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27th November 2020

Dear Keith, Sarah and Matthew

**Re Pharmacy Access to SCR with Additional Information and Local Health and Care Records**

We are grateful for the many efforts of NHSE&I, NHSX, NHS Digital and other NHS organisations in their work supporting healthcare professionals as they care for patients, with services involving connected digital systems and transfer of patient information. The value of this work has become especially clear during the COVID-19 pandemic. However, our view is that this work is of ongoing importance, irrespective of the pandemic, if the objectives of the NHS Long Term Plan are to be achieved.

In order to provide the person-centred services to support the NHS Long Term Plan, as specified by the Community Pharmacy Contractual Framework (CPCF), community pharmacists will need comprehensive access to electronic health records. We believe that ongoing access to the Summary Care Record with Additional Information (SCR with AI), and the patient's Local Health and Care Record (LHCR) medicines-related information, are key steps towards this objective. Community pharmacy access to SCR with AI is currently based on legislation relating specifically to the COVID-19 pandemic. However, we believe that consideration should be given to introducing legislation to enable ongoing access to SCR with AI and LHCRs by community pharmacists, because of the support they would provide for pharmacy professional activities, irrespective of the pandemic. This would be a significant move towards community pharmacy teams having the comprehensive access to the patient records that they need to fulfil their professional potential in a digitally connected NHS.

Pharmacy professional activities include the supply of medicines, but also the delivery of patient-centred services, such as flu vaccinations, referrals received via the Community Pharmacist Consultation Service (CPCS) and other services being developed as part of the CPCF; services which will ensure that the accessibility and professional expertise of community pharmacy staff is efficiently utilised to optimise patient care.

There are benefits of community pharmacy access to health and care records for pharmacists, GPs and patients/citizens.

- For pharmacists, access to a detailed patient record reduces the risk of important information about the patient not being available at the point of care and assists with the consultation process.
- For GPs, the current system of default access to SCR with AI for health and care staff already reduces the number of queries to the GP practice from other health professionals, and ensures that more patients can be seen by healthcare



professionals other than the GP, thus reducing general practice workload. These benefits are likely to be realised further by ongoing comprehensive access to patient records by community pharmacy teams.

- For patients/citizens, use of a detailed patient record by community pharmacies ensures that the patient receives optimum care, and reduces the need for patients to repeat their history in the pharmacy, which may be particularly beneficial if their care need is of a sensitive nature.

The current system of SCR with AI has meant that more patients have benefited from the availability of a more comprehensive health record in different care settings; with the previous SCR with AI framework, GP practice teams had to activate the AI, which meant that only a small proportion of patients (around 5%) benefited from the additional information being available.

Furthermore, we are aware that patient and public attitudes to health record access are changing, possibly because of the pandemic. There is a growing public acknowledgement of the importance of health and care staff having the information they need to provide the best possible care. The results of the OneLondon Citizens' Summit on public expectations of data use across health and care showed an almost unanimous agreement (97%) that all health and care organisations in London should join up identifiable data to support the provision of care to individuals. Indeed, many citizens expressed surprise when informed that pharmacy professionals often lack access to important medicines information from NHS patient records.

However, in order to facilitate appropriate access to patient records in the community pharmacy, it is important that pharmacy patient medication record (PMR) systems are optimised to enable ease of access to the SCR, as is happening currently in some systems with "1-Click" SCR integration, and also that there are transfer of information standards so that PMR systems enable pharmacy professionals to connect to any LHC system within their area. These, we believe, are important, appropriate and immediate steps towards pharmacy participation in more comprehensive shared record initiatives in the future.

We hope you will support our proposal that pharmacy teams should have continued access to the SCR with AI and LHCs and that access to these records should be facilitated. This will ensure that interoperability will be maximised going forward so that all community pharmacy professionals can provide the best contribution to the NHS in their localities in future.

Yours sincerely

Simon Dukes

**PSNC**

**Chief Executive Officer**

Claire Anderson

**Royal Pharmaceutical Society**

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