

NPA Position Paper Community Pharmacist Access to Patient Care Records

Prepared by
National Pharmacy Association
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NPA Position Paper

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Purpose

The purpose of this paper is to make the National Pharmacy Association (NPA) case for all community pharmacists having read and write access to NHS Care Records.

Executive summary

The Government's vision of integrated health care by 2010 is exciting and ambitious. To help realise this vision, a major Information Technology programme is underway to revolutionise communication across the NHS. Among other innovations, care providers in all settings will have electronic access to a patient's medical record at the point of care. This position paper makes the NPA case for both read and write access to Care Records for community pharmacists.

Pharmacists need access to Patient Care Records for a number of reasons:

1. To benefit patients
2. To prevent harm to patients
3. To benefit other care professionals
4. To carry out their responsibilities under the new contract
5. To benefit pharmacists themselves

Points 1, 3 and 4 are considered in a section which looks at pharmacist responsibilities under their new contract. The contract, which was effective from April 2005, formalises a wide range of roles for community pharmacists, beyond dispensing, at the front line of patient care. Access to NHS Care Records is a prerequisite from Essential Service 1 – Dispensing, through the Advanced Service of Medicines Use Review and Prescription Intervention Service, to Enhanced Service 10 – Supplementary Prescribing by a Pharmacist and at most points in between.

Point 2 - preventing harm to patients is covered by considering the vital pharmacist role of shielding patients from medication errors by intervening with the prescriber on their behalf; by considering how much more effective that would be with full access to the NHS Care Record. Point 5 - the benefits to pharmacists themselves is explored in terms of pharmacists at last playing their part in the new integrated primary healthcare team.

Finally, potential objections to pharmacist access are discussed - the query over the necessity of pharmacist access to patient records beyond their own medication records, the issue of patient confidentiality and the cost of including community pharmacists in the project. These points are answered by the fact that patients are not registered exclusively with one pharmacy, by the clinical examples provided in the pharmacists' responsibilities under the new contract section, by pharmacists' role in preventing medication errors; an increased emphasis on all aspects of patient confidentiality as the new contract is implemented; and the connection of community pharmacy systems to N3.

Introduction

One of the most exciting elements of the NHS strategy is integrated health care: putting the individual person or patient at the centre of a drive for improved health. Community pharmacists are ready and willing to play their part. Their new contract takes them beyond their traditional role of dispensing and onto the front line of patient care with a progressive range of new patient-focused services.

The new contract services are listed in detail below, but other Government health policy initiatives such as A Vision for Pharmacy in the new NHSⁱ, Choosing health through pharmacyⁱⁱ, Self care - A real choice: Self care support - a practical optionⁱⁱⁱ, Building on the Best^{iv} and the National Service Frameworks have pointed to a developing role for pharmacists^v:

- Provision of advice on common adverse effects of medicines and their management
- Support for patients and carers in following treatment regimens
- Promotion of effective drug treatments derived from an evidence-based approach to treatment and primary care
- Support for service users in the community
- Seamless medicines management and support of patients following discharge from specialist units, working with other support staff

However, in the 21st century, the concept of integration pre-supposes a robust IT structure to facilitate it, so it is essential that pharmacists are part of the IT networks as well as the primary care team.

An ambitious National Programme for Information Technology will deliver the solutions required to implement the NHS strategy. This position paper makes the case for full participation in this programme for community pharmacists.

The National Programme for Information Technology

NHS Care Records Service

The NHS Care Records Service has been described as the lynchpin of the entire national programme for information technology. It is intended that every patient's medical record will be held electronically, with the information easily but securely accessible to healthcare professionals in any location, whenever it is needed. Over time, the NHS Care Record will become a comprehensive patient history, summarising contact with all care providers.

The information on the NHS Care Record will be stored at two levels: detailed records, which will be held locally at the point of care delivery, and essential information which will be uploaded to a summary record (part of the spine). This summary record will contain personal details and important care information of relevance to other healthcare professionals.

EPS

The Electronic Prescription Service will allow prescriptions generated by GPs and other prescribers in primary care to be transferred electronically to a community pharmacy.

Prescribers will send an electronic prescription to the medication spine to make it available for dispensing. Simultaneously, the medication details are added to the NHS Care Record. If a patient has nominated a pharmacy from which to collect their medication, the electronic prescription arrives directly at the pharmacy for dispensing. If not, the patient is given an ePrescription to present at the pharmacy of their choice. This has a barcode enabling the pharmacist to obtain the prescription details from the NHS CRS.

Once the prescription has been dispensed, the pharmacist sends an electronic reimbursement request to the medication spine before it is routed to the reimbursement agency.

The Electronic Prescription Service is part of NHS Connecting for Health's Electronic Transmission of Prescriptions (ETP) programme, which will also include, in the longer term, the integration of the Electronic Prescription Service with the NHS Care Records Service.

Why do pharmacists need access to NHS Care Records?

Community pharmacists should have read and write access to NHS Care Records for the following reasons:

1. To benefit patients
2. To prevent harm to patients
3. To benefit other care professionals
4. To carry out their responsibilities under the new contract
5. To benefit pharmacists themselves

First do no harm

Pharmacists have always aimed to prevent harm to patients by intervening in prescribing decisions. At present, this usually involves a telephone call to alert the GP or ascertain his or her intentions. Many GPs rely on their local pharmacists as a stop-gap in preventing adverse events and interactions.

The Government is committed to reducing by 40% the number of serious errors in the use of prescribed drugs^{vi}. While pharmacists make mistakes too, 216 claims against GPs handled by the Medical Defence Union between 1995 and 2001 were directly related to errors in prescribing, monitoring or administering medicines^{vii} and of 1000 consecutive claims reported to the Medical Protection Society from 1st July 1996, 193 (19.3%) were associated with medication and prescribing^{viii}.

A study led by Dr Gill Hawksworth, community pharmacist, Mirfield, West Yorkshire, evaluated the value of clinical pharmacy interventions and the degree of professional contact made between community pharmacists and general practitioners during the dispensing process, looking at issues other than legality or clarification of the prescription. Data were collected during a period of one week per month for 12 months from 14 community pharmacies dispensing between 2,000 and 8,000 items per month. During this time, 1,503 interventions were made out of a total of 201,000 new and repeat prescribed items dispensed, an incidence of 75 interventions per 10,000 prescribed items. A multidisciplinary clinical panel assessing the data identified that between 19 (0.01 per cent of the total items dispensed) and 242 (0.12 per cent) of the interventions made may have prevented a drug-related hospital admission, 71 (0.04 per cent) to 483 (0.24 per cent) interventions could have prevented harm to the patient and 103 (0.05 per cent) to 364 (0.18 per cent) had the potential to improve the efficacy of the intended therapeutic plan. The panel also identified that 748 (0.37 per cent) of the interventions made improved the clinical outcome and could have saved a visit to or by the GP^{ix}.

A similar study in 2001 surveyed prescribing interventions made by community pharmacists in 34 pharmacies over a two week period. The study found that 419 (0.69%) interventions were made out of a total of 60,525 items dispensed. Forty six interventions (0.08%) were classified by the pharmacists as potentially serious to the patient^x.

The community pharmacists in these studies relied only on the pharmacists' own patient medication records. Even better interventions would have been possible using access to NHS Care Records.

GPs are busy people who have long had a role at the centre of patient care. Others in primary care, including pharmacists, are relieving GPs of some of the pressures of patient care, but this makes it even more important that pharmacists are given the 21st century tools to continue to intervene for the benefit of the patient. Giving community pharmacists access to NHS Care Records will help prevent prescribing errors.

Pharmacists' responsibilities under the NHS Community Pharmacy Contract

All pharmacists working in community pharmacy will need both read and write access to NHS Care Records in order to comply with the requirements of the pharmacy contract for England. This divides pharmacy services into three tiers: Essential, Advanced and Enhanced Services. The **Essential Services** which are expected of every community pharmacy are:

- Dispensing
- Repeat Dispensing
- Disposal of Unwanted Medicines
- Promotion of Healthy Lifestyles (Public Health)
- Signposting
- Support for Self-Care
- Clinical Governance Requirements

Advanced Services can be carried out only by pharmacists who have been accredited to do so and from accredited premises. The only Advanced Service (AS) provided currently is Medicines Use Review and Prescription Intervention Service.

Enhanced Services can be commissioned by PCTs in response to the needs of the local population. In some cases, pharmacists will need further training in order to carry out these services (e.g. supplementary prescribing by pharmacists). In other cases, brief induction training on the operation of the service may be required by the commissioning PCT. However, for many of the enhanced services, pharmacists will not require special training or accreditation, and commissioning from the PCT may only formalise a service which is already being provided by the pharmacy or pharmacist. Enhanced Services are currently listed as:

- Supervised Administration (Consumption of Prescribed Medicines)
- Needle and Syringe Exchange
- On-Demand Availability of Specialist Drugs (Availability of Palliative Care or other Specialist Medicines)
- Stop Smoking
- Care Home (support and advice on storage, supply and administration of drugs and appliances)
- Medicines Assessment and Compliance Support
- Medication Review (Full Clinical Review)

- Minor Ailment Service
- Out of Hours (Access to Medicines)
- Supplementary Prescribing by Pharmacists

Further consideration is given below to services which involve the provision of patient care.

Dispensing

Pharmacists' Code of Ethics and Standards^{xi} requires that 'every prescription must be professionally assessed by a pharmacist to determine its suitability for the patient'. To carry out this requirement properly, pharmacists need to be aware of the clinical context for the prescription. This would require access to NHS Care Records for a new medicine. Where pharmacists had doubts about the suitability of a medicine, at present, the prescriber has to be contacted, usually by telephone, which is a time-consuming and disruptive operation for both parties. Access to NHS Care Records would reassure pharmacists in the vast majority of cases about the suitability of the prescription, but confirm their doubts in others. Prescribers would therefore be disturbed much less frequently and only where pharmacists had firm clinical grounds for querying the suitability of the prescription.

Scenario

David Harper has been prescribed diazepam 2mg to be taken 'when required' for the last three months. He arrives in the pharmacy with a prescription for paroxetine 20 mg, 30 tablets, with a dosage of half a tablet to be taken each morning. This is the recommended starting dosage for panic disorder, but not for any of the other indications for paroxetine e.g. depression or anxiety. David appears very sweaty and anxious and asks the pharmacist whether he thinks the tablets will do any good. When the pharmacist asks what prompted him to visit the doctor, David says that he's been feeling very mixed-up lately and only went to see his GP to get some more diazepam 'for his nerves'. The pharmacist accesses his NHS Care Record and sees that the GP does indeed suspect panic disorder, and has made a note to review him in a week. The pharmacist is able to reassure himself that the prescription is appropriate, and can counsel David on returning to see the GP in a week's time, which he had forgotten.

Pharmacists are also required, when they judge it clinically appropriate, to record advice given, and interventions and referrals made^{xii}. Access to NHS Care Records to record this information, when necessary, would make it available to other care professionals as well as the GP.

Scenario

Mrs Raksha Ramani asks the pharmacist if she would mind popping out all her tablets and capsules into bottles in future, as she is finding it very difficult to get them out herself. The pharmacist is happy to oblige and makes a note on the NHS Care Record so that others involved in Mrs Ramani's care are aware of this request. As a result of this intervention and record, her GP questions Mrs Ramani about her manual dexterity and refers her to a hand surgeon for assessment. Six months later, Mrs Ramani joins an origami class and is knitting again for the first time in years.

Support for People with Disabilities

Pharmacists, like other service providers under the Disability Discrimination Act 1995, are expected to make reasonable adjustments to their service so that people with disabilities are able to use it.

Care professionals could identify patients, whom they feel are candidates for support, on the NHS Care Record. In turn, pharmacists would record, on the NHS Care Record, the level of assistance required and used. This would then be accessed by other health and social care professionals in contact with that patient. Any changes to the situation would be recorded by any of the care professionals on the NHS Care Record.

Scenario

Mr Ashworth has difficulty reading small print and after a near-miss with a tablet mix-up, his daughter asks if the pharmacist can do anything to help him. After a meeting with Mr Ashworth and his daughter, the pharmacist agrees to print large labels and put his three tablets into three different sized bottles. She records this information on his NHS Care Record. A few months later, he is admitted to hospital, where pharmacy staff are able to access this information and ensure that his discharge medication is dispensed in the same way, avoiding further confusion.

Repeat Dispensing

Good communication between prescriber and pharmacist is essential for the smooth running of a repeat dispensing system. In addition to his normal clinical checks, a pharmacist is required to ascertain the patient's need for repeat supply, and to communicate any clinically significant issues to the prescriber. While most communication on this topic would need to be active, by means of email or telephone, rather than by means of notes on the NHS Care Record, it would be important for either party to record the outcome of any communications on the NHS Care Record and for the other to have access to that record.

Scenario

Blossom Carter has signed up for repeat dispensing. She takes levothyroxine 100 mcg and 50 mcg daily (28 of each) and co-dydramol 10/500 (100) when required. Her pharmacist asks her if she needs all the items on the prescription and she says yes, but on further questioning admits that she doesn't take the co-dydramol all the time, and has over 200 tablets at home. The pharmacist contacts the GP practice to suggest putting levothyroxine and co-dydramol on separate, repeatable prescriptions so that Blossom can manage her supplies of each. When yet another repeatable prescription for all the medicines arrives in the pharmacy, the pharmacist decides to record this recommendation on the NHS Care Record himself. The next time Blossom visits the pharmacy she has two separate repeatable prescriptions.

Disposal of Unwanted Medicines

Pharmacists accept unused medicines from patients and their families or carers for safe disposal. Often, people dispose of small quantities of medicines no longer used by the patient, but in some cases relatively large quantities of 'current' medicines are found or brought into the pharmacy. In these cases, it would be good practice for pharmacists to inform the prescriber and other care professionals, and to make a record on the NHS Care Record.

Scenario

Vera Hodges received a kidney transplant three years ago. Her husband is clearing out the dining room at home and brings in three black bags full of tablets and capsules. The pharmacist is alarmed to note that this haul includes large quantities of ciclosporin, her anti-rejection medication which suggests that she has not been taking this. She contacts the GP urgently as Vera's treatment may need to be reviewed, and records the quantity of medication found on the NHS Care Record.

Promotion of Healthy Lifestyles (Public Health)

This service comprises the provision of opportunistic advice on lifestyle and public health issues, both to patients receiving prescriptions and to general pharmacy visitors. Pharmacists are required to record the advice given if they judge it clinically significant. At present, this record can be made on their patient medication record or in a book designed for the purpose, but it would be much more useful for the patient, if the nature of the advice given was shared with other healthcare professionals by means of the NHS Care Record.

Scenario

Jane Ellis is 44 and slightly overweight. She hobbles into the pharmacy with a prescription for diclofenac 50 mg. "That's it, I'm officially old!" she says as she moans that her GP has told her that her left knee is showing early signs of osteoarthritis. On questioning, the pharmacist finds out that Jane has not injured her knee and the GP has described the problem as 'wear and tear'. Sensing an opportunity for lifestyle advice, the pharmacist asks gently about any other advice that the GP had given her. "He told me to keep my weight off it", replies Jane. The pharmacist sympathises and steers the conversation towards weight loss, providing leaflets on healthy diets and exercises which wouldn't damage the knee further. With Jane's consent, the pharmacist records the advice given on Jane's NHS Care Record so that other care professionals, including the physiotherapist to whom Jane is later referred, can see that the topic of weight loss has already been broached.

Signposting

Pharmacists are required by the new contract to keep contact details of other organisations and individuals who may be able to provide support, advice or treatment beyond that offered in the pharmacy; to refer pharmacy visitors to others where necessary and to record such referrals if deemed clinically significant. Once again, while this information is currently recorded in patient medication records within the pharmacy, it would be of much wider use to other care professionals if recorded on the NHS Care Record.

Scenario

Jane Ellis returns to the pharmacy a week later and although she is still taking the diclofenac and receiving some pain relief from it, she is concerned that her body is out of alignment and wants to see a complementary practitioner to sort out her 'chi'. Does the pharmacist know of any good ones locally? The pharmacist is pleased to note that Jane has embarked on a healthy eating plan and is able to offer her contact details of a shiatsu practitioner and a pilates class held in the evenings. With Jane's permission, she writes a referral note for the pilates teacher and shiatsu practitioner and records the referrals on Jane's NHS Care Record.

Support for Self-Care

This service relates to helping people with minor illnesses and long term conditions derive maximum benefit from caring for themselves. Pharmacists frequently recommend treatment for patients with minor illnesses and the increasing range of Prescription Only Medicines which have been reclassified as Pharmacy medicines in the last twenty years has facilitated this service. However, this means that the GP can no longer keep track of all the medications which his patients may be taking and pharmacists have an interest in ensuring that this information is shared, both with the GP and other prescribers such as dentists and nurses. Therefore pharmacists must be able to access NHS Care Records to record important self-care information.

Scenario

Mark Warne is staying away from home and has developed a stuffed-up nose, probably from his hotel's fierce air conditioning system. He wants to buy a small packet of Sudafed tablets, which his wife takes sometimes, but is taking some little white tablets for his high blood pressure. As Mr Warne does not receive his medication from that pharmacy, the pharmacist cannot check her own patient medication records and would have to refuse the sale, unless she could access his NHS Care Record to check that there is no interaction between the decongestant and his antihypertensive medication. With his permission, she is able to check on his Care Record that he is only taking bendroflumethiazide 2.5 mg daily, so a short course of Sudafed is likely to be perfectly safe.

People with long term conditions are being encouraged to manage their illness rather than let it rule their lives. Pharmacists, with their health promotion, self-care and signposting role can support patients with long-term conditions as part of a network of care professionals.

Scenario

Victor Rogers, a regular patient with diabetes, brings in a blood glucose monitor which his son has bought him and asks the pharmacist for instructions on how to use it. Surprised that he has never monitored his blood glucose before, the pharmacist finds out that he doesn't go to his diabetes clinic appointments. His NHS Care Record confirms that he is on a 'final warning' for not getting further medication without a review.

Although he is 78, Victor is smartly dressed in a suit and has a new car parked outside. He is still working for a local dealership after his family car business collapsed two years ago. The pharmacist discusses the importance of regular blood glucose monitoring but, having checked that the meter kit contains a few testing strips, suggests that he is intelligent enough to be able to read the instructions for himself. Not needing to be convinced of the need to keep himself fit enough to drive, Victor resolves to take better care of himself and his diabetes. With Victor's permission, the pharmacist records the key points of the discussion on his NHS Care Record, which prompts the diabetes nurse to monitor Victor's progress and provide further encouragement at their next meeting. In addition his GP refers Victor to the Expert Patient Programme and within six months, he is a local tutor for others with long-term conditions.

Medicines Use Review and Prescription Intervention Service.

Accredited pharmacists perform a medicines use review (MUR) to assess any problems that patients have with their medicines. They then make recommendations to the patient's GP using a reporting template. The most important outcomes of an annual MUR should be recorded on the NHS Care Record, so that other care professionals can understand the reasoning behind any medication changes made as a result.

Scenario

Rade Balacyk agreed to an MUR during which the pharmacist ascertained that he had difficulty swallowing gelatine capsules, even with water, as his mouth was often dry. After offering him advice about how to ameliorate this problem, the pharmacist recorded this information on his NHS Care Record to alert prescribers and carers of his difficulty.

Supervised Administration (Consumption of Prescribed Medicines)

Pharmacists who offer this service are required to supervise the consumption of prescribed medicines to ensure that the patient receives the dose. Examples of conditions for which supervised consumption may be appropriate are opiate dependence, mental health conditions and tuberculosis. Current guidelines^{xiii} recommend all new treatment of opiate dependence be subject to supervised consumption for the first three months or a period considered appropriate by the prescriber. The pharmacist is obliged to share relevant information with other health care professionals and agencies in line with locally determined confidentiality arrangements. At present, this is usually done by telephone however the most reliable way of carrying out this obligation would be through use of the NHS Care Record.

Scenario

Wayne Jackson has been a regular attendee for his methadone pick-up at his local pharmacy and usually chats to the pharmacist as he takes his supervised dose. However he is looking increasingly dishevelled and distracted and is starting to miss the odd day. He is surly with the pharmacy staff and clearly resents the supervision. The pharmacist realises this may be due to a problem with the dose and records on Wayne's NHS Care Record that Wayne's dose may need to be reviewed. His link worker at the addiction clinic picks this up at his next visit. His methadone dose is increased from 50 ml to 80 ml daily over the course of the next few months and he appears much calmer.

Needle and Syringe Exchange

Pharmacists who offer this service provide access to sterile needles, syringes and sharps containers in exchange for the return of used equipment; however this service is often anonymous, ruling out read or write access to NHS Care Records. As addiction services continue to pull back from punitive measures, there may be opportunities to share needle and syringe exchange information between the pharmacist and other care professionals and this could most usefully be facilitated via the NHS Care Record.

Stop Smoking

Pharmacists who provide this service offer one-to-one support and advice to people who want to give up smoking. They also facilitate access to stop smoking drugs and aids. Supply of treatment must be recorded on the person's pharmacy medication records and, where clinically appropriate, should be communicated to the person's GP. This is particularly important because of the important interactions associated with bupropion, which may be prescribed by pharmacists as part of the scheme. Access to the NHS Care Record will be essential to share this information.

Scenario

Eileen Dyche has responded to the national campaign for No Smoking Day in two weeks time. She asks for help in quitting and fulfils all the criteria for supply of bupropion on a Patient Group Direction. The pharmacist issues a four-week supply of bupropion, along with leaflets and stop smoking aids, and, with Eileen's permission, records this information on her NHS Care Record. When Eileen visits her GP a week later as her asthma has got worse, her GP notices this intervention from the pharmacist and decides not to prescribe theophylline, as this is one of the drugs which could interact with bupropion and be affected by tobacco withdrawal. If the pharmacist had not been able to access the NHS Care Record, the GP may not have known about the bupropion prescription and Eileen may have suffered a seizure.

Medicines Assessment and Compliance Support

Pharmacists commissioned to provide this service help to support independent living for vulnerable people, or those with special needs who do not fall within the criteria of the Disability Discrimination Act 1995. Pharmacists assess the person's knowledge and use of their medicines and the appropriate level of support required to help them take their medicines as prescribed. Once the level of support has been agreed with the person or their carer, the pharmacist may provide that support or refer them to another health or social care professional. Support can include compliance charts, screw top closures, medication administration records charts, labelling medicines in large fonts and multi-compartment compliance aids.

Agreements on medicines assessment and compliance support should be shared with other health and social care professionals who come into contact with that person and the best way to facilitate this would be through the NHS Care Record. Most importantly, the frequent medication changes initiated by different care agencies necessitate that this information is kept up to date.

Scenario

Mavis Chambers receives weekly supplies of her prescribed medicines in Medidose cards. Her GP decides to increase her daily furosemide dose from 20 mg to 40 mg. The pharmacist has no access to the NHS Care Record and is unaware of the dosage change until the next prescription arrives. Meanwhile the carer has been opening the Medidose blisters and 'borrowing' another little white furosemide 20 mg tablet from another blister in order to fulfil the 40 mg dose. There are lots of little white tablets in the blisters and some of them may not have been furosemide 20 mg.....

Medication Review (Full Clinical Review)

Pharmacists carrying out full medication reviews (level 3, Room for Review^{xiv}) conduct a structured, critical examination of a patient's medicines. The objectives are:

- to reach an agreement with the patient about the continued appropriateness and effectiveness of the treatment
- to optimise the impact of medicines
- to minimise the number of medication-related problems and
- to reduce waste.

The pharmacist may provide this service within the pharmacy, GP practice, home or other setting but needs access to the patient's medical notes in order to maximise its impact, for example by assessing the ongoing requirement for a medicine and consideration of relevant test results. The service outline^{xv} requires that the pharmacist has access to the patient's notes, makes recommendations to the prescriber and shares relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

Scenario

Fred Prince is 75 and takes bendroflumethiazide 2.5 mg daily, omeprazole 40 mg daily and co-codamol 8/500 up to eight tablets daily when required. The pharmacist studies the NHS Care Record and finds out that he used to take naproxen for his osteoarthritis. This upset his stomach so his GP started him on omeprazole, took him off naproxen and substituted co-codamol. He manages very well with the co-codamol. The bendroflumethiazide 2.5 mg is used for hypertension, but his last two blood pressure readings have remained high. Fred's cholesterol level is 5.2 but he continues to smoke cigarettes. The pharmacist is able to recommend a reduction in the omeprazole dose now that Fred's stomach problems have eased, to 20 mg followed by 10 mg if there are no further symptoms a month later. He also recommends adding in more blood pressure medication, possibly an ACE inhibitor, and adding aspirin and a statin to his daily regimen. Fred promises to think about giving up smoking. With Fred's permission all this information is shared on the NHS Care Record so that the GP can make the necessary changes to Fred's treatment. When Fred is admitted to hospital with a suspected heart attack six months later, the information about his current medicines is readily to hand and his admission proceeds more smoothly.

Minor Ailment Service

Pharmacists who provide a minor ailments service offer advice and support to people on the management of minor ailments including, where necessary, the supply of medicines for treatment of the minor ailment, for those people who would otherwise have visited their GP for a prescription. The pharmacist operates a triage system including referral to other health and social care professionals and is also required to keep appropriate records. Although the care of people with minor ailments has been entrusted to pharmacists through minor ailments schemes, it would still be appropriate to record exceptional use or abuse of the scheme on the NHS Care Record to ensure that other health and social care professionals were aware of it.

Scenario

Margaret Morrison, a patient with diabetes, visits the late night pharmacy on a Saturday at 8pm as she is suffering from cystitis. After careful questioning and counselling the pharmacist supplies a short course of trimethoprim under the minor ailment scheme PGD. As cystitis may be associated with poor control of diabetes the pharmacist advises the patient to discuss her diabetes management with the practice nurse at her next visit and, with Margaret's permission, enters this information onto the NHS care record. Next time Margaret visits the surgery this information on the record prompts the practice nurse to check Margaret's diabetic control. As a result Margaret's dose of insulin is changed and she receives advice on how to monitor her glucose levels more closely.

Supplementary Prescribing by Pharmacists

This service is based on a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber (pharmacist) to implement an agreed patient-specific clinical management plan (CMP). The supplementary prescriber must be able to access the NHS Care Record and should make contemporaneous records of all their interventions. If supplementary prescribers are not able to access the NHS Care Record at the point of intervention, they must transfer contemporaneous notes to the NHS Care Record within 48 hours.

The benefits for community pharmacists

As contractors to the NHS, community pharmacists sometimes feel apart from it rather than a part of it. The Government's stated objective of integrating health care, supported by a wide range of initiatives, including the new pharmacy contract and funding for the services to back up the rhetoric, makes the role of the community pharmacist more exciting than many in the profession can remember.

Some pharmacists may prefer to stay in the dispensary, but for contractors offering NHS services, that is no longer their sole domain. They can spend time conducting Medicines Use Reviews and Clinical Reviews using their medicines expertise to benefit patients one-to-one; they can conduct public health campaigns and develop their expertise in self-care and minor ailments. They can bid for enhanced services which meet their own interests as well as those of their patients.

Finally, pharmacists can feel part of the primary health care team, which revolves very much around the patient. In that environment, full access to a patient's NHS Care Record is not a 'want', but a 'need'. Pharmacists see access to the NHS Care Record as full membership of an integrated primary care team.

Potential objections to pharmacists having access to NHS Care Records

Potential objections to pharmacists having access to NHS Care Records are:

1. It's not necessary for pharmacists, who are not supplementary prescribers, to have access to anything other than their own patient medication records.
2. Pharmacists and pharmacy staff can't be trusted with patient confidentiality in a 'shop'.
3. It would be too expensive to include every community pharmacy in the Connecting for Health programme.

It's not necessary for pharmacists, who are not supplementary prescribers, to have access to anything other than their own patient medication records.

Patients are not obliged to receive all their prescribed medication and buy all their medicines from a single pharmacy. They can and do use the pharmacy most convenient for them at any time. Therefore patient medication records are not complete.

The clinical examples provided above make the case for the patient benefits to be gained from all community pharmacists, not just supplementary prescribers, having read and write access to NHS Care Records. Consider the consequences in each case of the pharmacist not having access, and remember the Government's objective of cutting by 40% the number of serious errors in the use of prescribed drugs.

Pharmacists and pharmacy staff can't be trusted with patient confidentiality in a 'shop'.

Pharmacists and their staff have always been required to respect confidentiality and holding confidential information about patients is nothing new for pharmacies. Pharmacies currently hold patient medication records (PMRs) for many of their patients that include details of medicines dispensed, allergies and other important information. Many patients ask the pharmacy staff for advice on confidential or potentially embarrassing issues and pharmacists and their staff already respect the confidentiality of any information they may acquire whilst fulfilling their professional duties. Pharmacists' own Code of Ethics guide^{xvi} states that

'The public expects pharmacists and their staff to respect and protect confidentiality. This duty extends to any information relating to an individual which pharmacists or their staff acquire in the course of their professional activities. Confidential information includes personal details and medication, both prescribed and non-prescribed.'

The new contractual framework for community pharmacy states that pharmacists and their staff need to comply with the legal obligations of the Data Protection Act 1998, Human Rights Act 1998 and common law of confidentiality. The clinical governance requirements of the new contract enshrine this requirement. Contractors and employees must conform to the NHS code of practice on confidentiality and contractors must have systems and policies in place to support this, including ensuring staff are appropriately trained. Every pharmacy has a Caldicott Guardian whose responsibility it is to review how patient information is stored and used.

Staff working in pharmacies will only be able to access patient's records if this is necessary as part of their role. This means that in most pharmacies it will only be the pharmacist and the dispensing technicians who access a record when dispensing a prescription or counselling a patient. Patients can be reassured that their records will not be seen by large numbers of different staff within the pharmacy. The computer where the record will be accessed must be in an area so that it cannot be viewed or accessed by other staff or the public. Access to the NHS records will be controlled by the use of a 'smart card' which will be issued to individual pharmacists after appropriate checks have been made. Pharmacists will be responsible for the safe and appropriate use of their smart card when working in a pharmacy. In addition, the government has suggested that patients will be able to place information that they do not wish anyone to see in a 'sealed envelope' which will not be able to be accessed without obtaining further consent.

The type of information that pharmacists will record on the patient record will mainly relate to the patient's dispensed medication and it is likely that this information will only be able to be entered using standardised codes to ensure that the type of information recorded is consistent.

As part of the new pharmacy contract pharmacists must ensure that they abide by the letter of the law. Computers containing patient medication records are password-protected and any documents with patient-identifiable information are locked away securely, and shredded on disposal, including spare dispensing labels. Private conversations with patients take place in a separate consulting area away from the public areas of the pharmacy. Practice leaflets include information about patient confidentiality in all matters, whether related to prescriptions or over-the counter

sales and advice. All staff contracts now include clauses on patient confidentiality. There is much publicity in community pharmacy about the need for patient confidentiality and what that really entails, and it is a responsibility which pharmacists take very seriously.

It would be too expensive to include every community pharmacy in the Connecting for Health programme.

Hardware already exists in every community pharmacy for labelling and ordering medicines, if not for more secular communication purposes. The government is already providing some financial support to help community pharmacists update their IT systems in preparation for the roll out of EPS. This will ensure that all community pharmacies will be equipped for secure connection to N3.

Summary

This document outlines the many benefits for patients and other care professionals if community pharmacists have access to the shared care record. These are summarised in Table 1.

The document also deals with some of the potential objections that have been raised in the past concerning pharmacist access to patient's records for example concerns regarding confidentiality.

Patients often see their pharmacist more frequently than any other healthcare professional which means that the pharmacist is able to add the most up to date information to the shared care record to support the care provided by other healthcare professionals. Pharmacists are highly trained healthcare professionals and access to the shared care record will enable them to further develop their role in the effective and safe care of patients.

Table 1

Pharmacy service	What happens now?	What could happen if community pharmacists had access to the care record?	What would be the benefits?
Dispensing	Pharmacists must attempt to ring the prescriber with queries about the dose, indication etc	Pharmacists can check this information themselves at the point of dispensing	Benefits the patient, the prescriber and the pharmacist, prevents harm to patients
Compliance support	Patients may use different pharmacies so pharmacist may be unaware of problems such as patients who do not pick up regular prescribed items	Pharmacists would be able to identify problems such as patients on regular medication who are not obtaining dispensed items at appropriate intervals	Benefits the patient
Support for patients with disabilities	Pharmacist can record that a patient needs help such as large print labels on the pharmacy record but cannot share this information with other healthcare professionals	Pharmacist can record this information on the shared record and ensure other healthcare professionals can provide care appropriate for the patient's disability e.g. large print labels, easy open containers	Benefits patients and other care professionals, prevents harm to patients.

Repeat dispensing	Pharmacist must communicate with the prescriber by phone or letter	Pharmacist can record information on shared record so that practice staff are aware of queries and changes	Benefits patients and other care professionals, prevents harm to patients.
Promotion of healthy lifestyles	No standard format for recording health promotion advice. Other care professionals not aware of the advice already provided by the pharmacist	Pharmacist can record information on shared record so that other care professionals are aware of relevant issues	Benefits patients and other care professionals.
Signposting	No standard format for recording signposting and referrals to other services. Other care professionals not aware of the advice already provided by the pharmacist	Pharmacist can record information on shared record so that other care professionals are aware of relevant advice and referrals	Benefits patients and other care professionals.
Support for self care	No standard format for recording self care advice so other care professionals are not aware of the advice provided by the pharmacist. Pharmacist cannot access the patient's record when advising patients on minor ailments or self care issues	Pharmacist can record and access information on shared record so that other care professionals are aware of advice or treatment provided by the pharmacist. The pharmacist can use the information on the shared record to check for interactions and contraindications	Benefits patients and other care professionals, prevents harm to patients.
Medicines use review	Pharmacist uses nationally agreed MUR form to record the MUR. This is only shared with the GP and the patient. The pharmacist cannot access any information about the patient when conducting the MUR.	Pharmacist can record and access the information on shared record which will improve the quality of the MUR and enable any queries to be resolved. Other relevant care professionals e.g. diabetes nurse are aware of issues raised during the MUR and advice provided by the pharmacist	Benefits patients and other care professionals, prevents harm to patients.

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