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# ELECTRONIC HEALTH RECORDS (EHR): GUIDANCE FOR COMMUNITY PHARMACISTS AND PHARMACY TECHNICIANS

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## PROFESSIONAL OVERVIEW

It is standard practice for health professionals to keep records of patient care to ensure safety, quality, consistency and continuity of care. They also enable the professional to respond to any questions that might arise subsequently about the care a patient has received.

Community pharmacy professionals use electronic health records (EHRs) to access patient information in order to provide pharmacy services. EHR systems might include:

- the pharmacy patient medication record (PMR) system
- a GP or other institutional system
- one of the national NHS electronic record services such as the Summary Care Record (SCR) in England, the Emergency Care Summary (ECS) in Scotland and the Welsh GP Record (WGPR) in Wales (formerly known as the Individual Health Record (IHR)).

Some of these systems, such as the pharmacy PMR, are well-established in community pharmacy practice. Other systems, such as national NHS electronic record services (the SCR in England, the ECS in Scotland and the WGPR in Wales) have been used by pharmacy professionals in secondary care settings, but there is still limited experience of these in community pharmacy, although they will become more widely available in future. However, professional requirements concerning the use and management of patient information in pharmacy practice apply for all electronic systems.

### **The purpose of this guidance is to:**

- Brief pharmacy professionals on key principles concerning the maintenance and use of EHRs of all types – pharmacy PMRs, GP systems or national NHS electronic record services.
- Describe some of the issues associated with using EHRs in pharmacy professional practice.
- Make recommendations to pharmacy professionals concerning use of EHRs to support high quality practice and patient care.

The scope of this guidance is the use of different types of EHRs in community pharmacy practice to support high quality patient care and service provision.

## Electronic Health Records: An introduction

It is recognised that good record keeping supports patient safety, evidence-based healthcare, continuity of care, and good professional practice in healthcare. Record keeping also facilitates audit and quality monitoring, which has become increasingly significant in many healthcare economies, and is also important from a medicolegal perspective.

Over the last three decades the use of pharmacy PMR systems by pharmacy staff has become universal, and pharmacy professionals are familiar with the use of computerised records to support the dispensing process and provision of advice on medicines in their sphere of practice. However, in community pharmacy new pharmacy services are being developed, which require real-time access to electronic health records for clinical decision-making. Furthermore, an increasingly multidisciplinary approach to healthcare demands the use of patient records that are shared between different healthcare professionals. Shared systems, such as national NHS electronic record services enable this to happen, and have the potential to reduce some of the communication risks associated with transfer of care.

However, EHR systems contain sensitive, personal information about a patient's medical conditions and treatment, and this information is used to make important treatment decisions. EHRs have the capacity to be disseminated across a hospital or treatment team, or to be accessed from different locations. For these reasons, the security, back-up, support and accessibility of the record are important issues in the development and use of EHR systems, as is the question of who can or should contribute to the record and how they are identified.

This guidance is split into five sections:

- General Principles
- Summary Care Record (England)
- Welsh GP Record (Wales)
- Emergency Care Summary (Scotland)
- Recommendations for Pharmacy Professionals

The first section looks at the core principles which govern EHR operation and use, and are therefore applicable to all forms of EHR system, whereas the second, third and fourth sections will look specifically at the national NHS electronic record services used in the devolved administrations, and guidance concerning initiatives in those countries. The guidance then makes best practice recommendations for pharmacy professionals.

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## GENERAL PRINCIPLES

### Legal Requirements

There are three important concepts in law that relate to the generation and subsequent use of records of patient care and professional activity. They are:

- Confidentiality
- Consent
- Liability

These three concepts underpin the need to record medical observations and patient care interventions and are discussed here from the perspective of EHRs.

### Confidentiality

The privacy of patient identifiable data is governed in England and Wales and also in Scotland by common law, by the Human Rights Act 1998 and the Data Protection Act 1998, and other legislation. Requirements for confidentiality in the NHS are described in the HSCIC Code of Practice for Confidential Information<sup>1</sup>, and the Caldicott Principles. Confidentiality is one of the key professional requirements for pharmacists and pharmacy technicians, as with other healthcare professions. The principle of confidentiality is included in the standards issued by the General Pharmaceutical Council (GPhC)<sup>2</sup>.

Patients reasonably expect information to be collected in confidence, in the context of a healthcare consultation, to be stored securely, and treated in a confidential manner (not disclosed in an unauthorised manner or beyond their expectation). Health professionals therefore are said to have a duty of confidentiality, and are required to ensure that the confidentiality of patient information is safeguarded. However, the Caldicott Review ("Caldicott 2")<sup>3</sup> and the Health & Social Care (Safety & Quality) Act, 2015<sup>4</sup>, have been helpful in making it clearer that health professionals also have a duty to share information with other care professionals, when it is in the best interest of the patient.

Where there is a need to transfer patient information from one care provider to another, professionals should ensure that the transfer of information takes place with appropriate security, and in accordance with current NHS information governance requirements. When deciding whether or not to share patient's information, the pharmacy professional's duty of confidence should be weighed against the need for the continuity of effective patient care, and the possible consequences to the patient if the information is not shared, so that a decision is made that is in the patient's best interest.

There are some clearly defined circumstances where a pharmacy professional is required to share a patient information with a third party without their consent<sup>2</sup>, for example to assist the police in the investigation, detection or prosecution of serious crime, or to provide emergency care in the best interest of the patient. For specific advice on these circumstances, please contact the RPS Support Team (email [support@rpharms.com](mailto:support@rpharms.com) or telephone **0845 257 2570**)

## Consent

The principle of consent is established in the GPhC Professional Standards<sup>5</sup>. Presentation of a prescription by a patient, or nomination of a pharmacy to receive an electronic prescription, constitutes implied consent to the dispensing service, and associated collection, storage and use of prescription-associated patient information. Moreover, when a medicine is dispensed, pharmacy professionals are contractually obliged to make a record of the supply.

However, if a patient is offered a pharmacy service other than the dispensing of medicines, for example, Medicines Use Review (MUR), the New Medicine Service (NMS)(England) or the Chronic Medication Service (CMS)(Scotland) – then explicit, informed patient consent should be sought to provide the service. The terms of service will include the storage, use and processing of relevant patient information, and sharing that information with other health professionals. If pharmacies wish to use their PMR to identify patient groups for provision of services, they must first obtain patient consent to process PMR information in this way, preferably at the outset, when the patient record is created.

In all situations, in the UK, the Data Protection Act 1998<sup>6</sup> regulates the storage and processing of patient identifiable information, and is applicable to the storage of information to support specific medical and healthcare purposes.

## Liability

Records of patient care and treatment have traditionally played a major part in providing evidence of appropriate patient care in situations when allegations of negligence are made. This has not been a major issue for pharmacy professionals in the past, but as pharmacy teams take on new roles, and provide clinically-focused professional services, they may need to make appropriate documentation of patient care interventions in order to account for their professional decision-making.

Pharmacy professionals may be reluctant to document professional activity in case it is challenged by a patient or relative at a later time. However, there is an equal liability associated with not comprehensively recording details of care provided and a contemporaneous note is often invaluable at a later date in helping to demonstrate that the appropriate standard of care was provided by the practitioner at the time.

The other major liability issue is concerning the use of more than one source of information, for example where a national NHS electronic record service is available in addition to the pharmacy PMR system. The key principle is that, if healthcare professionals have a number of information sources available to them, they should use their professional judgement concerning the best record to access in each instance, in order to obtain the information they require.

This will depend on each situation. For example, if a pharmacy professional knows they will not find that information on the SCR /ECS/WGPR (for example, information about clinical trial medicines) then it would be professionally justifiable for the pharmacist not to consult the record for this information. This also supports the requirement that a record should only be accessed where there is a 'need to know' and where it is proportional to situation. Standards of good practice for records access will emerge as experience of using new EHR systems increases.

## Information Governance & Data Sharing

In a healthcare environment where IT is increasingly used to produce a joined-up service across care settings, it is essential that community pharmacy professionals are seen to be handling patient information in a secure way when providing professional services.

Information governance (IG) has its basis in the Data Protection Act<sup>6</sup> and is a term used to refer to the processes by which personal information is collected, managed, transmitted and used in a secure and confidential way in an organisation<sup>7</sup>. The Health & Social Care Information Centre (HSCIC) IG toolkit for community pharmacy<sup>8</sup> provides the pharmacy profession with guidance and a compliance framework to enable them to address these information management issues (there are equivalent provisions in Scotland and Wales).

All patient identifiable data used by pharmacists, whether accessed from national NHS care records or stored in local or networked systems are subject to the Data Protection Act and associated NHS IG requirements. These cover many aspects of good practice in information management and security including prevention of accidental disclosure, security of hardware and software, staff training, management of critical incidents and various others.

Information Governance guidance for Wales indicates that information security measures must be in place, which would typically include encrypted data, access controls, secure file sharing software, good processes in the software for authenticating user identity, regular back up of information, physical security around IT equipment, processes for disposing of confidential waste and IT equipment, and defined procedures for taking information offsite and transporting personal information.

In Scotland, information governance advice is available for information sharing, subject access to records, single sign on and information security for wireless networks, text messaging and social networking.

For England, further information is available at:

<https://www.igt.hscic.gov.uk>

For Wales, further information on IG is available at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=950&pid=51795>

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=950&pid=51811>

<http://www.cpwales.org.uk/Contractors-Area/Pharmacy-IT/Information-Governance-2/Information-Governance-and-IT-Security-Toolkit.aspx>

For Scotland, further information on IG is available at;

<http://www.ehealth.scot.nhs.uk/resources/information-governance>

<http://www.nes.scot.nhs.uk/education-and-training/educational-development/initiatives/information-governance.aspx>

## Use of EHRs in pharmacy practice

### What is an EHR?

An EHR is any information source in electronic form which contains identifiable information concerning a patient's medical care. The information held on an EHR may include, but is not restricted to:

- Diagnoses
- Medical history
- Allergies & adverse drug reactions (ADR)
- Routine monitoring
- Results of pathology and other tests
- Prescribing history

A variety of systems may be used to store EHRs. In community pharmacy practice, these might include:

- PMR systems.
- GP systems and primary care medical record systems, such as EMIS.
- A national NHS electronic record service, which may be accessed via a pharmacy PMR system or by a web browser based application. These would include the SCR in England, the ECS in Scotland and WGPR in Wales.
- Other systems used by specific healthcare providers.
- National and local systems for collecting pharmacy service evaluation data.

One or more of these systems may be available within a pharmacy. It is important that pharmacy professionals exercise their professional judgment concerning what information might be available from different systems, and make a judgment about whether they need to access a national NHS electronic record service in order to obtain sufficient information about an individual patient.

It is recognised that, in multidisciplinary environments, the influence of pharmacy staff on the implementation and configuration of EHR systems, other than the pharmacy PMR, may be limited.

However, where possible, systems used should comply with the principles of the NHS Care Record Guarantee<sup>9</sup> and relevant IG requirements. (The Care Record Guarantee only applies to England, but the principles within it are relevant to Scotland and Wales). EHR systems should provide appropriate access security, and should contain a comprehensive metadata set, such as time and date stamps for each entry or amendment, and an audit log of users accessing or amending records. The data fields on the EHR system should be adequate to provide the level of pharmaceutical care provided by the pharmacy.

In addition to the above EHR systems, there are various proprietary patient-recorded health record systems, which may be mounted on a data stick or mobile device. These represent a security risk for many standard in-house systems, and should not be accessed using pharmacy computer systems without seeking technical support and advice from within the pharmacy organisation and/or the pharmacy system supplier.

## Creation of EHRs

When a prescription (paper or electronic) arrives at a pharmacy to be dispensed, consent to the process of supply is implied (as this would be expected by the patient), and the pharmacy contract for England and Wales stipulates that a record of the supply must be kept on the PMR. Consent for the creation of a record relating to the supply of a medicine is also therefore implied.

Where any other service is provided by the pharmacy (which may or may not involve the supply of a medicine) then the patient must give informed consent for the provision of the service, and then consent for the recording and storage of identifiable patient data to support that service is implied. Therefore, if the patient presents for, or is recruited to, a pharmacy service such as New Medicine Service (NMS), Medicines Use Review (MUR), Minor Ailments Service (MAS), Chronic Medication Service (CMS)(Scotland), smoking cessation, overall explicit consent must be given by the patient for the pharmacist to provide the service, and the terms of service include that information is recorded on the relevant EHR system.

In line with the Data Protection principles, information held on the EHR system should be relevant but not excessive. Details of over the counter (OTC) and herbal medicines should be recorded in the EHR medication history, where possible, according to the pharmacy professional's professional judgment.

Creation of EHRs is governed by legal requirements (Data Protection Act), professional standards (GPhC Professional Standards for Confidentiality and Consent) and governance frameworks (e.g. in England, the NHS HSCIC IG Toolkit).

## Access to EHR systems by pharmacy professionals

As registered pharmacy professionals, pharmacists and pharmacy technicians may access EHR systems for patient information in order to discharge their professional duties, in a way that is appropriate to their role and remit within an organisation.

Consent to provide a pharmacy service, and by implication, to store and access the information to support it, should be sought in accordance with the GPhC standard for patient consent<sup>6</sup>, taking into account capacity, as defined by the relevant mental capacity legislation, and Fraser competence.

Often, a service, and therefore access to the record, is requested by the representative of the patient, rather than the patient themselves. However, pharmacy professionals should remember that, legally, no-one can give consent on behalf of another competent adult and, depending on the circumstances and the type of record being accessed, it may be necessary to speak to the patient directly to obtain their explicit consent. It may not always be possible to speak to the patient directly, and there may be various reasons for this, for example, because the prescription is being collected by a relative, because the patient is in a care home, or because the patient has dementia. Further guidance on different scenarios is available from the RPS Support Team but, as a general principle, the pharmacy professional should always act in the best interests of the patient.

Pharmacy professionals should bear in mind that a patient presenting at a pharmacy near a Great Britain national border may have a record on the national NHS electronic record service on the other side of the border. So, for example, a patient presenting at a pharmacy in Monmouth (Wales) may have an English SCR if their GP is in Lydney (England).

## Liability for record use

The medico-legal issues relating to use of medical records are well-established in medicine and other health professions, but this is still a developing area for community pharmacy.

### The following principles apply:

- Pharmacy professionals should ensure that information on their own pharmacy EHR systems, where they have read/write access to the record, is as complete, accurate and timely as possible.
- In future, a pharmacy may have one or more EHR system available, for example, in England, pharmacies may have access to the SCR, as well as the pharmacy PMR system. As a rule, the most appropriate information sources available should be accessed to provide sufficient information to support professional decision-making.
- Pharmacy professionals should be aware of what information may be on the national NHS electronic record service that is available in their locality.
- Additional information may be available on the EHR, depending on patient wishes and local priorities.
- If a pharmacy professional has access to information then, in law, they are deemed to have that information.
- Pharmacy staff should ensure that they have patient consent to view any EHR system used to support pharmacy services other than their own system, and that consent is obtained in an appropriate manner, except in an emergency or other situation where consent cannot be obtained, in which case staff must act in the best interests of the patient.
- Pharmacy staff should exercise their professional judgement concerning access to national NHS electronic record services in different situations. It would be reasonable and necessary to check the EHR in some situations, but not in others. For example, it may be reasonable and necessary to check the record for allergies if a patient is prescribed a penicillin, and is unsure about any allergies or previous ADRs, or for drug interactions where a medicine with various clinically significant drug interactions is prescribed. However, it may not be reasonable and necessary to check the record when a repeat supply of a blood pressure or diabetes medication is made.
- It may be appropriate to review a national NHS electronic record, if available, for any patient who is new to the pharmacy.
- If a pharmacy professional makes a professional decision in good faith based on information in the EHR that is subsequently found to be inaccurate, they are unlikely to be liable for any unintended clinical consequence.
- Pharmacy professionals would be expected to be alert to any obvious errors or discrepancies in the record, according to their qualifications and experience. If a pharmacy professional identifies an error in an existing EHR, they should take action according to local processes to advise the original record keeper of the error (and also the patient's GP, if different to the record keeper) and record it as an intervention on their pharmacy PMR system.



- If there is a query or concern, and a pharmacy professional decides not to view a patient's records stored on the PMR or not to contact the GP to ask for any further information from the medical records then, were the patient subsequently to come to harm or to complain because of an issue that arose as a result, it might be more difficult to defend the case.
- If pharmacy staff members have any specific enquiries concerning legal aspects of record keeping and management, including access to national NHS electronic records services, they should seek advice from their insurance provider. Other sources of advice on this might include professional/trade bodies, the GPhC or legal advisors.
- Further guidance on liability issues surrounding national NHS electronic record services will develop as experience of their use in community pharmacy increases.
- Pharmacies should ensure that they have clear Standard Operating Procedure (SOP) in place concerning access to EHRs, especially national NHS electronic record services, and the use of EHRs to support pharmacy services.
- Pharmacy professionals should ensure that they have done relevant continuing professional development (CPD) on issues relating to EHRs. For example, pharmacy staff should undertake the Centre for Postgraduate Pharmacy Education (CPPE) package on the SCR, or other relevant training packages.
- Pharmacies should ensure that there is confidentiality training in place for staff with a refresher cycle to ensure that all staff have ongoing updates.

## Patient access to EHRs

Under Data Protection legislation, the subject of any personal identifiable information has a right of access to that information. A patient's right of access to their medical records is established in terms of subject access under the Data Protection Act 1998. The Information Commissioner's Office provides guidance about subject access to personal data in health records<sup>10</sup>.

Evidence from the medical profession suggests that access to EHRs by patients has benefits in patient care, and does not lead to increased litigation<sup>11</sup>. So-called triadic consulting where both the clinician and the patient view the EHR on the computer screen during the course of the consultation is common in many areas of medicine<sup>12</sup>.

The presence of a workstation in the consulting room/area in a pharmacy enables pharmacists to discuss medicines with a patient, with the EHR available to view for both parties, if appropriate monitor hardware is installed. However, it should be remembered that there may be occasions where the pharmacist will need to view the patient's record prior to a consultation, without the patient being present.

If the patient identifies an error in their record when viewing the EHR, then the pharmacy professional should use their professional judgment to take appropriate steps to correct the record, validating any new information from the patient, and liaising with the patient's GP as necessary.

## Viewing the EHR

The availability of the EHR on a workstation in the consulting room makes it easy for the pharmacy professional and the patient to view a patient's record during the course of the patient's consultation.

However, a patient's record should only be on the screen for the duration of the consultation and systems should be in place to ensure that the workstation cannot be accessed in an unauthorised manner when the consultation room is not in use. This should involve a timeout function and appropriate password protection arrangements.

## Sharing of data

There may be occasions when data on a patient from an EHR system used by pharmacists may need to be shared with another healthcare professional to provide the most appropriate care for the patient.

The Information Governance Review (Caldicott 2)<sup>3</sup>, published in April 2013, indicated an additional principle of IG, that "the duty to share information can be as important as the duty to protect patient confidentiality". This requires health professionals to have the confidence to share information in the best interests of their patients within the framework set out by the other principles. The Caldicott Review advised that professionals should be supported by the policies of their employers, regulators and professional bodies to make appropriate decisions about sharing information.

When patient information is shared with other healthcare professionals, the need for patient confidentiality should be balanced with the need for the continuity of effective care, and the consequences to the patient if the information is not shared.

Under the relevant IG requirements for pharmacy, pharmacy organisations should make patients aware of what data is collected and stored about them at the pharmacy (or available to the pharmacy), and with whom this data might be shared. This process would be via an information sheet that is available at the pharmacy, and given to new patients coming to the pharmacy, and to patients who receive a pharmacy service. This information might form part of the pharmacy information leaflet required by the pharmacy contract.

## Standard Operating Procedures (SOP)

There should be an SOP in place to cover use of EHRs, both pharmacy PMRs and national NHS electronic record services, for provision of pharmacy services, either on the premises or in domiciliary or care home settings, using mobile record access. The SOP would specify, for example, the process for obtaining consent to provide the service, who can access the EHR system, what information should be recorded in different scenarios, the procedure for obtaining permission to view, and the procedure for managing privacy alerts.

## Use of data for purposes other than that for which it was collected

Patient data on EHR systems should only be used for the provision of pharmacy services, for clinical and service audit and for identification of individuals eligible for pharmacy services under the supervision of a pharmacist. Patient data on EHR systems should not be used inappropriately or in an unprofessional manner. Pharmacy professionals may also need to be alert to the actions of non-pharmacist employers, which might compromise the integrity and confidentiality of the information.

The use of EHRs in the pharmacy should be in line with the commitments made in the NHS Care Record Guarantee<sup>9</sup> and the requirements of the Data Protection Act. Data from EHRs must not be used for commercial purposes, other than the provision of pharmacy services<sup>6</sup>. Furthermore, EHR data should not be used for research purposes without the appropriate patient consent and ethics approvals being secured from the appropriate authority.

## Business continuity

Pharmacy professionals using EHRs routinely for patient care should satisfy themselves that systems suppliers and other IT support services have appropriate business continuity arrangements in place to ensure that, if systems fail, there is an appropriate level of EHR access to ensure the safety and quality of patient care.

There is a requirement for business continuity in the IG requirements for pharmacy, for which more detailed guidance is currently being prepared.

## Archiving and destruction of records

EHRs must be retained by organisations in accordance with local and national NHS records management policies. Current NHS England Records Management Guidance indicates that electronic health records should be retained indefinitely<sup>13</sup>. Records management policies are in place for Wales and Scotland<sup>14,15</sup>.

## In what scenarios might EHR information be used by a pharmacy professional?

Information stored on EHR systems, either local systems such as pharmacy PMRs, or national NHS electronic record services, may be used in the following practice scenarios in community pharmacy (subject to national/local agreement):

- Dispensing, to check the previous medication history or for decision support on interactions, contraindications and allergy status. Further experience is required to determine what additional value a national care records service will provide over and above the local system for routine dispensing to existing patients.
- Supporting Self Care, knowing what (other) medicines a patient is taking.
- Supply of medicines on NHS or private Patient Group Directions (PGD)
- Medicines Use Reviews (MURs)(England & Wales) - to verify and compare medicines currently being prescribed for the patient and their allergy/ADR status. Pharmacy PMR systems often provide electronic templates for MURs.
- New Medicine Service (NMS)(England)
- Discharge Medicines Review (DMR)(Wales)
- Chronic Medication Service (CMS)(Scotland), during consultations to gain information on adherence, and to support clinical decision making for pharmaceutical care issues.
- Minor Ailments Service (eMAS) (Scotland) and local MAS services in England and Wales), during consultations to confirm suitability of OTC prescription with regular medicines
- OTC supplies, potential interactions can be checked and ideally a record made of OTC medicine supplied, although this is rarely feasible in a busy pharmacy.
- Private Prescriptions, to record the medicine supplied and to provide decision support on interactions etc.
- Emergency Supplies, when dispensing an emergency supply (at the request of the patient) or out-of-hours supply, an electronic record may be a useful source of information to verify the name, form, strength and dose of medicines previously supplied to the patient.

### Pharmacy Case Study I – Emergency Supply

Zubaid is staying away from home, at his parents, who have a dog. Zubaid has forgotten to bring his nasal spray that he uses to manage his hay fever, which is often triggered by animal hair. Zubaid visits the local pharmacy to request an emergency prescription but he cannot remember the name of his nasal spray. The pharmacist asks if he can view his national NHS electronic record. Zubaid agrees and the pharmacist views the record. He can see that Zubaid had received a repeat prescription for his nasal spray from the GP the day before. The pharmacist is then able to provide Zubaid with an emergency supply and advice on dose and frequency.

- The patient controls access to their electronic health record
- The electronic record reduces time taken to identify medication details
- Access to the record can help to reduce the time taken to treat patients.

## THE SUMMARY CARE RECORD (SCR) (ENGLAND)

### Legal requirements

The SCR is a secure electronic patient record in England, created from data extracted from detailed GP records. SCRs have now been created for over 90% of the population of England to enable data sharing in a variety of situations.

The core SCR contains the following information:

- Patient allergies
- Current medicines
- Previous adverse reactions

The SCR may contain additional information, such as significant medical history, care plans, patient wishes/preferences, and other relevant information, dependent on patient preference and local initiatives.

The SCR offers particular benefits for unscheduled care, for example Accident & Emergency departments will be able to view a patient's record to assist with the emergency treatment of that patient for whom they may have no information. The SCR has been shown to be of considerable value for medicines reconciliation by pharmacy staff when patients are admitted to hospital, and has been used for this purpose in various NHS Trusts.

### Pharmacy Technician Case Study

Kelly, a medicine management pharmacy technician, was working on the elderly care ward on a Sunday. She had begun doing medicine reconciliation for a patient, Derek. Derek had been admitted after falling over in the grocery store. During the medicine reconciliation, Derek stated that he used a 'pink' inhaler, which he uses twice a day, but could not recall the name. Kelly checked the medications prescribed on admission and noticed that the doctor had written Seretide. As it was a Sunday, and Derek's GP surgery would be closed, Kelly asked if she could view his national NHS electronic record. Derek agreed to this as he wanted to make sure he had all his medications. Kelly accessed Derek's record and identified that the inhaler that Derek had been prescribed was Fostair (the pink inhaler).

Kelly made a note of this and referred to the pharmacist. The pharmacist discussed this with the prescribing doctor and the correct inhaler was prescribed.

- Access to vital information when the GP surgery is closed
- The electronic health record reduces time taken to identify medication details
- Ensures treatment of long term conditions is continued when a patient is admitted.

The SCR has now been piloted in 140 community pharmacies and has been found to be beneficial in preventing medication errors, and ensures that patients do not need to be signposted/referred to other NHS care settings<sup>16</sup>. Following this pilot, SCR access is being implemented for all community pharmacies.

## Pharmacy Case Study 2 – Medicine Identification

Duncan was visiting his family over Christmas and left his medicines behind. He visited the pharmacy after being referred by NHS 111, and asked if the pharmacist could make an emergency supply for “his inhaler for his chest”. Duncan didn’t have any information about his medicines with him, but gave consent for the pharmacist to view his national NHS electronic record. The pharmacist was able to see a full list of Duncan’s current and discontinued repeat medicines and to identify that he was, in fact, referring to his GTN spray. The pharmacist made an emergency supply of GTN spray to Duncan, without having to refer him to the GP out-of-hours service.

- The patient controls access to their electronic health record
- Use of the record helps to clarify medication details
- Access to the record can help to reduce the time taken to treat patients.

The SCR is a form of EHR and the general principles described above apply to its use in a pharmacy setting.

However, the SCR has specific rules and concepts. The SCR has a permission to view consent model. The patient’s permission must be sought to view that patient’s SCR and this process is based on five principles:

- 1) The explanation to a patient, as part of seeking permission to view, should be simple, straightforward, honest and appropriately communicated.
- 2) A patient’s permission should be sought by the care setting wishing to view their SCR.
- 3) Care settings should be explicit about the scope of permission being sought i.e. who is being given permission, for how long and in what context.
- 4) The scope of permission obtained must be recorded.
- 5) Permission to view does not apply where the patient is unable to give permission to view, and the clinician acts in the patient’s best interests. In this situation, the clinician should record the time, place and reason for access in their local system, and follow their SOP/local privacy officer guidance.

In order to have permission to view, the pharmacy professional must have a legitimate relationship (LR) of care with the patient, i.e. they are the professional who has been assigned to, or who the patient has selected, to be responsible for their care. The SCR has several forms of LR, but the clinician self-claimed LR where the pharmacist takes the initiative to claim the LR with the patient, is the one that will be used in community pharmacy.

HSCIC has produced a range of materials to support users of the SCR, which cover permission to view, legitimate relationships, and emergency access, and which may be found at:

**<http://systems.hscic.gov.uk/scr/implement/viewing>**

The SCR is simply one of a number of tools and methods which community pharmacies can utilise to support the care of their patients (for example, use of the pharmacy PMR, discussion with patients or communications with the patient's GP); its purpose is not to replace these, but rather to be an additional choice to be used where the community pharmacy professional considers it to be appropriate, in accordance with their professional judgement.

Further information on SCR use and procedures may be found at: **<http://systems.hscic.gov.uk/scr>**

### **Pharmacy Case Study 3 – Adverse Reaction**

Ella has an emergency dental appointment for a tooth abscess. The dentist gives Ella a prescription for a course of antibiotics. Ella takes the prescription to the pharmacy where the pharmacist clinically checks the prescription and asks Ella if she has any allergies to antibiotics. Ella says yes but cannot remember the name. As the GP surgery is closed, the pharmacist asks Ella if he can view her national NHS electronic record. Ella agrees. The pharmacist checks the record for allergies and adverse reactions. He sees that there is a record of Ella having previously had an allergic reaction to Penicillin. The prescribed antibiotic contains Penicillin so the pharmacist calls the dentist and requests a change in the prescription which he can then issue to Ella.

- Access to vital information when the GP surgery is closed
- The electronic health record reduces time taken to identify medication details
- Access to information helps provide the most effective treatment and avoid harm.

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## THE WELSH GP RECORD (WGPR) (WALES)

### Legal Requirements

In Wales, the WGPR has been created from the GP record; it is a summary of key information and is available to doctors and nurses routinely in out of hours services. It is also now being made available to doctors and pharmacists in hospitals in various situations.

The WGPR contains the following details:

- Name, address and contact details
- Details of current GP practice
- Record of current and recent medication
- Medical problems from GP consultations.
- Recorded allergies
- Results of any recent tests - for example, blood tests and x-rays

Only the last two years of medication history and one year of test results will be shown.

As with the English SCR, patients need to give consent to allow a health professional to access their record, and there is an opt-out system for patients who do not want to have a WGPR.

It is a condition that any access to the WGPR is monitored through the National Intelligent Integrated Audit System which provides a range of automatically generated reports, designed to instantly identify when access to a record may not have been legitimate.



## **EHR Benefits – Focus on Wales**

### **Access to hospital discharge advice letters for discharge medicines reviews by community pharmacists**

Since April 2015 forty-two pharmacies, across three Welsh Health Boards, have been piloting the electronic referral and discharge medicines review recording system. The system provides web-based secure access to the medicines information in patients' hospital discharge advice letters, prepared in the Welsh Clinical Portal, and allows this information to be imported into the electronic discharge medicines review form. Any discrepancies between the medication prescribed on discharge and the patient's GP prescription are resolved and recorded.

### **Development of the Choose Pharmacy application to support the Emergency Medicines Supply service in Wales**

Further development of the Choose Pharmacy application will enable community pharmacists in Wales to access the Welsh GP Record, from April 2016, when required, to provide emergency supplies of medicines. This service was introduced into the Welsh Community Pharmacy Contractual Framework in April 2015 and piloted in three Health Boards over Easter 2015. It was reported that the number of patients able to access this service from a community pharmacy would have been higher but a number of patients had to be sent to the GP Out of Hours service as they didn't have proof of their medication supply. This could have been avoided by community pharmacists being able to access the IHR.

For further information, see:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=858>

### **Wales-specific resources:**

Your information, your rights (Welsh equivalent of the Care Record Guarantee)

<http://www.nhsdirect.wales.nhs.uk/lifestylewellbeing/yourinfoyourrights>

Welsh Confidentiality Code of Practice

<http://www.wales.nhs.uk/sites3/Documents/950/CodeofPractice.pdf>

## THE EMERGENCY CARE SUMMARY (ECS) (SCOTLAND)

### Legal Requirements

The Scotland Emergency Care Summary (ECS) contains the following information:

- Name
- CHI Number (NHS Scotland identifier)
- Allergies & ADRs
- Date of Birth
- GP Surgery details
- Prescribing History

ECS records cover 5.5 million people in Scotland. The ECS is viewable by staff at out of hours centres, A&E departments, some wards and also by NHS 24 staff. Pharmacists have been able to gain access to ECS information through direct contact on a professional line to NHS 24. ECS is used for the medicines reconciliation process by some hospitals, and there is some experience of use by community pharmacists. The ECS is extracted from the GP record and, as with other national NHS electronic records in Great Britain, patient consent is required every time the record is accessed. Patients may opt out of the scheme by contacting their GP surgery.

### Benefits of EHRs – Focus on Scotland

#### NHS Highland – Access to Hospital Discharge Letters

NHS Highland is now able to authorise individual community pharmacists to have electronic access to hospital discharge letters. Currently this is limited to those patients receiving care at home managed support only where the pharmacy supplies a MAR chart which a care worker uses to administer medicines.

#### NHS Tayside – Shared Clinical Portal

NHS Tayside plans to pilot the implementation of ‘read only’ access to the shared clinical portal in a number of community pharmacies. This will enable pharmacists to view to patients’ clinical records including clinical communications, hospital admissions and discharge letters, out of hours contacts, referrals and secondary care appointments, long term conditions, laboratory results, anticipatory care plans and more. The aim of this research is to describe and evaluate the expectations, views, attitudes and experiences of pharmacists in relation to the introduction of clinical portals prior to implementation and at 1 and 6 months post-implementation<sup>17</sup>.

### Scotland-specific resources:

NHS Code of Confidentiality Scotland: <http://www.ehealth.scot.nhs.uk/wp-content/documents/nhs-code-of-practice-on-protecting-patient-confidentiality.pdf>

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## Information Transfer between National Care Records Services and Local Systems

Transfer of information from national NHS electronic records onto local IT systems may be beneficial to patients. However, pharmacy professionals should bear in mind that, if national systems and local pharmacy PMR systems are not linked, there is no automatic mechanism for making sure that PMR data is updated. Once the information is in the system, it is to support that episode of care and not as an up to date version. Permission informally ends as a result of the patient leaving that pharmacy.

Furthermore, information obtained from a national NHS electronic record and stored locally would be subject to the IG controls that apply to that system and setting. Community pharmacies would have to ensure that the information is securely held in line with the commitments made in the NHS Care Record Guarantee<sup>9</sup> in England and other IG requirements.

National NHS electronic records services will not replace existing sources of data in community pharmacy, but it will supplement them. Pharmacists should exercise their professional judgement concerning what information can be obtained from each system. Some examples of where it might be helpful to look at a national service in addition to the local system are when there are inconsistencies between the local system and the prescription, or the local system and the patient's recollection.

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## RECOMMENDATIONS FOR PHARMACY PROFESSIONALS

### **Pharmacists are advised to:**

- 1) Ensure that EHR systems used in their pharmacies comply with relevant IG requirements (and, in England, the NHS Care Record Guarantee)
- 2) Ensure that they create, use and maintain electronic health records according to the relevant legal and professional requirements concerning confidentiality and information governance.
- 3) Maintain standard operating procedures to cover use of EHRs to provide pharmacy services, either on the premises, or in domiciliary or care home settings using mobile record access with appropriate additional security.
- 4) Obtain overall consent for provision of pharmacy services, which will include implied consent to collection, storage and use of identifiable patient information relating to the service.
- 5) Take responsibility for the accuracy of patient information stored in electronic records, where write access to EHRs is available.
- 6) Access national NHS electronic records in accordance with the consent model for that service (e.g. establishment of a legitimate relationship for the England SCR).
- 7) Ensure that patients are able to view their records on request, when appropriate and feasible. (They have a legal right to obtain a copy under Data Protection Act Subject Access rights)
- 8) Exercise appropriate care and attention when EHRs are accessed in the course of a patient consultation to maintain confidentiality and prevent unauthorised access.
- 9) Exercise their professional judgment concerning what information might be available from different systems, and should seek to make a professional judgment about whether they need to access a national NHS electronic record service in order to obtain sufficient information about an individual patient.

## REFERENCES & RESOURCES

- 1** HSCIC Code of Practice on Confidential Information, 2014. <http://systems.hscic.gov.uk/infogov/codes/cop>
- 2** General Pharmaceutical Council. Standard for Confidentiality. 2012 [http://www.pharmacyregulation.org/sites/default/files/Guidance%20on%20Confidentiality\\_April%202012.pdf](http://www.pharmacyregulation.org/sites/default/files/Guidance%20on%20Confidentiality_April%202012.pdf)
- 3** Department of Health Department of Health. Information: To share or not to share? The Information Governance Review ("Caldicott 2") 2013. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192572/2900774\\_InfoGovernance\\_accv2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf)
- 4** Health & Social Care (Safety & Quality) Act, 2015 [http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga\\_20150028\\_en.pdf](http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf)
- 5** General Pharmaceutical Council. Standard for Consent 2012 <http://www.pharmacyregulation.org/sites/default/files/GPhC%20Draft%20Guidance%20on%20Consent.pdf>
- 6** Data Protection Act, 1998 <http://www.legislation.gov.uk/ukpga/1998/29/contents>
- 7** NHS Information Governance: Pharmacy Contractor Workbook. Pharmaceutical Services Negotiating Committee, Royal Pharmaceutical Society, NHS Employers. 2010. [http://www.psn.org.uk/data/files/IG/psnc\\_ig\\_workbook\\_2010web.pdf](http://www.psn.org.uk/data/files/IG/psnc_ig_workbook_2010web.pdf)
- 8** Health & Social Care Information Centre. Information Governance Toolkit (Version 13), 2015. <https://www.igt.hscic.gov.uk/>
- 9** National Information Governance Board. NHS Care Records Guarantee. <http://www.nigb.nhs.uk/guarantee/2009-nhs-crg.pdf>
- 10** Information Commissioner's Office. Subject Access to Health Records by Members of the Public. 2010. [http://www.ico.gov.uk/for\\_organisations/sector\\_guides/health.aspx](http://www.ico.gov.uk/for_organisations/sector_guides/health.aspx)
- 11** Information Commissioner's Office. <https://ico.org.uk/for-the-public/health/>
- 12** The Good Practice Guidelines for GP Electronic Health Records. Department of Health, Royal College of General Practitioners, British Medical Association. 2011, v4, p174. <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/links/gpelec2011.pdf>
- 13** Department of Health. Records Management – NHS Code of Practice, 2006. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4131747](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747)
- 14** NHS Wales. Caldicott: Principles to Practice Manual – Section 4: Records Management. 2008 <http://www.wales.nhs.uk/sites3/Documents/783/CaldicottManualFinalsection4.pdf>
- 15** Scottish Government. Records Management: NHS Code of Practice (Scotland). 2010. <http://www.scotland.gov.uk/Resource/Doc/309966/0097786.pdf>
- 16** Health & Social Care Information Centre. Community Pharmacy Access to Summary Care Records: Proof of Concept Report. [http://systems.hscic.gov.uk/scr/library/poc\\_report.pdf](http://systems.hscic.gov.uk/scr/library/poc_report.pdf)
- 17** A service evaluation of community pharmacist access to clinical portals in NHS Tayside.

### About the Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists and pharmacy in Great Britain. We represent all sectors and specialisms of pharmacy in Great Britain and we lead and support the development of the pharmacy profession to deliver excellence of care and service to patients and the public. This includes the advancement of science, practice, education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence. In addition we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

### About the Author

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