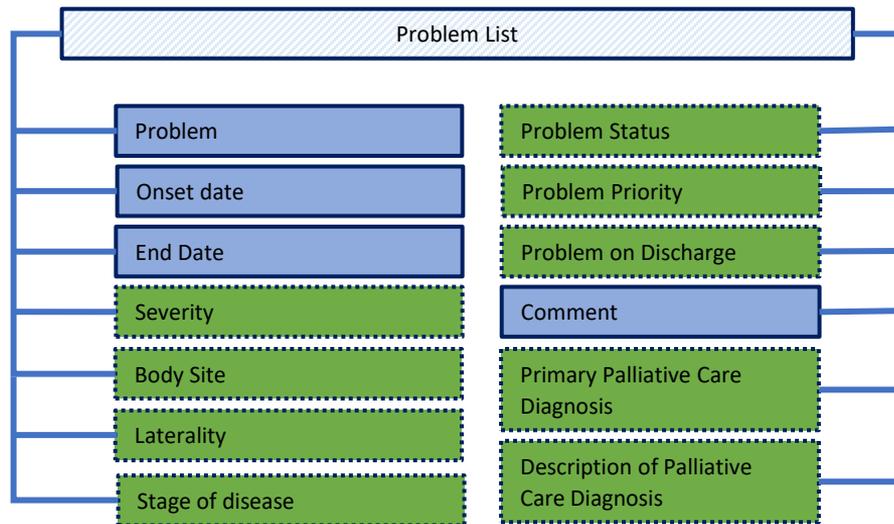
**Question 2:** Does this data item meet the requirement for recording "Reason for hospital admission"?



Future appointments has been added to the standard to meet service specification requirements for the smoking cessation service, new medicine service, and contraception service. These services typically involve follow-up appointments at their pharmacy.

**Question 3:** Do these data items cover all the necessary information for scheduling future appointments at the pharmacy?

**Question 4:** Should any of these items be sent to GPs in post-event messaging?



## Legend

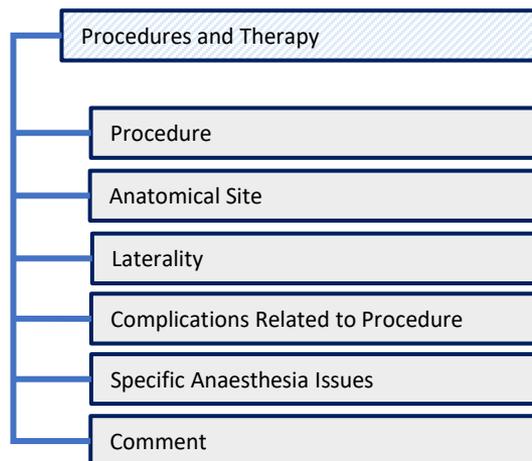
Data Included in 111 Standard

Data from the full PRSB Problem list

Problem list has been added to the standard to ensure inbound data from 111 referrals can be sufficiently captured.

This is the full PRSB problem list section as used in our other standards such as the Core Information Standard.

**Question 5:** The data items in blue are the information that comes in from 111-inbound referrals. Is there value in adding any of the green/dotted data items to the standard to future-proof (e.g., referrals from GP or hospital)?



Please note that the tiers of the contraception service involving LARCs are still in the early stages of consideration, and are not currently being piloted.

Procedures and therapies has been added to the standard to meet future-proof the contraception service.

This will allow pharmacists to record information about how Long-Acting Reversible Contraceptives (LARC) were administered.

**Question 6:** Do these data items cover all the necessary information for recording the procedure of administering LARCs?

**Question 7:** Should any of these items not be sent to GPs in post-event messaging?



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# Summary of Changes to Information Model

# SUMMARY OF CHANGES TO INFORMATION MODEL

New Data Items			
Section	Data Item	Services	Reasoning
Contact with professionals	<b>Reason for service discontinuation</b>	New medicine service; Smoking cessation	Service specification requirement as services require follow-up appointments that patients may not attend
Medications and medical devices	<b>Reason for supply request</b>	CPCS	Service specification requirement

# CONTENTS OF NEW DATA ITEMS

Name	Description	Value sets
Reason for service discontinuation	The reason why the patient discontinued the service e.g., declined, did not attend etc.	Free text
Reason for supply request	The reason why the patient is requesting a supply of medication or medical appliance.	A- Patient had not ordered their prescription B- Patient had ordered their prescription but it was not ready C- Patient had lost prescription form D- Patient had lost or misplaced the medicine(s) or appliance(s) E- Patient was not able to collect the medicine(s) or appliance(s) (from their usual pharmacy) F- Patient is away from home (and had forgotten/did not bring sufficient supplies of their medicine(s) or appliance(s)) G- Other (please specify)

**Question 8:** Does the content of these new data items seem appropriate?

**Question 9:** Is the proposed value set for 'Reason for supply request' sufficient?

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# SUMMARY OF CHANGES TO INFORMATION MODEL

## Inherited Data Items

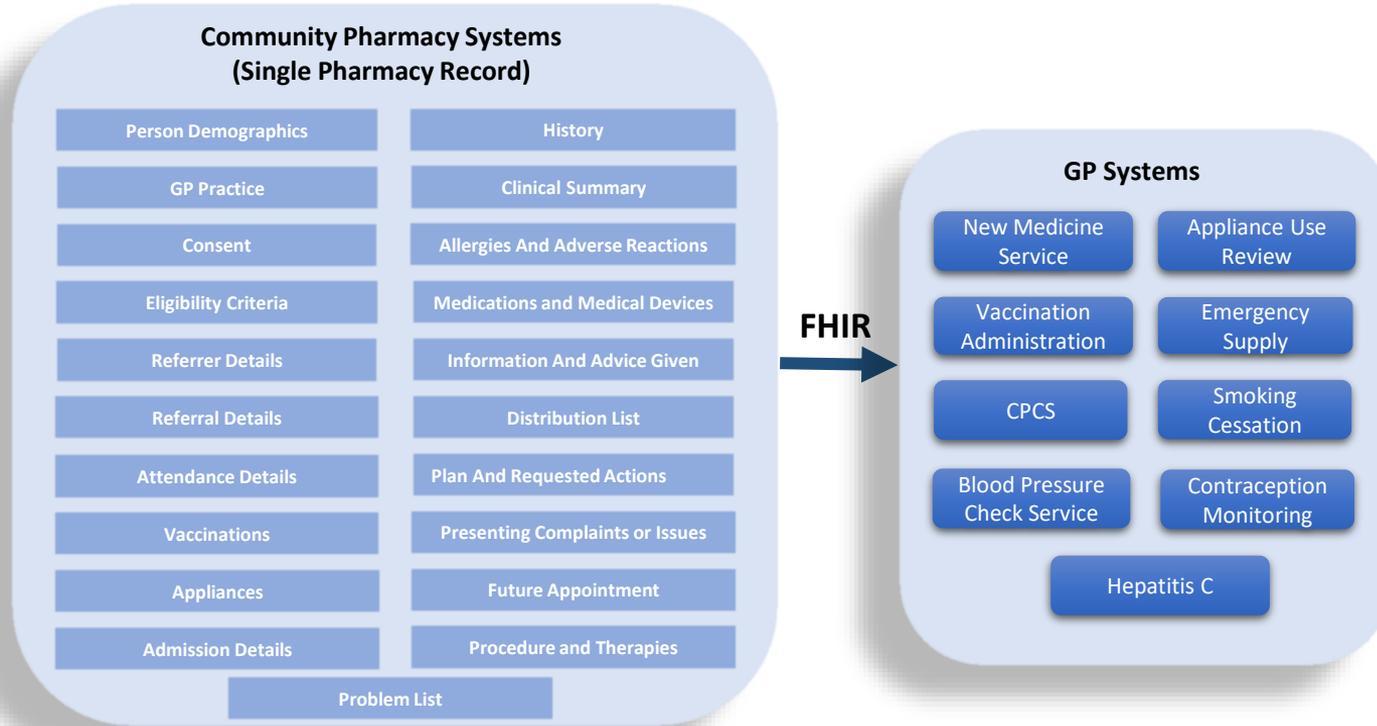
Section	Data Item	Services	Reasoning
Contact with professionals	<b>Outcome of contact</b>	New medicine service; CPCS; Smoking cessation; Contraception	Service specification requirement
Referral details	<b>Urgency</b>	111 inbound pathway	Required for future-proofing
Presenting complaints or issues	<b>Chief complaint</b>	111 inbound pathway	Required for future-proofing
<b>Admission details</b>	<b>Reason for admission</b>	Smoking cessation	Service specification requirement
<b>Future appointments</b>	See <a href="#">MATRIX</a> for full list of data items	New medicine service; Smoking cessation; Contraception	Service specification requirement as services require follow-up appointments
<b>Procedures and therapies</b>	See <a href="#">MATRIX</a> for full list of data items	Contraception	To future-proof for later tiers involving long-acting reversible contraception (LARC)
<b>Problem list</b>	See <a href="#">MATRIX</a> for full list of data items	Smoking cessation, 111 inbound pathway	Required for future-proofing 111

# SUMMARY OF CHANGES TO INFORMATION MODEL

## Existing Data Items Being Applied to Additional Services

Section	Data Item	Services	Reasoning
Smoking record	E-cigarettes used	Contraception	Service specification requirement
Family history	Family history	Contraception	Service specification requirement
Examination findings	Observations	Smoking cessation	Required to record CO testing and self-reported abstinence

# STANDARD MESSAGING



See [LINK](#) to matrix showing data captured by community pharmacy systems and the subset of data sent to GP system

# MATRIX TO DEFINE MESSAGE TO GP

Dataset	New medicine Service	Medication Review	Appliance Use Review	Vaccination Administration	Emergency Supply	CPCS	Smoking Cessation	Blood pressure Check Service	CVD	Contraception	STT	Palliative	Hepatitis C
<b>Person Demographics</b>													
Person name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person's preferred name													
Person's address	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person's telephone number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Date of birth	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NHS number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sex	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Gender													
Ethnicity								Y	Y				Y
Other identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person's email address													
Communication preferences													
Relevant contacts													
Place of Birth													Y
<b>Referrer Details</b>													
Referrer details													
Reason for referral													
Date and time of referral													
<b>CONTACT WITH PROFESSIONALS</b>													



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# Draft Proposed Sections for Piloted Services

## Aim

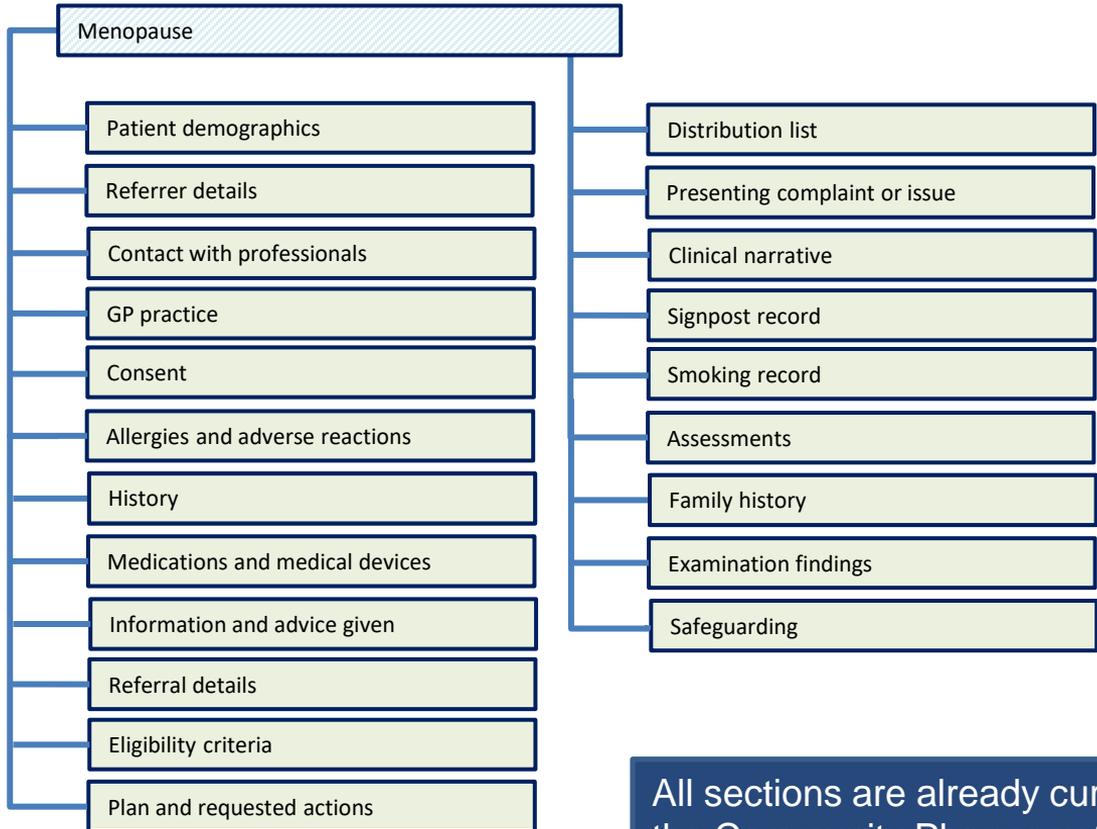
To provide citizens with menopausal symptoms the opportunity to be referred for assessment and diagnosis.

## How

Opportunistically identify people with menopausal symptoms and provide a consultation service with their pharmacist, with the possibility for referral to another service that is more appropriate for making assessment and diagnosis.

## Note

The NHS policy team is still in the process of designing this service. As this is still in early development, the design of this service and the proposed sections are subject to change.



All sections are already currently in the Community Pharmacy Standard.

**Question 10:** Do these sections seem to cover all the required information that would need to be captured for this service?

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## Aim

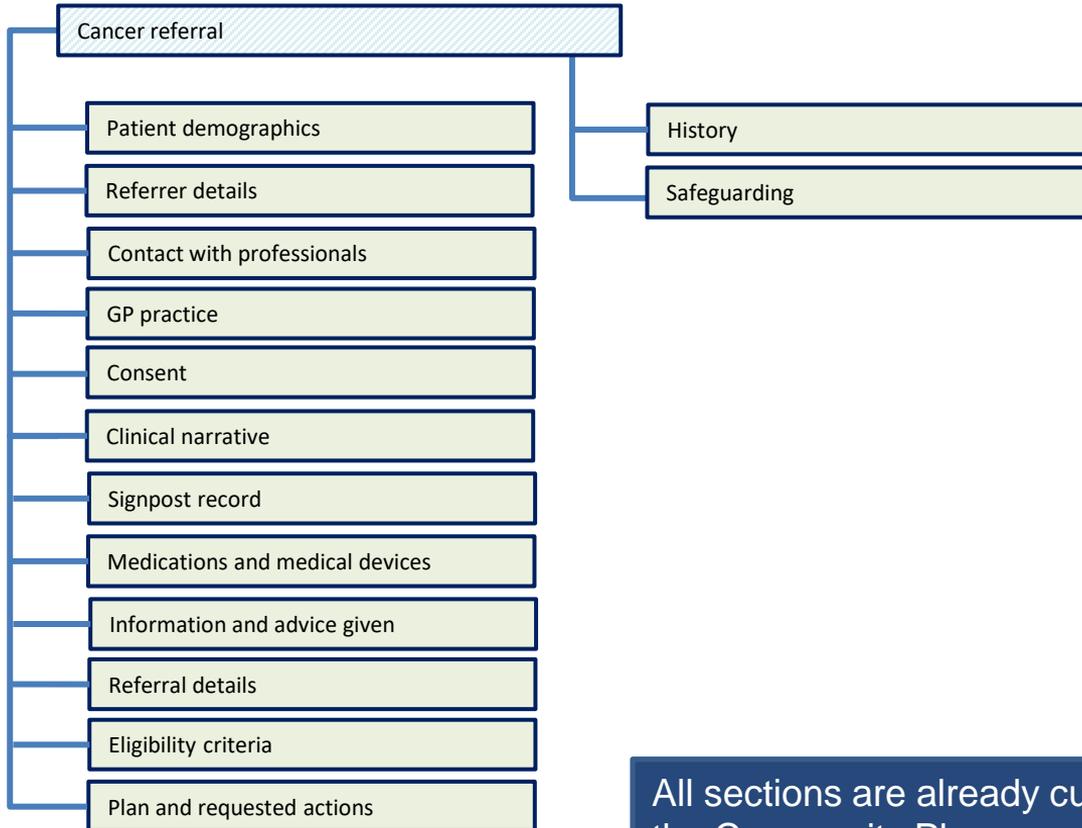
Improve clinical outcomes for patients through early cancer diagnosis and by reducing health inequalities.

## How

Implementing direct referrals from community pharmacy to secondary care for patients with suspected cancer symptoms and signs.

## Note

This service is currently a pilot and not agreed as part of CPCF, but is being included to future proof the standard.



**Question 11:** Do these sections seem to cover all the required information that would need to be captured for this service?

All sections are already currently in the Community Pharmacy Standard.

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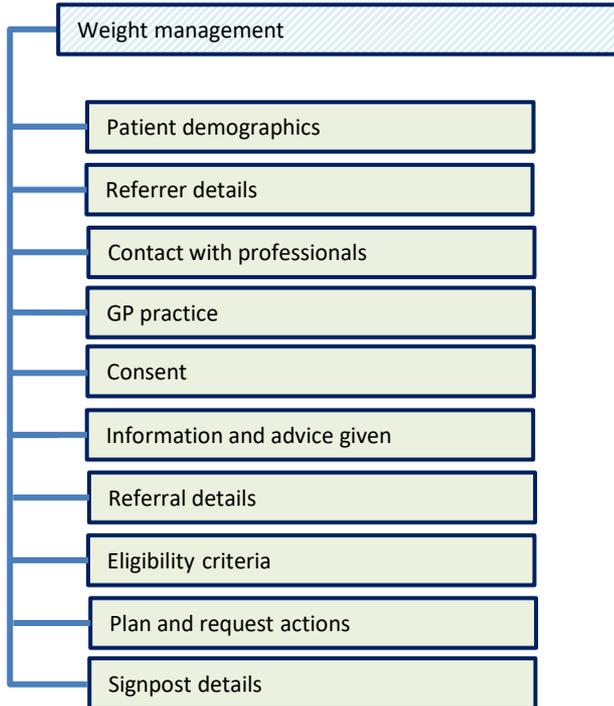
# WEIGHT MANAGEMENT

## Aim

To offer online access to weight management services to people living with obesity who also have a diagnosis of either diabetes, hypertension, or both.

## How

By identifying citizens that are eligible for the service and using the NHS Digital Weight Management Programme Pharmacy Referral Site to make a referral.



**Question 12:** Do these sections seem to cover all the required information that would need to be captured for this service?

All sections are already currently in the Community Pharmacy Standard.

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# Questions For Discussion

13. Do the changes proposed seem reasonable?

14. Are there likely to be any problems or constraints in implementing the uplifted community pharmacy standard?

15. Are there any issues you have come across with both the existing community pharmacy standard and any of our other standards which aren't being addressed?

16. Is there clinical value in adding a Prescription Charge Exemption Charge Category field to Community Pharmacy Consultation Service?

17. Open questions to the team



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# Draft Information Model Feedback

The information model is available in two formats:

1. Expandable table style view – a read only table view using our Art-Décor modelling tool, which can be expanded and collapsed for all levels of hierarchy and provides easier to follow views. The view does have to be configured once for each user and instructions on what columns need to be selected and how to do this are available [here](#). The table view is [here](#).
2. An Excel version [here](#) is also available which has a column for comments.

Please provide your feedback by email to [info@theprsb.org](mailto:info@theprsb.org) with “Community Pharmacy Consultation” in the subject either with comments in the email or in an attached version of the excel file.

Please provide your comments asap and by [dates discussed during webinar]

- Implementation guidance is now included in the information model so it's all in the same place and available to those implementing the standards
- 3 output formats are available
  - PRSB web viewer with expand/collapse allowing a view of the whole standard with expansion into the detail, pop out boxes for the implementation guidance
  - JSON files for export and machine-readable versions of the standard
  - Excel
- Examples will be included to:
  - Make the standard real and easier for clinicians/professionals and people to understand
  - For suppliers to see how its intended to work

### **Development of the standard**

- Use the consultation feedback to finalise the revised information model
- Review and revise the terminology as needed
- Publish uplifted V3 by end of Mar-23
- Seek ISN approval – Jun-23
- Publish ISN early Jul-23

### **Implementation**

- Support NHSE with implementation, potentially including supplier conformance assessment

## NHS England Update

- Our intent remains that all suppliers supporting clinical services within their products would become conformant with the PRSB Standard (23/24)
- Currently investigating how we can support our supplier market to achieve this
- Involve working with NHS E (Transformation and Digital colleagues) and PRSB.
- Developing business case and will require associated spend approvals



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