



Response of
The Pharmaceutical Services Negotiating Committee
&
Pharmacy Voice
&
The Royal Pharmaceutical Society

to

NHS Commissioning Board
Information Governance Toolkit
Consultation November 2012

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Our organisations, which represent NHS community pharmacies and pharmacists (see respective remits at the end of this document), welcome the opportunity to provide input into this review; good information governance is and will continue to be a priority for community pharmacies, however whilst it is appropriate that the NHS collects assurances from their providers on information governance standards, there is scope to reduce bureaucracy in the current process that has meant additional costs for the NHS without additional benefits. Equally, there is a need to shift the focus of the Toolkit to empower staff across the NHS to use their professional judgement to manage rather than avoid risks.

In this response, we have provided a brief contextual background of the community pharmacy information governance arrangements and provided responses to the review questions set out in the online survey.

Contextual Background: NHS Community Pharmacies and Information Governance

All community pharmacies have robust systems in place for handling confidential patient information and are subject to a wide range of legal, ethical and professional requirements. Pharmacy contractors are required to comply with the legal obligations of the Data Protection Act 1998, Human Rights Act 1998 and the common law duty of confidence. Under the NHS community pharmacy contract, they are contractually required to comply with the requirements set out in the NHS Information Governance Toolkit and linked to the deployment of NHS IT projects, it is mandatory for pharmacy contractors to adopt access controls that have been defined by the NHS including the use of individual staff smartcards to access certain information held centrally on the NHS Spine.

Pharmacists and pharmacy technicians are also bound by the General Pharmaceutical Council's (GPhC), "standards of conduct, ethics and performance" which includes requirements on the use of information.

Pharmacy contractors and their staff have worked within these frameworks for many years, taking responsibility to ensure appropriate information governance arrangements are in place.

Information Governance Toolkit Original and Proposed Strategic Policy Objectives

In the following section, we have commented on the original and proposed policy objectives:

- *Current Objective: Satisfying the Cabinet Office requirement for DH to provide assurance that all parts of the NHS are meeting mandated data handling*

standards, including encryption, staff training and information risk management structures.

The Information Governance Toolkit is a self-assessment tool; it reviews aspects of organisational structures and in some cases, processes to assess whether an organisation is meeting information governance standards. In doing so, it incentivises providers to put in place specified policies and procedures rather than the end goal of ensuring that information is used and securely shared appropriately and effectively. Whilst this is a pragmatic approach to measuring performance, it ultimately doesn't assess outcomes and in our view, the current 'tick-box' culture that has been created by the Toolkit is contributing to information governance increasingly being seen as a barrier rather than a tool that supports information sharing.

For practical reasons, we are in support of the Toolkit continuing to assess information governance structures and processes but believe there is a need to significantly reduce the emphasis on this, for example by radically simplifying the Toolkit and balancing it with guidance that empowers staff to use their professional judgement to manage rather than avoid risks where this is in a patient's best interest.

- *Current Objective: Providing a basis for establishing whether an organisation may be 'trusted' to have access to nationally provided IT applications and services.*

Whilst we agree that pharmacy contractors should meet contractual information governance standards to access national IT applications, such as the Summary Care Record, we strongly believe that it is for the NHS and not commercial IT system suppliers to monitor and ensure that standards are met by pharmacies.

A recent example that illustrates the consequences of asking commercial IT suppliers to perform this gatekeeper role to national IT applications is the lack of progress in enabling pharmacy access to sites on the nww network. Pharmacies connect to the internet through specialist secure networks; to enable access to nww, BT firewall settings need to be changed. Despite policy approval being granted a number of years ago for pharmacies to access nww, the specialist community pharmacy network provider that offered to pilot technically enabling access found the cost prohibitive as they were being asked to change firewall settings at individual pharmacy level depending on whether a pharmacy had made a Toolkit return in a specific time period rather than settings being changed efficiently at network level covering all NHS community pharmacies served by that provider. This has delayed progress and is leading to unnecessary NHS costs, for example the need for the NHS to duplicate information through other channels. It is a contractual requirement for all NHS community pharmacies to achieve level 2 IG Toolkit compliance; if contractual requirements have not been met, it should be for the NHS to performance manage providers.

- *Proposed objective: To achieve cultural change and embed IG within organisations and within business processes to support patient care related objectives;*

We are strongly supportive of the proposed aim of achieving long lasting positive cultural change; this is critical to driving up and maintaining standards across the NHS but as already highlighted, we believe this is unlikely to be achieved with the Toolkit in its current form. There is a need to move away from the current 'tick-box' culture towards greater emphasis on managing risks to support the end goal of ensuring that information is used and securely shared appropriately and effectively.

- *Proposed objective: To support the sharing of information along the care pathway securely and safely to achieve safe care*

We are supportive of the addition of this objective, however, we would not support the introduction of a requirement that before sharing information, pharmacies first check whether the recipient NHS provider, be it a GP practice, dentist or NHS trust, has completed the Information Governance Toolkit. The bureaucracy that would be involved in this would drive up costs, both for pharmacies and other parts of the NHS and would risk delaying appropriate care to patients. It is essential that pharmacies can trust that all NHS providers have appropriate information governance standards in place with the NHS having responsibility for monitoring and enforcing this.

- *Proposed objective: There should be a single assurance mechanism that serves all assurance purposes without duplications and overlaps;*

We are strongly supportive of this ideal – in the case of community pharmacy, we believe IG assurances should be incorporated into the community pharmacy contractual assurance framework¹ which assesses whether pharmacies are meeting their contractual requirements under the NHS (Pharmaceutical Services) Regulations 2012. As previously stated, compliance with the Information Governance Toolkit is a contractual requirement for pharmacies; the current overlap between the information governance toolkit and the community pharmacy assurance framework is leading to duplication of effort, both for pharmacies and the NHS and therefore inefficient use of resource.

Linked to this, providers should be able to provide their IG assurances electronically to the NHS via routes other than the Information Governance Toolkit. For example it should be acceptable to include standardised assurances on information governance to the NHS Commissioning Board through electronic assessment tools that are being used to support the broader community pharmacy assurance framework.

¹ <http://www.pcc-cic.org.uk/article/community-pharmacy-assurance-framework>

- *Proposed objective: To provide assurance to public/customer base and to inform the public of the organisational performance linked to IG*

Whilst not objecting to the public having access to information that confirms an organisation meets information governance standards, the information provided must be clear, accurate and not open to misinterpretation. A key problem that has been experienced to date is inaccuracies in the Toolkit database, for example pharmacies being listed that have since closed or changed ownership; one large multiple has provided evidence of 28 of their pharmacies that remained listed on the database inappropriately in 2011/12 with the risk of reputational damage if the public interprets IG submissions not being made as failings in information governance standards.

The way that information governance standards are currently reported is misleading; information is provided on the 'level of compliance' achieved and each provider is allocated a score. In the case of pharmacy, there is no contractual requirement for pharmacies to achieve level 3 compliance and pharmacies are not funded for the additional actions required beyond level 2 of the Toolkit. Whilst achieving level 2 compliance is satisfactory from a contractual perspective, the pharmacy is likely to get a score of less than 75% on the Toolkit which to the public, without detailed explanation, may be misinterpreted as a pharmacy having inadequate information governance arrangements. What matters is whether a pharmacy is or is not complying with all contractual and legal requirements in relation to information governance.

- *Proposed objective: Interoperability standards are essential and should be incorporated within IG*

Healthcare services are provided in a competitive marketplace; where access to information is required to provide a particular service, blocking access, for example using technical or financial barriers, could be used as a tool to preclude competition. Not only would exclusion such as this be anticompetitive, the consequences could include reduced safety and quality of patient care. The introduction of information governance standards around interoperability could act as a safeguard to ensure that information about NHS patients can be accessed by different providers where a patient has consented. Possible additions could include requiring that NHS organisations use relevant nationally agreed technical data standards and where patients' consent, make information available to share electronically without unjustified financial barriers.

Alternatives Mechanisms to Achieving the Strategic Objectives

There are a range of changes that could be made to the Information Governance Toolkit and associated processes that would improve efficiency and outcomes:

- *Simplification of the Information Governance Toolkit:* Although there have been improvements to the usability of the NHS Information Governance Toolkit in recent years, there is scope for the process to be further simplified to increase efficiency and shift the focus away from information governance being an online tick-box exercise. Pharmacies currently need to tick many sub-options, to declare compliance with a particular requirement; miss one sub-option, and they have problems proceeding leading to confusion and unnecessary workload in completing the declaration. We believe there is scope for radical simplification, for example no more than one tick box per requirement to provide an assurance of compliance in that area, be it information governance training or data transfer processes. We do not believe that ticking 9 versus 1 box will reduce standards but it will improve efficiency and decrease the user frustration that has entrenched negative attitudes around the value and role of information governance. We also believe there would be benefit in moving away from the current 3-tier scoring approach to a simpler system of indicating if compliance is achieved at contractually required levels (yes/no) with providers giving an explanation if compliance is not achieved.

A concern that has been expressed by contractors with multiple pharmacy sites is that some requirements, particularly structural requirements such as the need for policies and procedures, are managed at business rather than site level; the current need for these requirements to be reported at site rather than business level generates additional workload that does not deliver benefit.

- *Timing of changes to the Toolkit:* There can be significant workload involved in responding to changes to the Toolkit, for example updating standard operating procedures, engaging with external providers, disseminating information and training staff and in the case of multi-site operations, in-house assurance processes to ensure that all pharmacies within a group are meeting appropriate standards. When introducing a new requirement, there is a need for appropriate transition arrangements that properly reflect the workload involved and give pharmacies time to adapt before a new requirement is measured and enforced.

Central Support for IG

There are benefits to appropriate central support being available on information governance. Particularly helpful is guidance, practical tools and exemplar materials. Where possible guidance should be cascaded to pharmacies via relevant pharmacy organisations, for example the risk of a stand-alone information governance newsletter is that much of the content will not be relevant to pharmacies.

Prior to 1st July 2011, pharmacies were able to obtain support from a DH informatics helpdesk with staff knowledgeable about the pharmacy IG requirements and toolkit submission arrangements. Alternative arrangements have been in place since 1st July

2011 through the Exeter helpdesk and since then there have been regular reports of inadequate support levels with problems including inaccurate information being provided to pharmacies and long wait times to receive a response. These reports have been fed into the DH IG team but there has been little evidence that the situation is being remedied. This is a key area for improvement.

The e-learning packages are also useful. Pharmacies can currently access these without registering with the IG training tool but staff members are unable to print a certificate. There would be value in looking at how this tool can be adapted or integrated with existing online pharmacy training resources to give pharmacies access to functionality such as the retention of test scores, employer access to test scores and printing evidence of completion of training.

Conferences and workshops are likely to be less useful to community pharmacies with significant costs incurred in staff taking time away from pharmacies.

Organisation Remit

Pharmaceutical Services Negotiating Committee

The Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England. It is the body recognised by the Secretary of State for Health as representative of NHS pharmacy contractors. Its goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

Pharmacy Voice

Pharmacy Voice (PV) represents community pharmacy owners. Its founder members are the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA). The principal aim of Pharmacy Voice is to enable community pharmacy to fulfil its potential and play an expanded role as a healthcare provider of choice in the new NHS, offering unrivalled accessibility, value and quality for patients and driving forward the medicines optimisation, public health and long term conditions agendas.

Royal Pharmaceutical Society

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.