

# *Connecting with & benefitting from records*

*NHS England and CP ITG hosted event*

Meeting: 8th December 2022



# Agenda

	Session	Time
1.	Welcome and introductions	09.30-09.36
2.	National Care Record Service changes	09.36-09.45
3.	Professional Record Standards Body, core information standard and records standards	09.45-09.53
4.	GP Connect's 'Access Records', secondary care case study and direct care APIs	09.53-09.59
6.	Update from Shared Care Records team, and about records ambitions	09.59-10.10
7.	Break	10:10-10:15
8.	Breakout discussions, sharing back and brief general Q&A	10:15-10:55
10.	Thanks, next steps and close	10.55-11.00

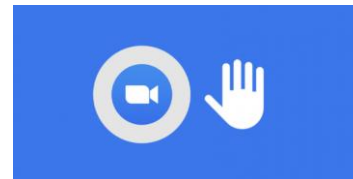
# Welcome and housekeeping

Matt Armstrong  
CP ITG Chair

*Session timing: 09.30-09.36*

# Take part: continue using usual methods

- **Seek attention of Chair** e.g. use Zoom 'raise hand' feature



- **Use Zoom chat** (use it throughout meeting)

- **We may ask about recording this first half of this event – excluding breakouts and Q&A at the end**



# Background and Purpose of Community of Practice

Charis Stacey  
Assistant Director, Digitising Primary Care  
Transformation Directorate  
NHS England

*Session timing: 09.32-09.34*

# Background of Community of Practice

Conducted engagement with a wide range of stakeholders to understand sector challenges.

What did we hear?

- Colleagues wanted opportunities to engage with each other and with wider stakeholders on the implementation of the strategy, and the challenges and best practices to support implementation
- In March 2022 we conducted user research interviews and design workshops to understand what this community of practice would look like, the purpose, impact, format and content
  1. The feedback was to collaborate and partner with an existing network
  2. NHS England, CP IT Group and PSNC have come together to partner and run this event

*Session timing: 09.32-09.34*

# Purpose

The community pharmacy Community of Practice will:

- **Bring together colleagues from across** community pharmacy to share, listen and discuss how we can work together
- **Bring in the voices of stakeholders from outside the community pharmacy sector** to contribute to the issues being addressed
- **Helps foster peer learning, the sharing of best practice and advocacy** for change around implementing the digital strategy for community pharmacy
- **Helps to inform future strategy and policy** in community pharmacy

*Session timing: 09.30-09.36*

# Introductions

Matt Armstrong  
CP ITG Chair

*Session timing: 09.34-09.36*



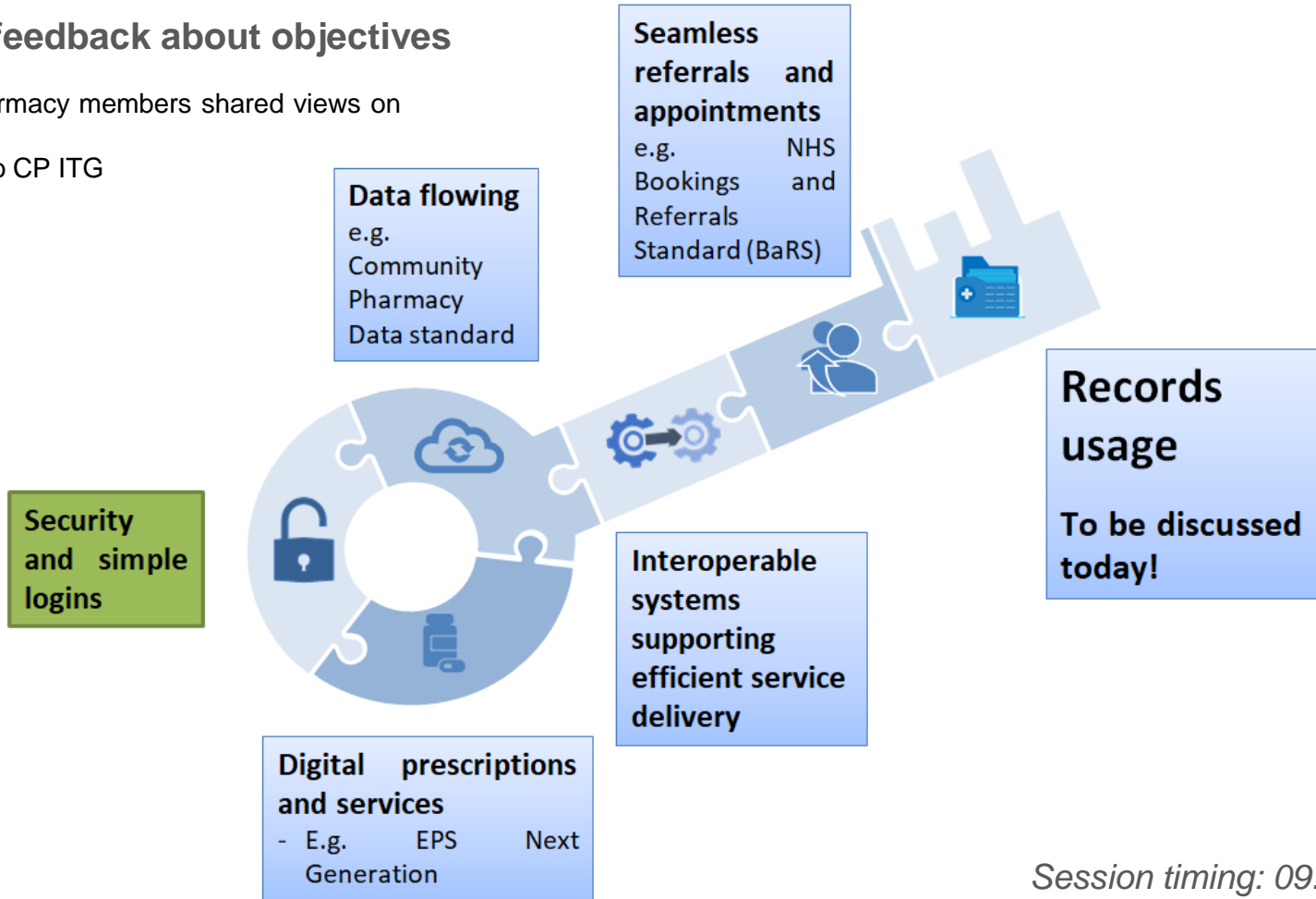


# Community Pharmacy Contractual Framework (CPCF)

- The Community Pharmacy Contractual Framework (CPCF) services have specified that patient's clinical record information be used to support CPCF service delivery.
- Feedback into CP ITG has been that records are a major priority

# CP ITG feedback about objectives

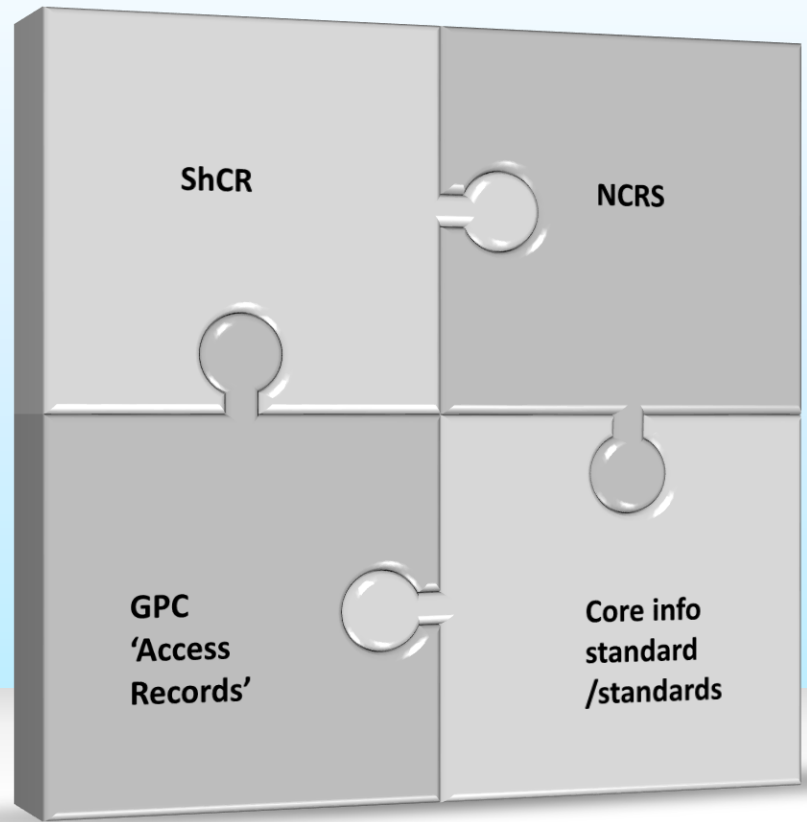
CP ITG pharmacy members shared views on key Objectives to CP ITG



Session timing: 09.34-09.36

# CP ITG perspectives: Records related projects

Projects include:



Session timing: 09.34-09.36

# National Care Records Service (NCRS)

Presented by:  
**Jill Sharples: Clinical Data Sharing Platform Lead**

*Session timing: 09.36-09.45*



## Purpose of the National Care Records Service

To provide a low / no cost option for health and care professionals to access a range of patient's medical and safeguarding information at the point of care.

*No matter where the patient lives (England), which supplier provides the records or where the records are located*



*Session timing: 09.36-09.42*





Summary care record



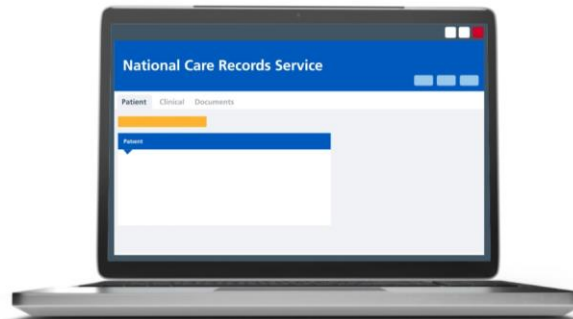
NCRS Integration (in-context link)



Child Protection Information Sharing



National Record Locator



Female Genital Mutilation Information Sharing



Patient demographics



Birth Notifications Application  
Overseas Visitor Manager



Reasonable Adjustments Flag

*Session timing: 09.36-09.42*

## Levelling Up

Free to use stand-alone portal

Local record integration

Complements Shared Care Record

## Enhancements

Modernised/Accessibility

NRL retrieval of document

In-context link

Improved on-boarding

## Main Views

PDS trace,

SCR

In context link/1-click

NRL

## NRL – Local Records

**Now:** Mental Health Crisis Plans, End of Life care Plans

eRedbags, NEWS,

**Soon:** Ambulance Reports & Shared Care

Records, Booking & Referrals (BaRS)

## Access

Mobile, desktop or laptop

Internet or HSCN

Multiple authentication methods

## SCR

HTML **summary view** of the GP record

↑ 300K weekly views

Strategy to replace with structured data (API)

# Getting involved in future

- Complete the [National Care Records Service - new interest form - NHS Digital](#)
- There are upcoming opportunities to feed in
- Join us for demos at 11am-12pm on 2 & 7 February 2023 (registration opening soon)



# SCR – What does it include?

Generally SCRs consist of the following core data items recorded in the GP record, these include;

- Allergies and adverse reactions.
- Acute medication – prescribed in last 12 months.
- Repeat medication – all from the current practice.
- Discontinued repeat medication – all meds stopped in the last 6 months.
- [Additional Information](#) can also be added to the SCR with the patient's express consent and includes: Reason for medication, significant medical history, anticipatory care information, communication preferences (SCCI-1605), end of life care information (SCCI-1580) and immunisations. 90%+ of all SCRs now inc. Additional Information!
- The temporary changes made to Summary Care Record Additional Information in response to the COVID-19 pandemic **are in the process of being made a permanent policy change**

# Useful Resources

- NCRS Link <https://digital.nhs.uk/services/national-care-records-service>
- SCR e-Learning <http://www.e-lfh.org.uk/programmes/summary-care-records>
- NRL <https://digital.nhs.uk/services/national-record-locator> | [nrls@nhs.net](mailto:nrls@nhs.net)
- Operations Team contacts [liveservices.operations@nhs.net](mailto:liveservices.operations@nhs.net)

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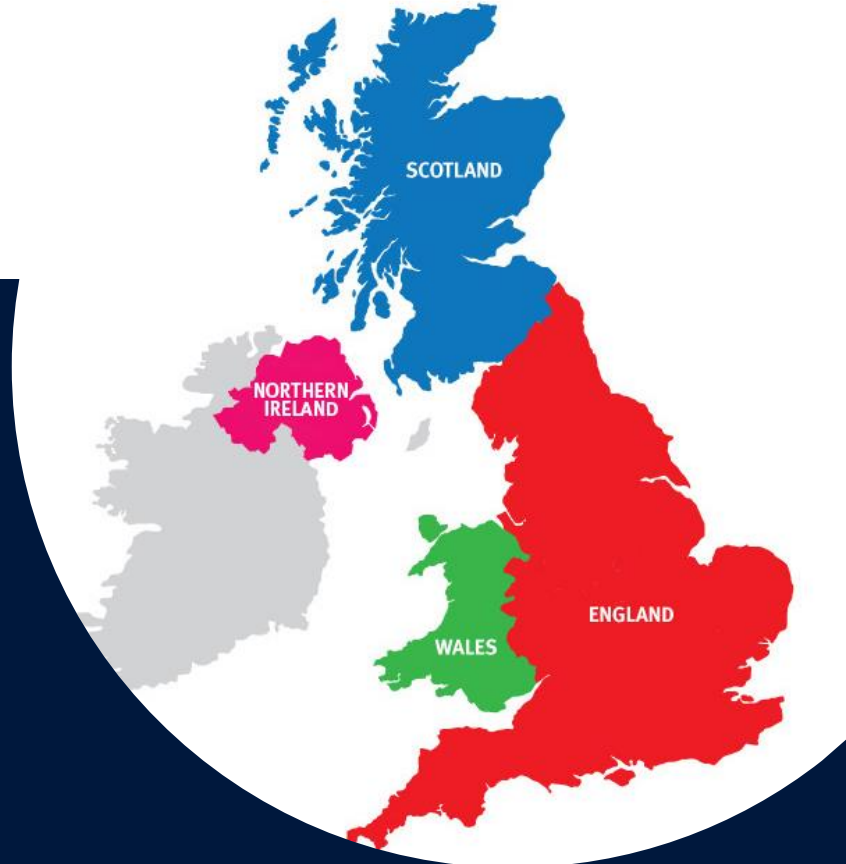
# Audience Questions

*Session timing: 09.42-09.45*





Professional  
Record  
Standards  
Body



PRSB UPDATE  
DECEMBER 2022

Better records  
for better care

# Core Information standard validated for Community Pharmacy



Professional  
Record  
Standards  
Body



Community Pharmacy  
IT Group 



- The [Core Information Standard](#) (CIS), which underpins shared care records, has been validated as the appropriate standard for shared care records for the 5 settings of community Pharmacy, Optometry, Dentistry, Ambulance and Community.
- [Full report](#) available on the CIS webpage.

## Purpose

- To define the information standard that answers the question *“As a care professional, in this care setting, what do I need to see from a shared care record?”*

## Approach

- Started by reviewing the applicability of the existing Core Information Standard (CIS)
- Broad consultation with professionals and people, and other key stakeholders
- Use cases (scenarios) to show how shared care records would support a person’s care

## Conclusion

- *“the Core Information Standard with relevant Role Based Access Control (RBAC) and filtering is the appropriate standard for all five care settings”*
- Overwhelming support from those who participated in the consultation

*Session timing: 09.45-09.51*

# Core Information standard validated for Community Pharmacy



## Value for patients and professionals

- Access to information about the person from a shared care record using CIS would support:
  - better decision making
  - better and more efficient all-round care provision
  - better safety for people
  - avoid a person having re-tell their history
  - provide confidence for the person that the pharmacist has access to their wider health and care information

## Implementation

- A range recommendations including about confidentiality and information governance, presentation of the data to avoid information overload and learning through pilots

## Contents and access

- Due to the nature and complexity of pharmacists' involvement in care and treatment, it was determined that there should be no limits to access for a fully qualified pharmacist to support a person's care – See next slide for CIS contents/sections

*Session timing: 09.45-09.51*

# Core Information standard validated for Community Pharmacy












































## PRSB CIS sections:

Personal demographics 	GP practice 	About me 	Individual requirements 	Alerts 	Legal information 
Safeguarding 	Professional contacts 	Personal contacts 	Participation in research 	Referral details 	Contacts with professionals 
Admission details 	Discharge details 	Future appointments 	Vaccinations 	Problem list 	Procedures and therapies 
Social context 	Services and care 	Primary support reason 	Family history 	Investigation results 	Investigations requested 
Examination findings 	Pregnancy status 	Assessments 	Formulation 	Risks 	Allergies and adverse reactions 
Medications and medical devices 	Equipment and adaptations 	Plan and requested actions 	Care and support plan 	Contingency / safety plans 	Additional support plans 
End of life care 	Documents (including correspondence, audio and images) 	<p><b>Key:</b>  Data always available to the care professional</p> <p> Data not required for this PODAC care setting</p>			

# CIS sections availability from GP systems

## PRSB CIS sections:

Personal demographics 	GP practice 	About me 	Individual requirements 	Alerts 	Legal information 
Safeguarding 	Professional contacts 	Personal contacts 	Participation in research 	Referral details 	Contacts with professionals 
Admission details 	Discharge details 	Future appointments 	Vaccinations 	Problem list 	Procedures and therapies 
Social context 	Services and care 	Primary support reason 	Family history 	Investigation results 	Investigations requested 
Examination findings 	Pregnancy status 	Assessments 	Formulation 	Risks 	Allergies and adverse reactions 
Medications and medical devices 	Equipment and adaptations 	Plan and requested actions 	Care and support plan 	Contingency / safety plans 	Additional support plans 
End of life care 	Documents (including correspondence, audio and images) 	<p><b>Key:</b>  Structured data available in the majority of fields  Significant missing fields or majority unstructured  Majority of data unavailable</p>			

ANALYSIS COMPLETED JUNE 2022





# PRSB Standards Partnership Scheme

The PRSB Standards Partnership Scheme connects the PRSB with health and social care digital system software suppliers, to **accelerate adoption** and implementation of PRSB standards.



Working supportively and developmentally with system suppliers to achieve conformance with standards - recognised by the Quality Mark



The PRSB conformance process is being adopted by procurement frameworks as a robust means of evidencing standards implementation

## Valued by suppliers and providers of health and care because it



Enables suppliers to **differentiate** the quality of their product to customers with the quality mark



**Connects** them with other partner suppliers, providers and our members to enjoy mutual learning opportunities



Enables them to play a key role in **shaping** and **improving** the standards and provides early insights into the national agenda and roadmap



They have access to expert **advice** and **resources** to support them with implementing the standards



# Community Pharmacy Standard update

- Update to reflect changes in framework contract, policy & strategy in preparation for broad implementation of full standard (not just vaccinations and emergency meds supply)
- Currently exploring requirements with NHSE
- Will include any issues raised via our support service and in the maintenance log

## Key Dates

- Consultation webinars, Jan-23
- Potential consultation session with CP ITG in Jan
- Final draft publication, end Mar-23
- V3 publication after endorsement and ISN approval, Aug-23

## Recently published PRSB standards

### 111 Referral (Booking and Referral Standard (BaRS))

- 111 Referral is part of the overall BaRS
- It defines the content for a referral from 111 to wherever the patient goes next
- First of types in progress for BaRS for 111 to Emergency Departments
- Work in progress for further destinations including community pharmacy

### Diabetes standards

- Diabetes Information Record Standard
  - Defines the information needed to support a person's diabetes management, recorded by a professional or the person themselves
- The Diabetes Self-Management Standard
  - Defines information that could be recorded by the person (or their carer) at home (digital apps or medical devices) and shared with health and care professionals.

# Q&A and further information



[www.theprsb.org](http://www.theprsb.org)

[@ProfRecordSB](https://twitter.com/ProfRecordSB)

[info@theprsb.org](mailto:info@theprsb.org)





Digital

# Direct Care APIs (GP Connect)

Overview of

Our current recommendations

Alignment with Core Information Standard and Shared Care Record

Example Use Case

Presented by James Palmer & Andy McCarthy

*Session timing: 09.53-09.59*



# What is an Application Programming Interface(API)?

API's allow one product to communicate with other products without having to know how they are implemented.

It is a set of definitions and protocols for building and integrating application software.

The NHS has worked with GP suppliers to develop a range of API's that can support other products to integrate with GP suppliers, without their involvement.

The NHS ensures that the systems have followed the definitions and controls before they can be used.



# Direct Care APIs – or GP Connect

[GP Connect: Access Record](#) allows authorised clinicians to access GP patient records held on their practice system.

1. Access Record: HTML enables a read-only view of a patient's record regardless of the practice clinical system. (Live)

2. Access Record: Structured provides access to a patient's record in a machine-readable, structured, and coded format. (Expected summer 2023)

[GP Connect: Send Document](#) provides a simple and standardised way of updating a patient record. It sends a summary of a consultation that may have taken place away from the patient's registered practice.

[GP Connect: Appointment Management](#) is used to book appointments on behalf of a patient into their registered practice or another care setting

*Session timing: 09.53-09.55*



Does offer the Community Pharmacy the ability to access core patient information within their own IT system.

Does offer more information than within a SCR view.

- It includes recent observations (e.g. blood pressure/weight) and other additional items
- It is a real time view of the GP record, SCR is only accurate to the point it was last updated.

**However, it is not substantially different from using SCR One Click in terms of content and functionality.**

For that reason we are not recommending at this point for a priority for development for suppliers



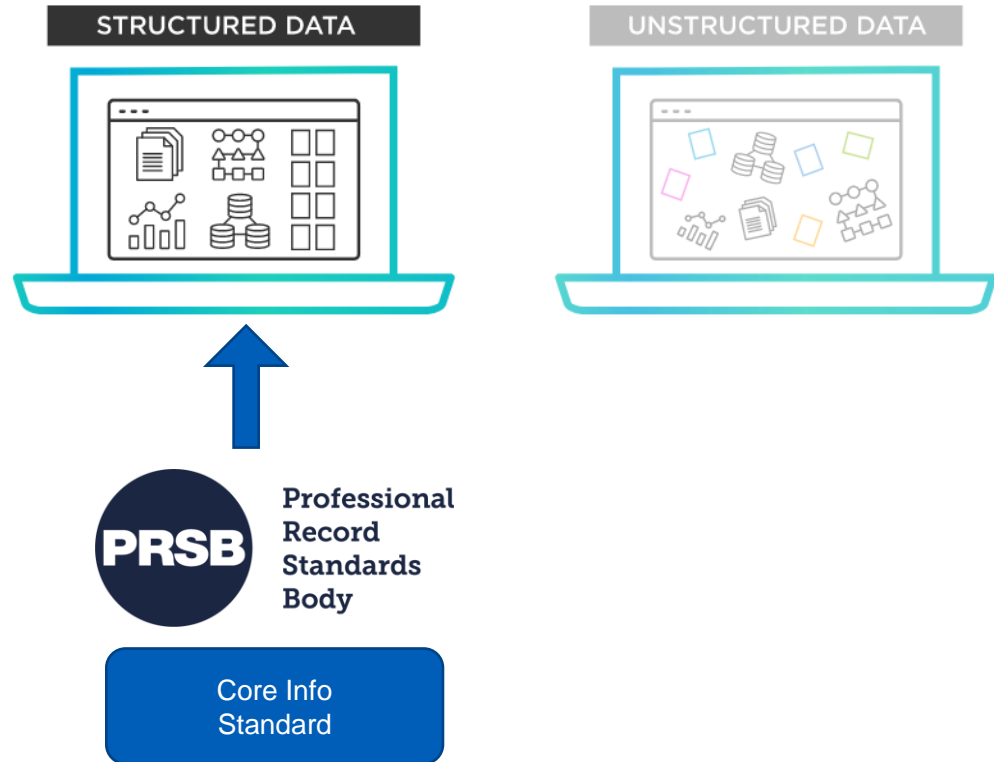


# GP Connect: Access Record - Structured

**Structured data** is when data is in a standardised format, has a well-defined structure, complies to a data model, follows a persistent order, and is easily accessed by humans and programmes.

This means that the Community Pharmacy IT system could:

- select what data it requires from the GP record,
- place it where it is most useful to the community pharmacist within the system.



GP Connect's 'Access Records', secondary care case  
study and direct care APIs

- Warrington and Halton Teaching Hospitals NHS  
Foundation Trust

*Session timing: 09.55-09.57*



Supporting the medicines reconciliation process, clinical teams at the Trust can now securely access GP medication and allergy records. Clinicians at the Trust can view and import a patient's current medication status. All staff with the relevant access involved in a patient's care now have additional information upon which to base ongoing treatment decisions.

Peter Abraham, Lead Pharmacist for EPMA, Homecare, Medicines Management and Ophthalmology at Warrington and Halton Teaching Hospitals NHS Foundation Trust said: "Integrating GP Connect with Dedalus' Care Suite EPR has benefits for staff and patients, improving decisions and saving time. We can obtain and validate medication and allergy data from GP Connect for adding to a patient record in the EPR, in the knowledge that the data is consistent and secure."



Medication clerking

Prescribing considerations

Recorded medication Search

View shows Active GP medications and includes any medications recently completed or stopped

GP Connect Inpatient Leave Discharge Outpatient

Medication item Last issued

ACUTE

- Paracetamol 500mg capsules - DOSE One To Be Taken Every 4-6 Hours Up To Four Times A Day
- Timolol 0.25% eye drops - DOSE One Drop To Be Used Twice A Day In The Affected Eye(s)
- [Completed] Bendroflumethiazide 2.5mg/5ml oral suspension - DOSE 10 mL - oral - 08-Apr-2021
- [Completed] Amoxicillin 250mg capsules - DOSE One To Be Taken Three Times A Day - 25-Mar-2021
- [Completed] Sodium Alginate And Potassium Bicarbonate Oral Suspension Sugar Free Aniseed, 500 mg + 100 mg/5 ml - DOSE One Or Two 5ml Spoonfuls To Be Taken After Meals And At Bedtime - 25-Mar-2021
- [Completed] Paracetamol 500mg capsules - DOSE One To Be Taken Every 4-6 Hours Up To Four Times A Day - 25-Mar-2021
- [Completed] Fluconazole 50mg capsules - DOSE One To Be Taken Each Day - 25-Mar-2021
- [Completed] Co-codamol 15mg/500mg tablets - DOSE One To Be Taken Four Times A Day - 25-Mar-2021

REPEAT

- Contour testing strips (Ascensia Diabetes Care UK Ltd) - DOSE Use In Blood Glucose Test Meter As Directed - 12-Aug-2021
- Coccol ointment (RPH Pharmaceuticals AB) - DOSE Use Once A Week When Required - 29-Apr-2021
- Ascorbic acid 100mg tablets - DOSE as directed - 22-Apr-2021
- Furosemide 40mg tablets - DOSE One To Be Taken Each Morning - 22-Apr-2021
- Priadel 200mg modified-release tablets (Essential Pharma M) - DOSE One To Be Taken Each Day - 25-Mar-2021
- Salbutamol 100micrograms/dose inhaler CFC free - DOSE One Or Two Puffs To Be Inhaled Up To Four Times A Day - 25-Mar-2021
- Atorvastatin 20mg tablets - DOSE One To Be Taken Each Day - 25-Mar-2021
- Lansoprazole 15mg orodispersible tablets - DOSE Two To Be Taken

Information may not be complete for the following reasons: Data in transit  
NOTE: Patient record transfer from previous GP practice not yet complete; information...

Other links Links Observations/Results Reconcile GP Connect viewer Add to favourites Medication administration

Medication Clerking Process in Lorenzo:  
GP Medication data is built into the clerking process on admission. Medication data can be filtered to match specific user requirements (365 days in this case)

GP Connect viewer - Meds and allergy detail, filtered by acute / repeat and by date.

<https://github.com/nhsconnect/gpc-consumer-support/wiki>

Expand/Contract All

Allergies and Adverse Reactions

Date	Description	Certainty	Severity
27 Jul 2011	Sensitivity to ISOSORBIDE MONONITRATE (all components considered allergens - Aspirin 75mg / Isosorbide mononitrate 60mg modified.		
13 Oct 2008	Sensitivity to BENZYL PENICILLIN		
09 May 2008	Sensitivity to PENICILLIN V		
30 Jan 2008	Wheat Allergy		
24 Oct 2007	Sensitivity to PENICILLIN V		

Acute Medications (For the 12 month period 19 Mar 2020 to 19 Mar 2021)

Type	Date	Medication Item	Dosage Instructions	Quantity
Prescribed Elsewhere	Entered: 03 Nov 2020	N-A Ultra dressing 9.5cm x 9.5cm (Systagenix Wound Management Ltd)	use as directed	1 dressing
Prescribed Elsewhere	Entered: 17 Jun 2020	Kliniderm Foam Silicone Border dressing 10cm x 10cm (H & R Healthcare Ltd)	use as directed	10 dressing
Prescribed Elsewhere	Entered: 29 Apr 2020	N-A dressing 9.5cm x 9.5cm (Systagenix Wound Management Ltd)	use as directed	1 pack of 40 dressing (s)

Current Repeat Medications

Type	Date	Medication Item	Dosage Instructions	Quantity
Repeat Medication	Last Issued: 18 Feb 2021	Fluconazole 50mg capsules	1d	7 capsule
Repeat Prescribed Elsewhere	Entered: 18 Feb 2021	Fluconazole 50mg capsules	1d	7

NB: data in test conditions, for demonstration purposes only

Medications and allergies is available nationally, the full record will be available in 2023.

Session timing: 09.55-09.57

# Brief Q&A: Direct care APIs & case study

*Session timing: 09.57-09.59*

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# Shared Care Records developments

John Farenden  
Programme Director Shared Care Records  
NHS England's Transformation Directorate

*Session timing: 09.59-10.10*

# Update from Shared Care Records team, and about records ambitions

*Session timing: 10.07-10.10*



# Driving person-centred care : Shared Care Records

John Farenden

**Programme Director and Shared Care Record Lead**  
**NHS Transformation Directorate**





# Integrated care needs integrated information



# What is a shared care record?



A source of an individual's past and records and future care plans, connected across multiple health and care organisations, accessible in one place - based on the person receiving care, not the organisation providing the care.

Only authorised individuals involved in that person's care can access this information.



***To ensure every individual, and authorised health and care staff have ready, safe and secure access to the person-related information they need, when they need it, where they need it and how they need it.***

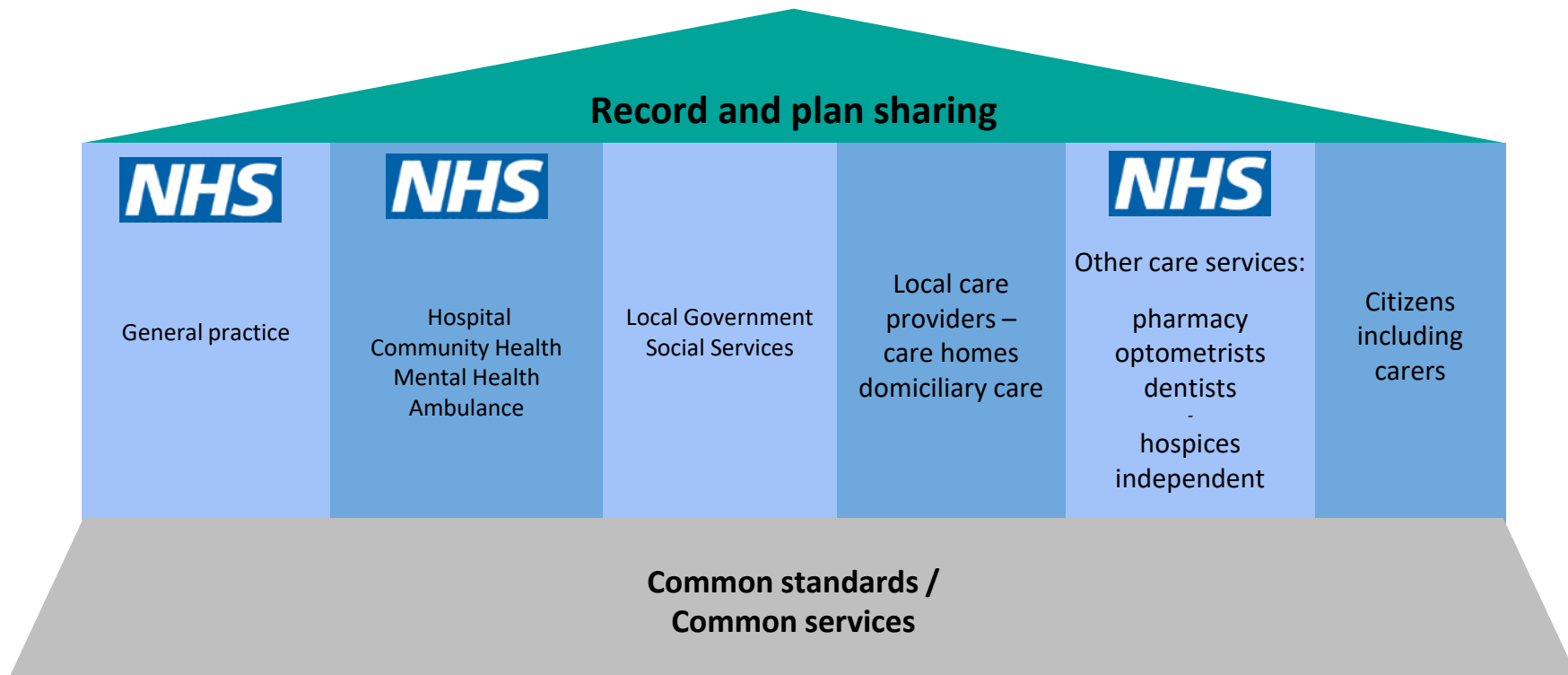
*A shared care record is intended to give a space to individuals and carers to contribute what matters to them as part of their record. It's about patient to professional information sharing as well as professional to professional.*

They are an essential foundation to delivering integrated, safe, personalised and seamless care, in line with the NHS Long Term Plan.

ShCR enable other national strategies, policies and programmes, for example:

- End of life care planning
- Mental Health
- Medications
- Maternity and child health
- Anticipatory care

# How are shared care records built ?

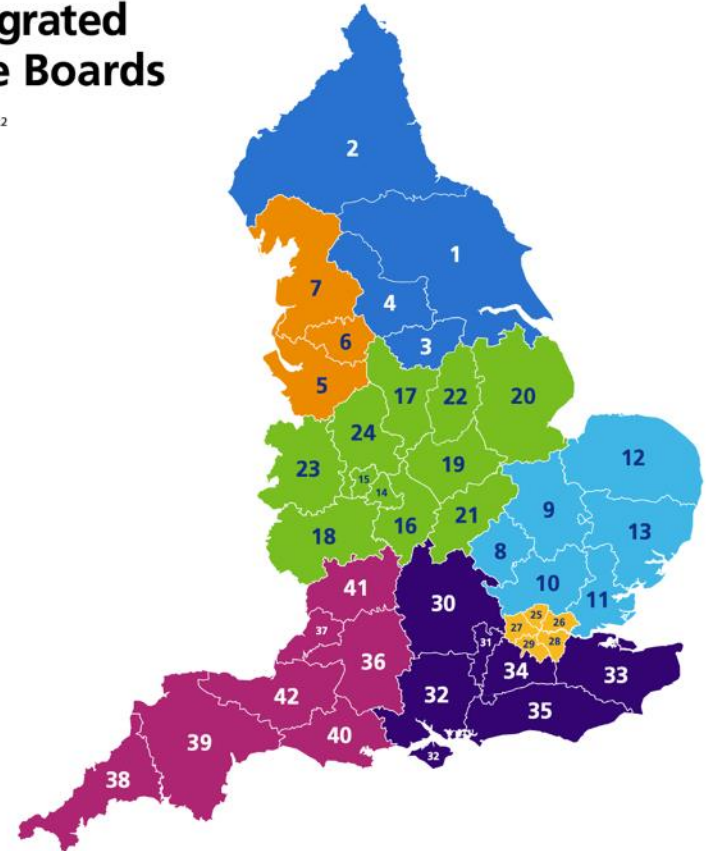


# Shared care records in England

- Every Integrated Care Board in England now has a **basic** shared care record solution
- However levels of use and connectivity vary greatly
- In more mature systems it has become business as usual
- Embracing historical records of care – “look back” - alongside care plans – “look forward”
- Based around the person not provider of care

## Integrated Care Boards

From 1 July 2022

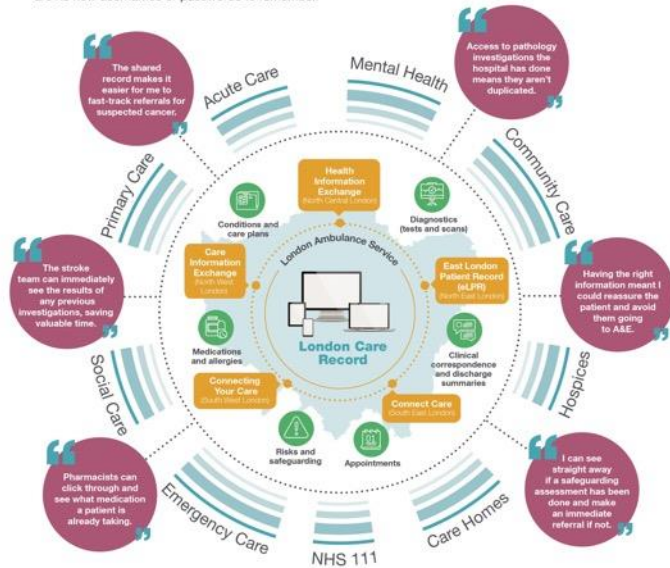


# Case Study



## London Care Record

The London Care Record brings together an individual's information from health and care services across London. It's available as a click-through from your local electronic care record system, so there are no new usernames or passwords to remember.



- Currently, community pharmacies in North East London can see:
  - Homerton Healthcare and Barts Health **hospital** data: including medications at patient discharge, chronic problems, procedures, allergies
  - NEL GP data including medications, problems, procedures, allergies
- The ShCR is single sign-on from PharmOutcomes and displays data captured in real time; supports informed decision making and reduces non-value added administration
- In turn, patients can benefit from a safer and quicker service
- Recent uptake reports show a growing number of accesses to the tool



one shared care record

With permission from Anita Ghosh, IT Enabler Programme Manager  
Homerton Healthcare NHS Foundation Trust.

# Case Study - continued



*“It was the Saturday between Good Friday and Easter Monday and the pharmacy was open to provide services as normal. An epileptic patient rang to request her antiepileptic medication to be delivered. Her record was checked on the pharmacy PMR and her last dispensing date record showed she should still have two weeks’ worth of medication left.*

*The patient was requested to check where 14 tablets had been misplaced. She confirmed that she had not misplaced them; however her dose had been doubled mid supply cycle and she was taking two tablets instead of one, and the previous 28 day supply was no longer sufficient. Additionally, the patient had repeat prescriptions for two separate strengths of the antiepileptics at the pharmacy and all she knew was that she was taking double of one of them but not aware of which one.*

*The pharmacy had repeat dispensing batches of prescriptions at hand but was not aware of her most recent treatment plan. Hence the need to access some resource to be able to proceed with a safe dispensing process.*

*The Summary Care Record was not an option as the change was not reflected on the repeat list and there was not much there in terms of valuable information, noting as the change was made by the neuro specialist and was not a GP initiated change.*

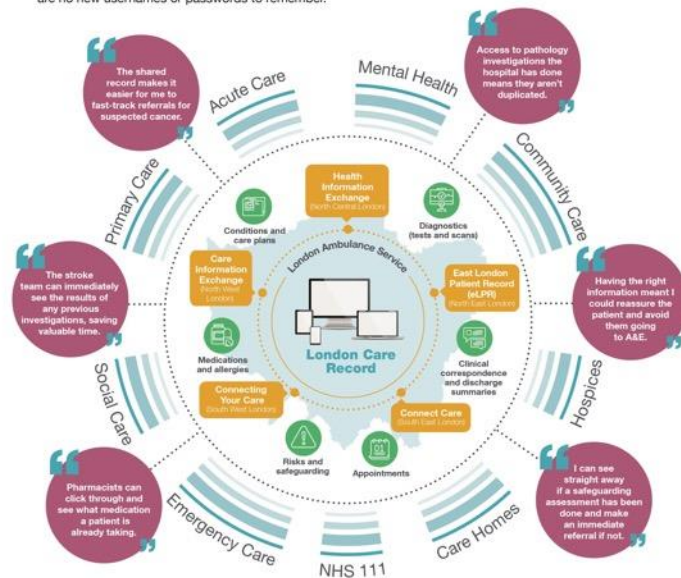
*In the time of need, eLPR was accessible which supported in the safe supply and prevented any risk of A&E presentation due to a delay in medication provision. It assured the pharmacist that the most up to date record was visible to take a well informed clinical decision in the best interest of the patient.”*

# Examples



## London Care Record

The London Care Record brings together an individual's information from health and care services across London. It's available as a click-through from your local electronic care record system, so there are no new usernames or passwords to remember.



"I assessed a breathless patient over the phone who had significant palpitations and presyncope. I was almost certainly going to arrange an ambulance but then on accessing the London Care Record it came to light he had a background of anxiety and was on propranolol. He hadn't taken his medication that morning. I advised him to take it. I eventually called the patient back to reassess and he was symptom free. I was able to give him the best support and treatment and freed up an ambulance to treat patients elsewhere."

"When a patient is transferred to our stroke unit from another hospital, our stroke team can immediately see the investigations that have already been conducted and have access to the results. If the patient has already had echocardiography or 24-h tape ECG monitoring, there is no need to repeat it. This simple reduction of duplication saves multidisciplinary teams time and saves the Trust money. Most importantly, we ensure efficient and safe treatment for our patients."

"If someone comes to A&E and asks if they're on their medication, they'll say, 'I'm on this and this and another for my blood pressure.' Or 'I'm taking these red and yellow pills, but I don't know their names'. The hospital pharmacists can click on a shared medical record to see what medications a patient is currently taking. It is a huge benefit."




one shared care record



# Breakout discussions, sharing back and brief general Q&A

*Session timing: 10.15-10.55*



The breakout questions are below. Each group must answer at least two of these.

- a. What are the most beneficial elements of records information that would help pharmacy teams to do their job?
- b. What are the benefits of structured information and how could structured information add value?
- c. What are the common practical and technical elements for the varying NHS records systems?
- d. What are the common practical and technical challenges with uptake for varying NHS records systems?
- e. What would you like to change with the records systems - or see in addition?
- f. How could speedier integration and progress be achieved?

Group	Questions for group
Group 1 & 8	a/d
Group 2 & 9	c/d
Group 3 & 10	b/f
Group 4 & 11	a/c
Group 5 & 12	d/e
Group 6	b/f
Group 7	b/e

*Session timing: 10.17-10.40*

# Sharing back from breakout facilitators

- Facilitators to share **one key point for each question** back to the wider group.

# Final general Q&A

*Session timing: 10.50-10.55*

A series of ten horizontal blue bars of varying lengths, arranged in a row at the bottom of the slide.

## Thanks, next steps and close

The hosts will provide an outline of the next steps.

Please share within the chat: What one action, however small, will you take forward after this event to support the records agenda?

Thank you!

*Post meeting queries:*

*CP ITG: [it@psnc.org.uk](mailto:it@psnc.org.uk)*

Close by 11am

