Professional Record Standards Body

Better records for better care

PHARMACY INFORMATION FLOWS: STAGE 2 - FINAL REPORT

FEBRUARY 2019

Document Management

Revision History

Version	Date	Summary of Changes
0.1	02.11.2018	First draft created by Darren Wooldridge (Royal College of Physicians, Health Informatics Unit, Project Manager)
0.2	17.12.2018	Updated with comments from Stephen Goundrey Smith (Royal Pharmaceutical Society Clinical Lead)
0.3	15.01.2019	Updated following project board meeting of 15.01.19
0.4	12.02.2019	Updated further following the January project board meeting.

Reviewers

This document must be reviewed by the following people:

Name	Status	Date
PRSB Assurance Committee	Reviewed	08.01.2019
Project Board	Reviewed	14.01.2019

Approved by

This document must be approved by the following people:

Name	Status	Date
PRSB Assurance Committee	Signed off	09.01.2019
Project Board	Signed off	15.01.2019

Glossary of terms

Term	Description
AUR	Appliance Use Review
dm+d	NHS Dictionary of Medicines and Devices
DMIRS	Digital Minor Illness Referral Scheme
FHIR	Fast Healthcare Interoperability Resources
FMD	Falsified Medicines Directive

GPhC	General Pharmaceutical Council
HIU	Health Informatics Unit of the Royal College of Physicians
MUR	Medicines Use Review
NMS	New Medicine Service
ODS	Organisation Data Service
PDS	Personal Demographics Service
PMR	Patient Medication Record
PRSB	Professional Record Standards Body for health and social care
PSNC	Pharmaceutical Services Negotiating Committee
RCGP	Royal College of General Practitioners
RPS	Royal Pharmaceutical Society
SDS	Spine Directory Service
SNOMED CT	Systematized Nomenclature of Medicine-Clinical Terms

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1. Introduction and background

1.1 Purpose

The objective of the Pharmacy Information Flows project is to develop information models for specific information flows to and from pharmacy services and other NHS services. The project is being delivered in two stages:

- Stage 1 – development of information models for the administration of vaccinations and any emergency supply of medicine given by community pharmacists with or without a prescription. A subset of the associated information which may be included in a notification to a patient's GP will be developed, mapped to appropriate Fast Healthcare Interoperability Resources (FHIR) profiles[1]. For further information please see the Pharmacy standard phase 1 – Final report.

- Stage 2 – development of information models for:
    - Medication reviews, including medication use reviews (MUR) conducted within a community pharmacy, but also medication reviews conducted by pharmacists in other settings (for example, within care homes). This will include the information recorded in the pharmacy system and also a subset of the associated information which may be included in a notification to a patient's GP.
    - Appliance use reviews (AUR). This will include the information recorded in the system and also a subset of the associated information which may be included in a notification to a patient's GP.
    - New medicine service (NMS). This will include the information recorded in the pharmacy system and also a subset of the associated information which may be included in a notification to a patient's GP.
    - Digital Minor Illness Referral Scheme (DMIRS). This will include the information recorded in the pharmacy system and also a subset of the associated information which may be included in a notification to a patient's GP.
    - The information to be included in a discharge summary from secondary care to community pharmacy services.

This document is the Professional Record Standards Body (PRSB) report on the outputs developed for Stage 2. It describes the methods used and the results of the consultation.

1.2 Background

NHS Digital has been commissioned by NHS England to support the integration of pharmacy services within health and care pathways. Their focus is on the development of data standards, which are key to the safe transfer of information. NHS Digital has commissioned the PRSB to define the information models for the pharmacy information flows project. Clinical leadership has been provided by the Royal Pharmaceutical Society (RPS), the Royal College of General Practitioners (RCGP), and NHS Digital subject matter experts. The work has been conducted in partnership with the Royal College of Physicians (RCP) Health Informatics Unit (HIU).

The background to this project is the increasingly complex requirements of today's population, with more people with long term conditions and frailer elderly people, combined with the drive to enable people to remain healthy and in their own homes. This needs an

[1] FHIR is a standard for exchanging healthcare information electronically

integrated response from health and social care, in which pharmacy services can play a vital part. The strategic significance of this work for pharmacy is that pharmacy expertise is brought to bear in the wider NHS, and pharmacy professional activity is made visible to NHS colleagues. Following the publication of the white paper 'The future of healthcare: our vision for digital, data and technology in health and care' in October 2018, the importance of clinical standards for enabling electronic interoperability of systems in health and social care has been recognised in health policy in England. It is to be hoped that future policy direction will continue to emphasise the role of standards in facilitating high quality connected care for the benefit of patients.

This project will contribute to the development of national standards for electronic pharmacy information flows, which will be implemented in the NHS. The aim is to move from the current largely paper or email-based communications to standardised structured electronic communications, which will enable interoperability between pharmacy clinical systems (patient medication record (PMR) systems) and other NHS services. The anticipated benefits of this project include:

- timely sharing of clinically-relevant data in relation to community pharmacy services undertaken to other NHS providers
- transfer of standardised coded data sets to patients' primary care health records
- comprehensive patient health records, with the inclusion of clinically relevant outcomes from community pharmacy services, which has the potential to improve medication safety and support medicines optimisation
- reduced administrative burden due to elimination of paper templates and transfer of information through non-direct routes into patients' primary care health records
- improved communication methods which support community pharmacy in providing a greater range of clinical services, which make use of their expertise and reduce the burden on other parts of the health and care system.

2. Methodology

2.1. NEW MEDICINE SERVICE, MEDICATION REVIEWS AND APPLIANCE USE REVIEWS

The following sections describe the approach taken to develop the information models for the new medicine service, medication reviews and appliance use reviews.

2.1.1. Development of first draft information models

The project team conducted an evidence review and identified the following Pharmaceutical Services Negotiating Committee (PSNC) data requirements datasets for the new medicine service, medication use reviews and appliance use reviews:

- https://psnc.org.uk/services-commissioning/advanced-services/nms/nms-data-requirements/
- https://psnc.org.uk/services-commissioning/advanced-services/murs/mur-record-keeping-and-data-requirements/
- https://psnc.org.uk/services-commissioning/advanced-services/aurs/

The PSNC is responsible for negotiating the contract for community pharmacy services on behalf of community pharmacy contractors in England and therefore these datasets provided an appropriate basis for this work. These datasets were mapped to existing PRSB headings

developed for other use cases. This mapping was reviewed and refined in collaboration with the project clinical leads to create the first draft information models.

2.1.2. Consultation workshop

The first draft information models were discussed at a multidisciplinary consultation workshop held with patients, healthcare professionals and clinical system suppliers on 14 September 2018 (attendees are listed in Appendix A). The outputs from the workshop were used by the project team to update the draft information models and to inform questions to be consulted on in an online survey.

2.1.3. PRSB survey consultation

The project team created an online survey, informed by the consultation workshop discussions, to gain wider feedback from health and care professionals, patients and clinical system suppliers on the draft information models for new medicine services, medication use reviews and appliance use reviews.

The survey ran from 04 October – 05 November 2018. In total 386 individuals responded to the survey.

Quantitative and qualitative analysis of the survey results was conducted and reviewed with the project clinical leads (a summary of the online survey results and analysis are provided in Appendix B).

2.1.4. Clinical informatician and clinical system supplier review of the draft information models and implementation guidance

The draft information models and implementation guidance was sent to identified clinical informaticians and clinical system suppliers for their review and feedback. Responses were received from 7 individuals (respondents are listed in Appendix A). This feedback was discussed with the project clinical leads, in conjunction with the online survey results and used to inform updates to the draft information models and implementation guidance.

2.2. DIGITAL MINOR ILLNESS REFERRAL SCHEME (DMIRS)

The following sections describe the approach taken to develop the information models for Digital Minor Illness Referral Schemes.

2.2.1. Development of first draft information models

A meeting was held on 08 August 2018 to develop the draft information model for the Digital Minor Illness Referral Scheme (DMIRS). This meeting was attended by representatives of the project team, NHS England and NHS Digital. The attendees reviewed the draft emergency supply of medicine information model developed in stage 1 of the Pharmacy Information Flows Project and amended this model to meet the requirements of a Digital Minor Illness Referral Scheme attendance.

2.2.2. Consultation workshop

The first draft DMIRS information model was then discussed at a multidisciplinary consultation workshop held with patients, healthcare professionals and clinical system suppliers on 22 October 2018 (attendees are listed in Appendix A). The outputs from the workshop were used by the project team to update the draft information models.

2.3. HOSPITAL DISCHARGE TO PHARMACY SERVICES WEBINAR

An existing PRSB standard has been developed for electronic discharge summaries from secondary care to GP practices (https://theprsb.org/standards/edischargesummary/). The project team decided to consult on the applicability of this standard for discharge summaries from secondary care to community pharmacy services via a webinar. Meetings were held with the project clinical leads to review the PRSB e-Discharge summary and to identify questions to put to the webinar attendees. The webinar included presentations from exemplar sites in Newcastle and Wales to explain their experiences of sharing discharge summaries from secondary care to community pharmacy services. The webinar was attended by 38 individuals, including pharmacy professionals, general practitioners, other health care professionals, informaticians and clinical system suppliers. Outputs from the webinar are provided in Appendix 6.

2.4. EXPERT REFERENCE GROUP MEETING

An expert reference group meeting was held with identified stakeholders on 20 November 2018 (attendees are listed in Appendix A). The purpose of the meeting was to discuss any issues which had not been fully resolved during the earlier stages of consultation for stages 1 and 2 of the Pharmacy Information Flows project. The outputs from the meeting are provided in Appendix 7. Feedback from the meeting was used by the project team to update the final draft information models.

3. Next steps

This report will be reviewed by the PRSB Assurance Committee and the Pharmacy Information Flows project board. Following this, a project board meeting will be held to seek sign off of this document before circulating to relevant professional bodies and key stakeholders to seek their endorsement.

NHS Digital will use these standards to develop appropriate FHIR profiles. An alpha phase has been released on the Health Developer Network and can be found at https://developer.nhs.uk/apis/digitalmedicines-alpha/index.html

NHS Digital are currently progressing with the commercial arrangements with both GP and pharmacy system suppliers to develop the messaging capability and develop their software to adhere to the information standards/FHIR profiles. NHS Digital will identify first of type sites to ensure that the pharmacy system and GP system can technically integrate once the development works are complete.

4. Appendix A – Stakeholders

4.1. New Medicine Service, Medication Review and Appliance Use Review Consultation Workshop (14 September 2018)

Organisation	Representative
Berkshire West Clinical Commissioning Group	Claire Lylyk
Company Chemists Association	Claire Herbert
EMIS	Edward Clode-Baker
EMIS	Shanel Raichura
Fittleworth Medical Ltd	Anne Lamb-Cona
Guys and St Thomas' NHS Foundation Trust	Emma Ritchie
NHS Business Services Authority	Philip Edwards
NHS Digital	Sarah Antony
NHS Digital	Vicky Chaplin
NHS Digital	Rebecca Wilson
NHS Digital	Anthony James
NHS Digital	Alix Rowley
NHS England	Keith Farrar
NHS England	Jane Horsfall
NHS England	Helen Kilminster
NHS Improvement	Cherise Gyimah
Pharmaceutical Services Negotiating Committee	Daniel Ah-Thion
Pharmaceutical Services Negotiating Committee	Alastair Buxton
Pinnacle Health	Gary Warner
Royal College of General Practitioners	John Robinson
Royal College of General Practitioners	Julian Costello
Royal College of General Practitioners	Neill Jones
Royal College of Physicians	Darren Wooldridge
Royal College of Physicians	Sheena Jagjiwan
Royal College of Physicians Patient and Carer Network	Ray Jones
Royal Pharmaceutical Society	Sarah Thomas
Royal Pharmaceutical Society	Adele Mott
Royal Pharmaceutical Society	Stephen Goundrey Smith
SecuriCare (Medical) Limited	Gill Little
SecuriCare (Medical) Limited	Pamela White

4.2. Digital Minor Illness Referral Scheme Consultation Workshop (22 October 2018)

Organisation	Representative
EMIS	Shanel Raichura
National Pharmacy Association	Helga Mangion
NHS Digital	Emma Melhuish
NHS Digital	Anthony James
NHS Digital	Sarah Antony
NHS Digital	Jan Dandul
NHS Digital	Alix Rowley
NHS England	Paula Russell
NHS England	Jiri Chard
NHS England	Annie Sayer
NHS England	Rob Proctor
NHS England	Keith Farrar
NHS England	Jacqueline Buxton
NHS England	Anne Joshua
NHS England	Tony Carson
NHS England	Jasdeep Dhesi
NHS England	Nicole Ferreira
NHS England	Kim Jeong
Patient Representative	Ron Newall
Pharmaceutical Services Negotiating Committee	Alastair Buxton
Pinnacle Health	Gary Warner
Positive Solutions	Mohammed Khan
Royal College of General Practitioners	Neill Jones
Royal College of General Practitioners	Julian Costello
Royal College of Physicians	Darren Wooldridge
Royal College of Physicians	Sheena Jagjiwan
Royal Pharmaceutical Society	Stephen Goundrey Smith
Sonar Informatics	Pritpal Thind

4.3. Respondents to Draft Information Models and Implementation Guidance

Organisation	Representative
Fittleworth Medical Limited	Jeremy Stokes
Pinnacle Health Partnership	Gary Warner
Royal College of General Practitioners	John Robinson
RxWeb	Julian Horsley
SecuriCare (Medical) Limited	Gill Little
SecuriCare (Medical) Limited	Pamela White
University College London	Anoop Shah

4.4. Expert Reference Group Meeting (20 November 2018)

Organisation	Representative
Company Chemists' Association	Claire Herbert
National Pharmacy Association	Helga Mangion
NHS Digital	Sarah Antony
NHS Digital	Fleur Bradley
NHS Digital	Anthony James
NHS England	Keith Farrar
NHS England	Jane Horsfall
Pinnacle Health Partnership	Gary Warner
Royal College of General Practitioners	Neill Jones
Royal College of General Practitioners	Julian Costello
Royal College of Physicians	Sheena Jagjiwan
Royal College of Physicians	Darren Wooldridge
Royal Pharmaceutical Society	Stephen Goundrey Smith
Royal Pharmaceutical Society	Sibby Buckle

5. Appendix B – New Medicine Service, Medication Reviews and Appliance Use Reviews: Survey Results and Analysis

This appendix provides a summary of the quantitative and qualitative analysis of the online survey results.

5.1. Survey respondents (by role)

Answer	Responses	
Pharmacy professional	54.92%	212
Patient	12.95%	50
General practitioner	12.44%	48
Other doctor	3.37%	13
Carer	2.59%	10
Informatician	2.07%	8
Other health professional working in general practice	2.07%	8
Clinical system supplier	1.04%	4
Other nurse	1.04%	4
Dispensing appliance contractor	0.78%	3
Nurse working in the community	0.78%	3
Nurse working in pharmacy	0%	0
Public health professional	0%	0
Other	5.96%	23
	Total	**386**

5.2. Questions applicable to new medicine services, medication reviews and appliance use reviews

The following results relate to questions about new medicine services, medication reviews and appliance use reviews.

5.2.1. Allergies

Respondents were asked which of the following options they preferred to record and share information about allergies identified in new medicine services, medication reviews or appliance use reviews. The results are provided in the following table:

Answer	Responses	
All allergies to be recorded under the 'allergies and adverse reactions' section of the record. This section will include both historical allergies and new allergies identified at the attendance.	73.12%	204
All allergies to be recorded but only new allergies identified to be shared with the GP practice	10.39%	29
Newly identified allergies to be recorded under the 'allergies and adverse reactions' section of the record and historical allergies to be recorded under	9.68%	27

the 'history' section of the record.		
I am not sure	3.94%	11
None of the above	2.87%	8
	Total	**279**

A thematic analysis of the qualitative responses identified the following common themes

- It is important that all allergies are recorded
- It is unclear how community pharmacists will know if an allergy is new or historic
- Reported allergy information is often inaccurate

5.2.2. Non-provision of service

Respondents were asked if they thought the 'reason for non-provision of the service' should be recorded and shared with the patient's GP, where the patient is offered a new medicine service, medication review or appliance use review, but does not receive the service (for example because the patient declined, did not attend etc.).The results are provided in the following table:

Answer	Responses	
Record in the pharmacy record	83.21%	233
Share with the patient's GP	60.36%	169
Not sure	12.86%	36
	Total	**280**

5.2.3. Onward referrals

Respondents were asked if there was any additional information required about onward referrals made following a new medicine service consultation, medication review or appliance use review, other than:

- Who the referral was made to
- The reason for the referral

The results are provided in the following table:

Answer	Responses	
No more information required	49.46%	138
More information required	26.16%	73
Not sure	24.37%	68
	Total	**279**

A thematic analysis of the qualitative responses identified the following common themes

- The urgency of the referral is also important
- The date of the referral is important
- The details of the person making the referral is important

5.2.4. Professional identifiers of individuals performing the service

Respondents were asked if there was any value in sharing the professional identifier (e.g. GPhC number) of the person performing the new medicine service, medication review or appliance use review with the patient's GP. The results are provided in the following table:

Answer	Responses	
Yes – this information should be shared	60.36%	169
No – there is no need to share this information	23.57%	66
Not sure	16.07%	45
	Total	**280**

5.2.5. Consent for information sharing

Respondents were asked if there was a need to share the record of the consent for information sharing with the patient's GP. The results are provided in the following table:

Answer	Responses	
No – this is redundant (as if the GP received the notification, it is implied consent was obtained)	54.55%	150
Yes – this information should be shared	36.73%	101
Not sure	8.73%	24
	Total	**275**

A thematic analysis of the qualitative responses identified the following common themes

- Records of consent can be important for avoiding medico-legal complaints
- Consent should always be obtained where possible
- Patients must consent in order to receive services

5.3. Questions applicable to appliance use reviews

The following results relate to questions about appliance use reviews.

5.3.1. Remote consultations

Respondents were asked if they agreed with the proposal to include a heading of 'consultation method' for appliance use reviews which could be conducted remotely (e.g. via telephone or video-call consultations). The results are provided in the following table:

Answer	Responses	
Yes – this heading should be included	81.36%	96
No – this heading is not needed	14.41%	17
Not sure	4.24%	5
	Total	**118**

A thematic analysis of the qualitative responses identified the following common themes

- If consultations are conducted remotely it would be useful to know this
- There are many occasions where face to face consultations would more appropriate
- Patients should be given a choice whether to have the consultation remotely

5.3.2. Product order numbers

Respondents were asked if the appliance product order number should be recorded and shared with the patient's GP. The results are provided in the following table:

Answer	Responses	
Should be recorded during the appliance use review	75.68%	84
Should be shared with the patient's GP	52.25%	58
Not sure	17.12%	19
	Total	**111**

5.3.3. Batch numbers

Respondents were asked if the appliance batch number should be recorded and shared with the patient's GP. The results are provided in the following table:

Answer	Responses	
Should be recorded during the appliance use review	65.69%	67
Should be shared with the patient's GP	32.35%	33
Not sure	28.43%	29
	Total	**102**

5.4. Questions applicable to the new medicine service and medication reviews

The following results relate to questions about new medicine services and medication reviews.

5.4.1. Questions applicable to the new medicine service and medication reviews

Respondents were asked which of the following terms they prefer to describe the section regarding issues identified during the new medicine service/medication review. The results are provided in the following table:

Answer	Responses	
Matters identified during the discussion	47.09%	105
Matters discussed during the service	34.53%	77
Neither of the above	15.25%	34
Not sure	3.14%	7
	Total	**223**

6. Appendix C – Hospital Discharge to Community Pharmacy Services: Webinar Outputs

This appendix provides a summary of the outputs from the hospital discharge to community pharmacy services webinar held on 08 November 2018.

6.1. Most important sections in the hospital discharge summary for community pharmacists

Attendees were asked what were the most important sections within the hospital discharge summary for community pharmacists. The following information was suggested:

- Medications and medical devices – especially the reason for any changes
- Allergies and adverse reactions
- Patient demographics
- Diagnoses
- GP practice details
- Discharge details

6.2. Preferred approach for hospital discharge summaries to community pharmacies

Attendees were asked what would be their preferred approach for sharing information following hospital discharge with community pharmacists:

- Provide the full discharge information from the hospital to the community pharmacy (the same as the communication which is sent to the patient's GP)
- Provide a partial discharge letter containing only the medication
- Provide an alternative, partial set of information from the discharge letter

Many attendees felt that the full discharge summary which is sent to the patient's GP should also be sent to the community pharmacy (except where patients or healthcare professionals explicitly state that this information should not be shared).

This would save the hospital doing two different processes. There is also a need to differentiate between patients being actively referred and others who receive a notification to say the patient has been discharged.

Following the webinar, an online survey was sent to attendees to ask for their preference. Of the 17 people who responded to this questionnaire, the overwhelming majority (94.12%) felt that community pharmacists should be sent the same full discharge summary which is sent to the patient's GP.

6.3. Views expressed regarding the specific sections of the hospital to GP discharge summary

This section details the views expressed at the webinar in relation to the specific sections of the PRSB eDischarge summary (https://theprsb.org/standards/edischargesummary/) and the applicability to community pharmacies.

6.3.1 Referrer details

Attendees were asked what would be the benefits of community pharmacists knowing details of the individual or team who referred the patient to the hospital. The majority of attendees did not feel this information would be particularly useful for community pharmacists and were not clear what they would do with this information.

6.3.2. Social context

Regarding the social context of the patient, attendees were asked what information would be of particular importance to community pharmacists. A number of suggestions were provided, including:

- Housebound patients
- living alone
- mental health issues
- household composition
- occupational history
- vulnerabilities

6.3.3. Individual requirements

Attendees were asked what individual requirements that the patient may have would be of particular interest to community pharmacists. A number of suggestions were provided, including:

- learning disabilities
- language needs
- cultural requirements
- reasonable adjustments
- accessible information needs
- mobility and dexterity requirements

6.3.4. Participation in research

Attendees were asked if community pharmacists would want to know research studies the patient was involved in, other than medication trials. The consensus was that it would be very dependent on the research; however this information should be shared if there was a potential impact on the care the pharmacist is offering.

6.3.5. Admission details

Attendees were asked if it was useful for community pharmacists to know where the patient was immediately prior to their hospital admission. The consensus was that this information has very limited value.

6.3.6. Discharge details

Attendees were asked if it was useful for community pharmacists to know the ward or unit the patient was in immediately prior to discharge. The consensus was that this information could be useful for enabling the pharmacist to make contact with the ward to make enquiries. It is also for community pharmacists to know the specialty the patient was being treated by.

6.3.7. Procedures

Regarding procedures carried out in the hospital, attendees were asked if this information was useful for community pharmacists to know. The consensus was that it could be occasionally useful, depending on the specific patient circumstances, in particular any procedure that would affect medicine use or follow-on care from the pharmacist. Examples were provided, including bariatric surgery, hip or knee replacements etc.

6.3.8. Investigations results

Similar views were expressed about the investigation results section as for procedures. Attendees questioned how community pharmacists might use investigations, and identified the risk of information overload. However attendees felt there were occasions when this information could be useful. Examples were provided, including:

- blood results
- ECG
- X-rays
- creatinine

6.3.9. Assessment scales

Attendees felt that there would be occasions where it would be useful for community pharmacists to be sent the results of assessment scales taken in hospital, including pain scores and mini-mental state examinations. Pharmacists would need to use their clinical judgement as to whether the information was useful for ongoing care.

6.3.10. Legal information

The majority of attendees felt that some of the legal information may be useful for community pharmacists; however it is important that the patient consents to this information being shared. Many of the attendees felt that the same information which is shared with the patient's GP should be shared with the community pharmacy.

6.3.11. Safety alerts

Attendees felt that information about safety alerts may need to be shared for the safety of all concerned, including patients, carers and healthcare professionals. Similar concerns, regarding appropriate patient consent being obtained for information sharing, were raised in relation to safety alerts. However, some attendees explained that data can be shared without consent being obtained when in the best interests of the patient or the public.

6.3.12. Medications and medical devices

The view of many attendees was that community pharmacists should be sent the same information that is sent to the patient's GP, regarding medications. The key information includes what medication in hospital was started, stopped and changed, and the reasons why. A view was expressed that the medication details should be coded and detailed enough to allow automatic comparison.

6.3.13. Allergies and adverse reactions

Attendees also felt that community pharmacists should be sent the same information that is sent to the patient's GP, regarding allergies and adverse reactions. The point was made that this is a complex area and allergies records sometimes contain inaccurate information, however sharing the information is essential for patient safety.

6.3.14. Patient concerns, expectations and wishes

In relation to this section, the view was expressed that the care professional has a duty to explore the patient's expectations as part of their consultation (rather than just rely on others' reporting of them). However an opposing view was that unless there was a clear requirement from the patient related to the transfer of care to the pharmacist, it may be of limited value.

6.3.15. Information and advice given

The following examples were provided by attendees as common information which is given to the patient upon discharge which would be useful for the community pharmacist to know:

- counselling
- safety netting
- instructions about correct inhaler use

6.3.16. Plan and requested actions

Attendees agreed that it is very important that there is a separate section for actions assigned to the community pharmacy. The view was expressed that at hospital discharge, it is very important for the written communication to be clear who is expected to take ownership of assigned actions - particularly where there are multiple changes to medicines.

6.3.17. Person completing record

Attendees expressed that the key information for community pharmacists about the person completing the discharge summary was:

- the professional's name
- the professional's role
- their contact details

6.3.18. Distribution list

The majority of attendees did not think it would be particularly useful for community pharmacists to see who else had received copies of the hospital discharge summary. However some had the opposing view, that this may be useful on occasions to drive multi-disciplinary working.

7. Appendix D – Expert Reference Group Meeting: Outputs

This appendix provides a summary of the outputs from the expert reference group meeting held on 20 November 2018.

7.1. Service

The attendees were asked if there was value in including a 'service' heading within each of the information models to specify which service the record is about. It was explained that the values would be different depending on the use case, for example the service for the vaccinations use case may include flu vaccinations, travel vaccinations etc., whereas the service for emergency supply of medicine may include NUMSAS (NHS Urgent Medicine Supply Advanced Service), private service etc. The view was that it would be useful if there was a defined list available from the Directory of Services.

Recommendation: The consensus of the attendees was that the service heading should be included in all of the information models for the pharmacy information flows project.

7.2. Referrals into pharmacy services

All of the information models include a section to detail the referral route into the service. Attendees were asked if the reason for referral should be included and if this should also be shared with the patient's GP. The view from the expert reference group was that the referrer information, including the reason for referral, should be included in the pharmacy record, but does not need to be shared with the patient's GP.

Recommendation: Referrer details section to include the reason for referral and to be included in the pharmacy record information model, but omitted from the notification to the patient's GP.

7.3. Location of event

The project team recommended that a 'location of event' heading should be included in the information models of appliance use review, medication review, new medicine service and vaccination administration. This heading would record if the event was provided somewhere other than the organisation address, such as in a care home, the patient's own home etc. The view was that it could be useful to know this and would support future practice where pharmacists may work in different settings.

Recommendation: 'Location of event' heading to be included in the appliance use review, medication review, new medicine service and vaccination administration information models.

7.4. Reason for non-provision of service

The project team proposed that a heading of 'reason for non-provision of service' is included in all of the information models. This heading would be completed where a service was not able to be provided, for example if the patient did not attend or the patient declined the service etc. The view was expressed that this could be useful and could provide useful information for future management of the patient. However GP representatives of the meeting expressed that it is important clinical discretion is exercised by the pharmacist to determine whether this information is shared with GP practices to avoid unnecessary burden.

Recommendations:

- **'Reason for non-provision of service' heading to be included in all information models as an optional field.**
- **Implementation guidance to specify that clinical discretion required about the need to share this information with the patient's GP.**

7.5. Consent

The expert reference group were informed that the consent headings are optional in other PRSB standards. The attendees were asked if there was any reason why there should not be consistency in the pharmacy information flows project. Some attendees felt that it was redundant to share the information about consent with the patient's GP; however this was inconsistent with the views expressed in the online survey. The view was that a consistent approach should be adopted across all PRSB headings.

Recommendation: Project clinical leads to speak with the PRSB assurance committee about the consistent approach required for consent.

7.6. Allergies and adverse reactions

The expert reference group discussed how allergies and adverse reactions should be recorded and shared with the patient's GP. It is important that only newly identified allergies are shared, so that GPs are not repeatedly informed of allergies they are already aware of. The attendees discussed pharmacists checking the Summary Care Record (SCR) and only informing GPs of allergies not on the SCR. The view was expressed that this may not be practical due to pharmacist time constraints.

Recommendation: Implementation guidance to explain that allergies should only be communicated to the patient's GP where there is a suspicion that the allergy has been newly identified by the pharmacist.

7.7. Onward referrals

The attendees were asked how much information should be included about onward referrals made from pharmacy services. It was agreed that urgency of referral can be useful, for example for patients expressing suicidal thoughts. The expectation of the person making the referral can also be useful for the GP to be made aware of.

Recommendation: Include onward referrals section in all models. This section to include 'referral to', 'reason for referral', 'clinical urgency of referral' and 'expectation of referral'.

7.8. Emergency supply of appliances

The information model for the emergency supply of medicine was defined in stage 1 of the pharmacy information flows project. Since the development of this model, the project team were made aware that occasionally appliances are also given as an emergency supply. The expert reference group agreed that the model should include headings to cover appliances, and this should align with the headings developed for the appliances section of the appliance use review information model.

Recommendation: Include appliance headings, consistent with the headings developed for the appliance use review information model, in the emergency supply of medicine information model.

7.9. Distribution lists

The attendees were made aware that the appliance use review information model was the only use case including a 'distribution list' section. It was discussed whether this section should be added to the other Pharmacy Information Flows project information models for consistency. The view of the expert reference group was that this should be included as an optional section within all of the information models.

Recommendation: The view of the expert reference group was that 'distribution list' should be included as an optional section within all of the information models.

7.10. Appliance use reviews

It was discussed whether GPs should be sent information about the batch number, manufacturer and product order number of appliances discussed at appliances use reviews. There was agreement this should be optional within the appliance use review information model. It was also agreed that it should be possible for the brand name or generic name of the appliance to be recorded as applicable. The expert group also agreed that the appliances use review information model should state that dm+d codes should be used where functionality exists, however free text should be possible for those sites not currently using dm+d.

Recommendations:

- **Batch number, product order number and manufacturer of appliances to be shared with GPs as optional fields.**
- **Appliance names should be able to be recorded as brand name or generically, as appropriate.**
- **dm+d should be used where functionality exists with the option to use free text for sites not currently using dm+d.**

7.11. Digital Minor Illness Referral Schemes

The attendees were asked whether the body ‘site of administration’ of medicines supplied during a Digital Minor Illness Referral Scheme should be included to be consistent with other PRSB information models. There was agreement there should be consistency and thus site should be included. The group also agreed that the ‘presenting complaint’ heading should be a required, rather than a mandatory field.

Recommendations:

- **Include ‘site of administration’ into the ‘medications and medical devices’ section of the Digital Minor Illness Referral Scheme information model.**
- **Change the ‘presenting complaint or issues’ heading from mandatory to required in the Digital Minor Illness Referral Scheme information model.**