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Dear Martin

Enabling Integrated Care in Wales: The Health and Social care strategy for enabling integrated information services in 2012

The Royal Pharmaceutical Society would like to take this opportunity to submit general comments to the above mentioned consultation by NHS Wales Informatics Services.

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

- **Leadership, representation and advocacy:** promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.
- **Professional development, education and support:** helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.
- **Professional networking and publications:** creating a series of communication channels to enable pharmacists to discuss areas of common interest.

General comments

The RPS would like to take this opportunity to submit general comments to The Health and Social Care strategy for enabling integrated information services in 2012. We will confine our comments to where pharmacy sits within the information sharing jigsaw and our aspirations for a better model of data sharing to provide safer pharmaceutical and health care for patients.

The taking of medicines is the single most common healthcare intervention in today's NHS with pharmacy being an integral part of the core clinical team regardless of the setting it operates within. All pharmacy systems are a rich source of information and pharmacy needs appropriate access to information to provide safe pharmaceutical care. Pharmacy must therefore be integral in any strategy discussing the logistics of integrating information services and information sharing across the NHS in Wales.

E prescribing

We are pleased that the strategy recognises that “services to manage medicines in hospitals” provided by the Welsh Clinical Portal medicine management service is considered one of the 10 services that underpin this strategy. Medicines are the common thread throughout a patient’s journey, used widely to treat and manage nearly every medical condition presented to the NHS. Therefore we would advocate that the strategy goes further and includes the need to progress e prescribing as a priority, to ensure the medicine data is robust and transferable between settings. The lack of e prescribing systems for hospital in-patients in Wales presents an unacceptable patient safety risk, which needs to be addressed as a matter of urgency. This would then provide a platform for integration and sharing of a patient’s medicine information throughout their lifetime of NHS encounters.

Pharmacy systems

The current system that provides support for all hospitals pharmacies in Wales is in need of replacement. The strategy identifies the importance of the system but offers no plans on how this system will be updated and be fit for purpose to support delivery of an integrated information service. Failure to address the need for upgrading and replacing hospital pharmacy systems will have the knock on effect of potentially jeopardising patient safety as well as creating problems with medicine supply and procurement.

Inclusion of community pharmacy

The strategy has a designated action to integrate services; however it is disappointing and concerning that it does not appear to include community pharmacy within this vision. Community pharmacy is a patient facing role, and provides unscheduled care for the population it serves, either through common ailment advice or supporting patients in their self care. These encounters should not take place in an information vacuum. For example, pharmacists should not have to guess a patients’ diagnoses, or their clinical condition when supplying another medicine that could be adverse to the diagnosis or the present medicine.

The strategy must encompass all of primary care, and include mention of integrating community pharmacy systems for access to the Individual Health Record (IHR) when providing unscheduled care to patients. Access for community pharmacy to patients’ IHR was a key recommendation of the final report of the Health and Social Care Committee’s inquiry into the contribution of community pharmacy to health services in Wales (May 2012) which was fully endorsed by the Minister for Health and Social Services. We would ask that the strategy addresses this Ministerial intent.

Additionally community pharmacy currently provides a paper based discharge medicine review service and this service should be supported by the inclusion within the strategy for the development of an electronic solution for this service. We would request that the strategy includes the aim of connecting community pharmacy to the Welsh Clinical Communications Gateway (WCCG) to enable the sharing of patient discharge information, and thereby increasing the efficiency of this patient centred service.

Consent and Information Governance

The NHS must move to using its IT systems to share electronically (on a need to know basis) data about individual patients and services users – and develop a consent model that facilitates this effectively and securely. There should be agreements, underpinned by information governance, that all organisations delivering care in the NHS should share data with all clinicians involved with providing services to patients, and patients should also have access to the information being shared about themselves.

Pharmacy has long held the trust of the public as a guardian of confidential patient identifiable information, both paper based data such as prescriptions and computer data such as patient medication records. Currently, as part of the clinical governance arrangements of

the community pharmacy contract, there are requirements for information governance that ensures pharmacies:

- Comply with the Data Protection Act 1998;
- Comply with the principles of the Caldicott Report 1997;
- Comply with the Freedom of Information Act 2000 and the Environmental Information Regulations 2004;
- License and register all commercial software in use within the Pharmacy;
- Implement appropriate security controls for all business critical manual and IT recording systems used within the Pharmacy;
- Implement appropriate security measures that ensure confidentiality, integrity and availability of information and IT systems;
- Make all staff aware of the limits of their authority and their accountability.

In addition pharmacies are required to:

- be registered under the data protection act and have a Data Protection Officer that ensures the Pharmacy operates within the constraints of the Data Protection Act 1998 and its eight principles that apply to the processing of personal information;
- have a named Information Governance Lead with specific responsibility for ensuring the Pharmacy operates within the Caldicott Principles that apply to patient identifiable information;

As pharmacy moves into a more information sharing role, it has developed Information Governance standards and guidance as part of its primary care contract. Pharmacy is mindful of there being an appropriate balance between the protection of patient information and the use and sharing of information to improve patient care. We ask therefore for appropriate access to health records only when more information is needed to ensure safe pharmaceutical care for a patient. Pharmacists are responsible and accountable for their actions and the quality of their practice through law and their professional code of practice.

In conclusion

We would ask NHS Wales informatics Services to include the following within the strategy:

- An action plan and delivery timeframe
- Inclusion of a robust e prescribing strategy
- Inclusion for the need to upgrade the Hospital pharmacy system and a plan for this
- Inclusion for the need for community pharmacy to have access to the IHR
- Inclusion for the need for Community pharmacy to be connected to the WCCG to have electronic discharge advice for appropriate patients.

The RPS would be happy to elaborate on any comment made in this response or to engage directly with NHS Wales Informatics Services when an implementation plan for this document is developed.

Yours sincerely



Paul Gimson
RPS Director for Wales