



Holyrood Park House  
106 Holyrood Road  
Edinburgh EH8 8AS

T 0131 556 4386  
E [scotinfo@rpharms.com](mailto:scotinfo@rpharms.com)  
W [www.rpharms.com](http://www.rpharms.com)

Health and Sport Committee  
Scottish Parliament  
Holyrood  
Edinburgh  
EH99 1SP

July 2017

## **Consultation on Technology and Innovation in the NHS**

The Royal Pharmaceutical Society (RPS) welcomes the opportunity to respond to this call for evidence and would like to respond to the questions from the perspective of how the pharmacy profession can improve patient health outcomes using advancements in technology and innovation in the NHS, highlighting any opportunities and barriers arising from the draft vision.

The RPS welcomes any questions from the committee regarding our response to this call for views and we would be happy to discuss any aspects in detail.

### **Question 1: What do you consider have been the main successes of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?**

There have been some significant successes as a result of the existing eHealth Strategy resulting in improved patient journeys, better use of skill mix and sharing of essential information between health professionals such as the examples are shown below, but more could be done building on this further to provide a person centred rather than system orientated approach to patient care.

- The availability of a professional to professional direct referral service for community pharmacists to out of hours has significantly improved waiting times for patients requiring medical attention that day whilst reducing the burden on calls to NHS24. This service however could be further improved by a national approach to delivery across all Health Boards.
- Access to NHS Mail for community pharmacists has allowed the secure sharing of patient identifiable information and therefore has improved the patient journey through new models of care such as the pharmaceutical care of Hepatitis C patients, allowing these patients to access treatment close to home and reducing the requirement for hospital appointments. Consistency and robustness of service delivery is again required in order to further improve patient outcomes.

**Question 2: What do you consider have been the main failures of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?**

The RPS believes that a lack of communication and engagement with all relevant health and social care stakeholders has been a failure with the existing eHealth strategy.

Other failures from the pharmacy perspective;

- Lack of read and write access to a patient's electronic health record by community pharmacists is now an urgent patient safety concern. Access to the Emergency Care Summary was promised for community pharmacists by 2014 and this has not yet been actioned. This presently results in unnecessary calls to NHS 24 by health professionals in order to gain access to basic medication history and essential allergy details

This concern is shared across many other health and social care professional colleagues and is explored in more detail in the Primary Care Collaborative group's joint submission to this consultation.

- The launch of the Hospital Electronic Prescribing and Medicines Administration (HEPMA)<sup>1</sup> system has met with numerous IT issues and its full potential, particularly in the transition of secondary to primary care, has yet to be realised across all Health Boards.

**Question 3: How well does the Scottish Government's draft Digital Health and Social Care Vision 2017-2022 address the future requirements of the NHS and social care sector?**

The RPS agrees that the draft vision<sup>2</sup> is a comprehensive document which illustrates the positive impact of digital on Scottish citizens. We would like to comment on the vision from the viewpoint of pharmacy and pharmacists as follows;

**Vision Statement** *"I have access to the digital information, tools and services I need to help maintain and improve my health and wellbeing."*

- Patients want more access to their own health records and health information. The vision draft document describes many examples of where innovative models of care have improved health and wellbeing e.g. My Diabetes My Way<sup>3</sup> - an interactive diabetes website designed to support patients to better manage their condition. This model could be extended to support other long term conditions and encourage self-management where appropriate. It is

---

<sup>1</sup> [www.emishealth.com/products/eprescribing/emis-health-is-accredited-on-nhs-scotland-hepma-framework/](http://www.emishealth.com/products/eprescribing/emis-health-is-accredited-on-nhs-scotland-hepma-framework/)

<sup>2</sup> [Draft Digital Health and Social Care Vision 2017-2022](#)

<sup>3</sup> <http://www.mydiabetesmyway.scot.nhs.uk>

disappointing to see few references to pharmacists as the most readily accessed experts on medicines and in the management of the pharmaceutical care of long term conditions.

- We believe that to enable more effective continuity of care, improve the patient journey and minimise duplication of resources, all registered health professionals directly involved in patient care should have appropriate read and write access to a patient's health record and any new digital strategy must enable appropriate information sharing to support improvements in health and social care public services.

**Vision Statement** *"I expect my health and social care information to be captured electronically, integrated and shared securely to assist service staff and others that need to see it."*

As a member of The Primary Care Collaborative, in the group's statement "A digital strategy for Scotland 2017 and beyond"<sup>4</sup> the RPS stated that all healthcare professionals routinely record important information about their patients' care which could often be useful or crucial to other health and social care professionals involved in their care. Often the information held within these separate systems cannot be shared. This may lead to delays in treatment or inappropriate treatment. The RPS believes;

- Read and write access for pharmacists to relevant information in patient health records where all essential information is stored would enable more informed and therefore safer decisions to be made by practitioners and patients. It would minimise duplication along the patient journey, support system improvements in patient care and outcomes, including assessment, care and treatment.

---

<sup>4</sup> [A Digital Strategy for Scotland 2017 and beyond](#)

- Pharmacist access to the patient health record would improve patient care by enabling pharmacists to play an even greater role in the provision of safe and effective unscheduled care out of core service hours, treating common clinical conditions and responding to emergency requests for medicines in a timely way. This would reduce the volume of calls to NHS 24 requesting access to the Emergency Care Summary (ECS).
- Pharmacists do not routinely have access to hospital discharge summaries. Information on when a person is admitted to or leaving hospital is not always shared or available in a timely manner which can lead to changes in care not being recorded, potentially resulting in errors. This has patient safety implications particularly for frail elderly, or people with complex care needs who are at high risk of re-admission to hospital.

**Vision Statement** *“Digital technology and data will be used appropriately and innovatively to help plan and improve services, enable research and economic development and ultimately improve outcomes for everyone.”*

- New health and social care services such as hospital at home mean that GP held records may not contain all the relevant information on a person’s care. These secondary care records do not interlink with primary or social care resulting in delays in treatment or inappropriate treatment until the necessary information is received by the relevant person(s).
- The primary care network must have up-to-date technology that functions within a stable infrastructure to support safe and quality care in all settings. Appropriate read and write access to the patient’s health record is essential to allow pharmacists to make more informed and safer health decisions, with transparency across all relevant health and social care professionals.

**Question 4: Do you think there are any significant omissions in the Scottish Government's draft Digital Health and Social Care Vision 2017-2022?**

The RPS has concerns about the omission of any proposal for full read and write access to the patient health record for all pharmacists involved in that patient's care. Lack of community pharmacy access to the ECS is a clear and present safety concern which requires to be addressed as a matter of urgency. In order to ensure patient safety and continuity of care this should be one single patient health record where all essential information is stored, supported by a stable infrastructure allowing appropriate access across all relevant health and social care professionals with patient or designated carer's consent.

**Question 5: What key opportunities exist for the use of technology in health and social care over the next 10 years?**

The RPS believes that if Scotland is to benefit from improvements to the digital economy, there are many basic essentials which need to be in place to improve services for citizens and improve patient choice. For example, secure authentication to allow patients to access services and view medical records has been promised but not yet delivered and access to information is now lagging behind that available in England. 'On line services' to allow patients to access basic services such as ordering prescriptions and making and cancelling appointments are only available sporadically for patients in Scotland. We are not aware of any initiatives to provide the extra functionality to allow more patient choice such as access to more detailed records being prioritised, funded or promoted.

Further opportunities must be realised in telehealth and telecare to reduce the digital divide in rural areas where there is still a lack of mobile and internet access. In addition, the combination of poor connectivity and limited ICT skills can lead to digital exclusion for many of the people who arguably, require access to health services and online information, the most.

**Question 6: What actions are needed to improve the accessibility and sharing of the electronic patient record?**

The RPS believes that pharmacists should have full read and write access to the electronic patient record in order to improve patient care and patient outcomes. In order for this to happen, there must be a stable IT infrastructure across the whole of Scotland with fully functioning, ultra-fast 4G mobile networks. It must also allow for sharing of information via the electronic patient record across all professional platforms, regardless of the setting.

**Question 7: What are the barriers to innovation in health and social care?**

The RPS believes that barriers to innovation in health and social care include;

- A culture of reluctance to share health information across both primary and secondary care, third sector and any other appropriate health and social care professional. This is despite the introduction of Principle 7 of the Caldicott 2 review which states "The duty to share information can be as important as the duty to protect patient confidentiality"
- This reluctance may be, in part, due to the inherent difficulties with the current IT infrastructure where information cannot readily be shared between Health Boards or across the professions.
- Resource is an ever present challenge when considering innovation in a fully integrated health and social care service and funding must be allocated to ensure that all tools, services and systems which will be accessed either publicly or professionally, are thoroughly tested for functionality and ease of use.
- Underuse of resources available within the pharmacy profession is contributing to the difficulties in innovative models of care. Medicines play an integral part

in both treatment and prevention in the NHS and account for the second biggest expenditure after staffing. However, from a community pharmacy perspective, despite the need for increasing complex care as people live longer with more co-morbidity in our communities, the drivers in place focus primarily on supply, rather than freeing up time for pharmaceutical care and, in general terms, the treatment of illness rather than prevention and the promotion of health and wellbeing.

- There is consistent evidence<sup>5</sup> that the role of the community pharmacist in improving and maintaining the public's health is underutilised. Community pharmacies are accessible, open longer hours and present in communities across the country, including areas of deprivation. With the appropriate supporting infrastructure, coupled with access to the patient's electronic record, they would be ideally positioned, working with their health and social care colleagues in other care settings to provide innovative models of digital person-centred care, reducing demand on GP, A&E and out of hours services.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists and the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders across a number of different forums.



Aileen Bryson  
Policy and Practice Lead  
Royal Pharmaceutical Society in Scotland

---

<sup>5</sup> [Now or Never: Shaping Pharmacy for the Future](#). Judith Smith, Catherine Picton, Mark Dayan. 2014