Health & Social Care Information Centre

Community pharmacy access to Summary Care Records

Proof of Concept report

Benefits and key findings

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"Access to the SCR is essential for the development of effective clinical services in community pharmacy and makes a real difference to the quality of care we can provide."

Ash Soni,
President
Royal Pharmaceutical Society

Introduction

An SCR is a centrally held electronic record containing key clinical information including a patient's medication, known allergies and any adverse reactions to medication. At the end of March 2015, over 94% of the population of England have an SCR available to be viewed by care professionals 24 hours a day, seven days a week.[1] Access in community pharmacy is via a secure web-based viewer, called the Summary Care Record Application (SCRa).

In April 2014, NHS England commissioned the Health and Social Care Information Centre (HSCIC) to deliver a Proof of Concept (POC) project enabling community pharmacy access to the Summary Care Record (SCR). This document presents the key findings from the project

The POC project is now complete with 140 pharmacies across five geographical areas[2] enabled to access SCR. These cover independent, multiple and supermarket pharmacy providers. Over 1,900 SCR's have been accessed during the POC period from September 2014 through to completion in March 2015.

Although the POC has ended, the pharmacies involved have expressed a strong desire for ongoing access to SCR and actions have been taken to ensure they can continue to do so.

Governance and monitoring processes protecting patient confidentiality were successfully and safely implemented across all pharmacy providers. These are consistent with those used for SCR in other healthcare settings. There have not been any governance incidents reported to date.

A benefits audit and pharmacy questionnaire was used to gather data to assess the benefit of SCR in community pharmacy. Findings demonstrate that using SCR has proved extremely beneficial. Results show it is increasing pharmacists' ability to treat patients more efficiently and effectively. This is achieved by reducing the need to contact the GP in-hours and providing access to information normally unobtainable out-of-hours.

Summary

There are significant benefits to be realised for patients, pharmacists, GPs, and the wider health economy by enabling community pharmacy to have access to SCR.

The implementation approach has demonstrated that it is possible and practical to provide this to all pharmacy types and settings. Whilst some observations and challenges were identified through delivering the POC, resolutions and action plans have been proposed should further rollout be agreed.

There is considerable demand for SCR from within the community pharmacy sector. All pharmacy stakeholders involved in the POC have confirmed a desire to roll out access to their pharmacies.

In addition, there is genuine potential to ease pressure on other parts of the healthcare system.

[1] They must also have a legitimate reason to look at the record and permission from the patient
[2] Five POC areas are West Yorkshire, Sheffield, North Derbyshire, Northamptonshire and Somerset

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Benefits

Approach

In support of the POC, community pharmacists were requested to participate in a number of activities to measure the anticipated benefits:

1. A benefits audit to gather data on clinical encounters where the SCR is accessed. 23.5% of all accesses were analysed.
2. A clinical user questionnaire to capture user feedback on their experience of accessing SCR. 13% of users responded.
3. A patient questionnaire, administered locally by pharmacists from ten high usage sites and given to patients to complete. 15 responses have been returned to date.

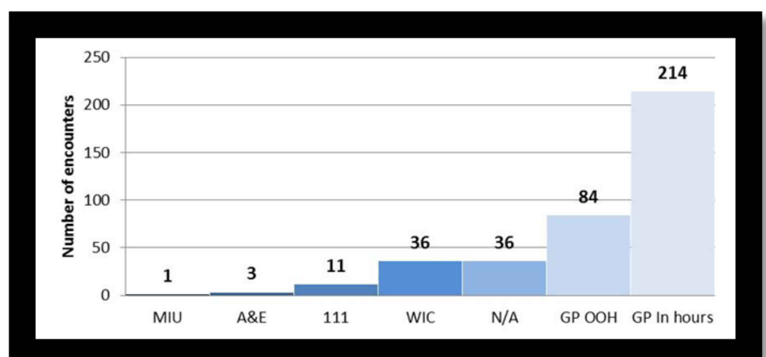
The limitations of this approach are as follows:

- Use of non-probability sample technique (self-selecting) across all aspects of the data. As a result there is a degree of self-selection and omission bias. The samples may not be representative of the larger pharmacy population, and may exaggerate a particular finding from the study.
- Some audit returns did not include responses to every question. In addition, although guidance was provided, interpretation of the questions may vary.
- Small sample size and low usage for the pharmacist questionnaire. Approximately 13% of users responded to the questionnaire. Results are based on experience of using the SCR, and as only 49% of the sample that responded had accessed SCR more than once a week, they had limited experience upon which to comment.
- For the patient questionnaire, very few results have been received (15). As a consequence they have not been taken into account in the high-level benefits results. The questionnaire however, will continue and results will be made available subsequently.

Key Findings

Effectiveness:

Reducing onward referrals to other NHS care settings such as A&E, Out-of-Hours GP, NHS 111, and GP practices:



- In 92% of encounters where SCR was accessed, the pharmacist avoided the need to signpost the patient to other NHS care settings.
- 56% of these encounters would have been signposted to the GP practice, 22% to GP out of hours/NHS 111, and 1% to A&E.
- 90% of pharmacists agree that using SCR allows them to resolve a patient's issues without signposting them to other services.

Efficiency:

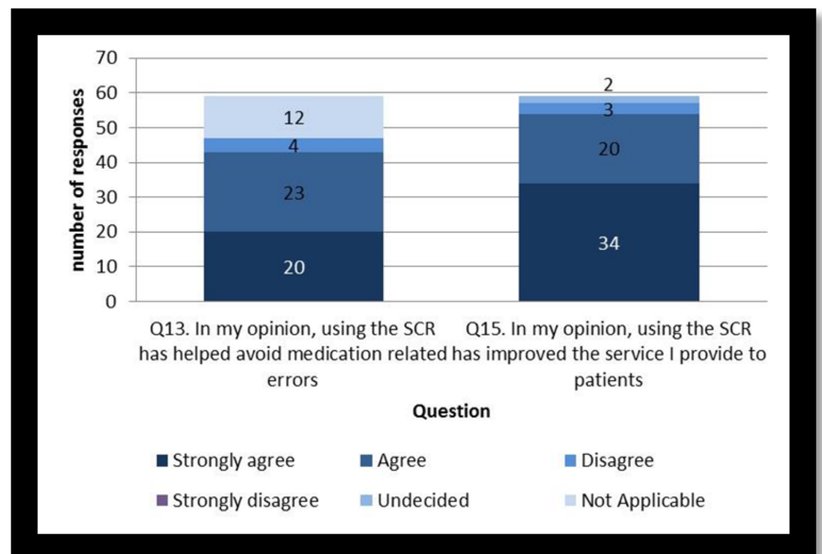
Reducing the need to contact the GP practice:

- 85% of respondents to the questionnaire either agree or strongly agree that SCR reduces the need to contact the patient's GP practice to gather more clinical information to treat them appropriately.
- 92% of respondents agree or strongly agree that the SCR enables them to treat patients more effectively on those occasions when GP practices are closed.

Safety:

Identifying prescribing errors and reducing potential harm:

- In 18% of encounters where SCR was accessed, the risk of a prescribing error was avoided. The majority of these cases had potential for moderate or major harm to the patient.
- In 87% of encounters where SCR was accessed, it provided information which would otherwise have been unknown.
- 85% of respondents agree or strongly agree that having access to SCR has contributed towards improving patient safety.
- 73% of respondents agree that using the SCR has helped them avoid medication related errors.



Patient experience

Reducing patient waiting time:

- The benefits audit results captured whether the pharmacist believed accessing SCR saved the patient waiting time for their issue to be resolved. 122 encounters[3] were reported. Of these, 100 encounters indicated that overall waiting time was reduced.
- Having access to SCR enabled the pharmacist to meet the patient's needs in 96% of the encounters reported.
- 92% of respondents agree or strongly agree that using the SCR has improved the service they provide to patients.

The findings highlighted above demonstrate that using SCR has proved extremely beneficial. Results show it is increasing pharmacists' ability to treat patients more efficiently and effectively. This is achieved by reducing the need to contact the GP in-hours and providing access to information normally unobtainable out-of-hours.

[3] For 263 encounters no responses was provided

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Implementation

Key findings

- **Timescales:** Across all the POC areas, the average total time it took to enable the pharmacies is four months. This was made up of approximately two months implementation planning, with subsequent go-live activities then taking one to two months to cover all the relevant pharmacies in the area. This assumes an average resource level of 0.5-1 FTE is available for the project period (i.e. four months).
- **Engagement and Training:** There was no significant difference in the value of individual or group training sessions regarding the user's ability to access SCR. Group sessions were seen as preferable as a means of networking and providing clinical leadership, whereas individual sessions provided reassurance that users understood processes and enabled any technical issues to be resolved immediately.
- **Resource impact:** The level of resource available had a significant effect on successful implementation. Where resource availability was low, a higher reliance on HSCIC was needed to support on-the-ground project activities. It also took longer to enable all the sites to go-live. No significant difference was seen in delivery timescales between mid-to-high resource availability areas (i.e. 0.5 FTE-1 FTE), dependent upon the engagement and training approach.
- **Resource type:** Some of the project teams had a local clinical pharmacy representative who directly supported the go-live activities. This is perceived to have improved user confidence and encouraged pharmacists to go on and access SCR.
- **Registration Authority (RA):** Where the RA team was closely involved in the project, training and the addition of smartcard access roles were co-ordinated and did not impact on timescales. However, where there was no existing relationship between the project and RA teams, implementation was impacted and delayed.
- **Central support (HSCIC):** This was seen by all areas as critical to the success of the project; providing implementation and training materials, implementation support, project leadership and sharing best practice.

"....By having access to patient summary care records pharmacists can provide a person-centred service for the patients they serve."

Katherine Murphy
Chief Executive
Patients Association

Information Governance

SCR must only be accessed when the user has a clinical reason to do so at that time, known as a Legitimate Relationship (LR). They must also always have the patient's permission. As with access in any care setting, every organisation and site within the POC needs a governance process in place for assuring that SCR is being used appropriately. A central system is provided to support this task, called the Alert Viewer. The person who can access the Alert Viewer and will usually provide the first level of assurance and access monitoring is known as the Privacy Officer (PO).

Locums/Relief pharmacists

Community pharmacy relies heavily upon the use of locum and relief pharmacists working across many organisations, often at extremely short notice. To support this flexible working, their access to the system is linked to what is termed as "the locum code". It has been necessary to implement an additional centrally managed manual process to provide the appropriate level of assurance monitoring for locums.

Key findings

- **Resource impact:** It is estimated that providing the PO role for independent providers took approximately one hour per quarter, per pharmacy. However, this was significantly increased for multiple providers due to limitations in the system for pharmacies of the same name (e.g. "Boots"). This makes it difficult for users to select the correct branch from a long list. This was further increased for some of the multiple organisations as they could not get access to the Alert Viewer from their usual work location. This required additional travel to a pharmacy to carry out the work.
- **Frequency of checks:** Most of the POs have been able to check every single access and positively confirm the pharmacists had a LR with the patient. Some accesses required further investigation but on all occasions this was due to the correct process not being followed, as opposed to an inappropriate access.

"If different people are looking after me, I expect them to share information about me, with my consent. An effective flow of information between professionals is vital to ensuring safer, more coordinated and more person-centred care"

Jeremy Taylor
CEO
National Voices

- **Locum access:** The manual process for monitoring locum access is labour intensive. It is estimated that 1.25 FTE would be needed nationally to provide the service for all locum users. This also assumes system improvements are delivered.
- **Permission to View:** The principles around asking patients for permission to view (PTV) their SCR and its practical application for some prevalent patient groups in the pharmacy setting caused confusion and uncertainty. This is reported to have reduced potential accesses.
- **Additional information to support monitoring requirements:** Whilst some additional tasks may have been required at the pharmacy to support the governance process, for example creating an entry for a new patient on the pharmacy system or gathering signed permission to view forms, feedback has confirmed this is not seen as an issue to date.

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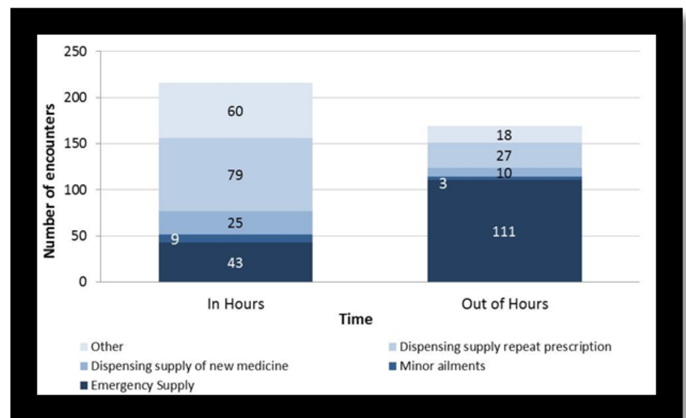
Use and Utilisation

Every access (1,643) of SCR by community pharmacy up to 1st March 2015 has been analysed to understand the time and frequency of use. Responses to the benefits audit have been used to analyse the various scenarios when SCR was used. There is no expectation that every patient requesting pharmacy services should have their SCR viewed; access is based on clinical need and on a case by case basis.

Key findings

Reason for Use:



- The majority of accesses to the SCR are for the purpose of providing an emergency supply out of hours (29%). Whilst this is the highest single use, it is not as high as originally expected by the industry. This could indicate that use of SCR in this scenario is not being maximised.
- Use of SCR has also supported the additional services pharmacies can provide, such as the New Medicines Service, and Minor Ailments Service.
- 72% of encounters where SCR was accessed were for the purpose of identifying the details of a medication the patient was unsure of.

Access and Utilisation:

- Average utilisation over the six month period is 2.9 SCRs accessed per month per pharmacy. This covers all pharmacies classed as live. This is lower than the original estimated baseline[4]. If this level was applied to all pharmacies in England, this would represent over 400,000 accesses a year.
- 21 pharmacies accessed SCR at least once a week on average, and five of these sites accessed it more than three times per week.
- SCR is being used for a higher proportion of patients seeking treatment out-of-hours[5] than those being seen in-hours. 26% of all SCR accesses occurred at weekends, whilst it is estimated that only 13% of all community pharmacy consultations take place at weekends[6].
- Reasons for low utilisation include:
  - No reason to access SCR as already have good lines of communication with local GP practices.

"The SCR is very user-friendly. With just a few clicks, the patient's record was in front of us. As a result of this service, we can help patients, GPs, and out-of-hours improve decision making at busy periods".

Akshay Patel
Regent Pharmacy

[4] Original baseline taken from historical use at Wicker pharmacy, Sheffield. Average 4 views per week during first six months of access
[5] 'In-hours' categorised as 8am-6pm Mon-Fri, 'out-of-hours' all other times
[6] Based on analysis from PharmOutcomes – March 2015

- Technology issues which took time to resolve and 'put-off' users.
- Usability of SCRa, as it is accessed via a separate window.
- Interpretation in the scope of SCR being only for emergency or out of hours use

Engagement

Consultation and engagement with national patient and professional organisations has continued throughout the POC project. The RPS has carried out much of this engagement due to its own priority for the profession to have access to shared patient records. Organisations which have provided a positive endorsement include Diabetes UK, Asthma UK, Parkinson's UK, Patients Association and National Voices.

The SCR programme recently established an Expert Advisory Committee. This is made up of representatives from key stakeholder organisations covering different professional groups and different patient representative bodies. These cover organisations such as the British Medical Association (BMA), Royal College of Physicians, NSPCC, and Age UK. A full list can be found on the SCR Expert Advisory Committee webpages. These representatives carried out consultations with their respective organisations regarding community pharmacy access to SCR.

Each of the POC areas also carried out their own local engagement. All ensured that LMCs and LPCs were aware of the project, and they also informed all local Healthwatch groups of their involvement.

Key Findings

- All organisations consulted agree that community pharmacy should be enabled to have access to SCR. However, reassurance is necessary to ensure existing governance and patient confidentiality requirements are adhered to.

The future

As a result of the POC and its findings, consideration is now being made regarding any wider implementation and ongoing use of SCR in community pharmacy.

With special thanks for their support delivering the POC project:

- *All POC pharmacies*
- *All POC project teams*
- *Royal Pharmaceutical Society*
- *Pharmacy Voice*

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