Community Pharmacy Scotland

**CPS response to: the Health and Sport Committee's call for views on
Technology and Innovation in the NHS
July 2017**

Prepared by:

Adam Osprey
Policy & Development
adam.osprey@cps.scot

Who are Community Pharmacy Scotland (CPS) & what do they do?

Who we are

We are the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and are the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

We are empowered to represent the owners of Scotland's 1256 community pharmacies and negotiate on their behalf with the Scottish Government. This covers all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

What we do

We work with the Scottish Government on the development of new pharmaceutical care services and ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacy contractors and their employee pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

Community Pharmacy Scotland

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

There have been a great many success stories in the period covered by the current eHealth strategy, which have both directly and indirectly improved the safety, effectiveness and person-centred ambitions of NHS Scotland and the community pharmacy network. Each development has specific benefits but perhaps most importantly, these improvements and modernisations have had a cumulative effect of freeing up clinician and support staff time to increase capacity and diversify service provision, having an immeasurable impact upon the health of Scotland's population.

For the community pharmacy network, the main achievements of the eHealth programme in recent years have been:

- The continuing development and redesign of both NHS Inform and NHS 24 infrastructures, which are instrumental in helping pharmacists to support patients and the self-care agenda. The availability of ECS via the NHS24 national direct line is essential in ensuring the safety and continuity of care for NHS patients, however this must be developed further to provide efficiencies as discussed in our reply to question 2. Availability of a professional to professional direct referral service out of hours allows community pharmacists to triage patients for the NHS, reducing the burden on OOH services. Again, this must be developed further as service levels vary by Health Board.
- Access to NHS Mail is an invaluable tool for community pharmacists, allowing secure transfer of patient identifiable information which allows new models of care such as the pharmaceutical care of Hepatitis C patients not only to exist but to deliver unrivalled health outcomes for NHS patients. NHS Mail also allows for community pharmacists to further integrate with the wider healthcare team, for example receiving electronic discharge summaries to improve transitions of care. Unfortunately, this practice is not widespread, nor is it a robust solution for the risks involved at discharge or admission from or to secondary care.

- The use of video conferencing is widespread at a strategic level, allowing for greater collaboration with regards to service design, particularly at a national level. However, the use of these facilities to enable patients to communicate with their NHS appears to be limited to rural areas when the benefits of having this option could apply no matter the setting.
- The recent and ongoing upgrade of the SWAN network to enable WiFi connectivity opens up a number of opportunities for community pharmacy teams. We expect to see improved utilisation of the Pharmacy Care Record (PCR) as a result of this, as well as various efficiencies made in the administration of services such as smoking cessation and needle exchange.

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

In compiling our response to this question, we have considered for the main part the issues which affect community pharmacy teams and the patients under our care.

We would like to take the opportunity to note the difficulty in assessing what constitutes as a "failure", as a lack of a regular progress report or stakeholder engagement makes it challenging to see what progress (if any) is being made towards a stated aim of a given strategy. This lack of visibility is particularly acute for independent sector organisations. With this in mind, we have listed what we perceive to be progress failures below:

- The single most significant risk posed to patients and the public from an eHealth programme is the inability of community pharmacists, amongst various other healthcare professionals, to access role-appropriate sections of the ECS, KIS or patient record. As registered and regulated professionals, we are bound by a code of conduct and are thoroughly experienced in information governance matters. As such there is minimal risk to opening up access to this information via clinical portals to community pharmacists, particularly as explicit patient consent must be obtained to do so and all episodes of access are recorded.
  The impacts of not having this functionality include but are not limited to: Pharmacists relying upon patients and carers to volunteer an accurate account of current medication and diagnoses; reliance on OOH services' resource to act as an intermediary when ECS access is required; Inability to record community pharmacy interventions on a shared platform; Limited ability to tackle priority issues such as polypharmacy without a holistic view of the patient's history.
  Our position on this matter is shared by many of our healthcare colleagues, and our joint submission to the consultation on the digital strategy expands upon the points made here, speaking for over 60,000 Scottish healthcare staff.

Health and Sport Committee's call for views onTechnology and Innovation in the NHS

- Progress towards electronic transfer of prescription information for all types of prescription does not appear to be a priority – with the significant efficiencies and benefits to patient safety realised for the majority of GP-generated prescriptions, we believe that both hospital outpatient and independent prescriber prescriptions should now follow suit as soon as possible.
- There have undoubtedly been huge leaps forward made in electronic patient referrals in the course of the existing strategy. However, these have not been expanded to allow community pharmacies to perform full clinical handovers or referrals at present. There is a heavy reliance on verbal or written signposting, where the onus is upon the patient to follow up on any advice given to seek advice from other services. As the most accessible healthcare professionals, community pharmacists are ideally placed to refer patients presenting in the community to the most appropriate service for their needs. A robust, electronic portal for doing so (In tandem with updating the patient's record) would improve continuity of care and ensure that patients see the right person, at the right time, every time.
- Despite progress made in NHS 24, there appears to be an opportunity for efficiencies to be made using telehealth technologies. As an example, secure imaging such as video or photo content could be used to relieve pressure on OOH services. Quite often, patients will present in pharmacies with skin conditions or infections which require a prescription – appointments at OOH centres and A&E departments could be saved by virtual consultations with NHS24 staff who would then authorise the pharmacist to dispense the required medication.
- Serial prescribing under the Chronic Medication Service has not yet become mainstream. We recognise that work is underway in Scottish Government to drive this agenda, however it is an example of how the eHealth programme can be strong in ensuring technological advances are made, but fall down in engaging stakeholders and encouraging uptake.

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

Community Pharmacy Scotland welcomes the vision laid out in the draft strategy, in particular that it is written with the needs of each Scottish citizen at the centre. We agree with the three core statements about what the people of Scotland should expect from health and social care with respect to technology and innovation. As a set of ambitions, they are comprehensive in that we can see how each of our concerns laid out in question two could be addressed if the final strategy stays true to them.

We also welcome the intention to create a permissive culture and rebalance the approach to risk, as this is currently the biggest challenge to truly multidisciplinary working. Often, The 7th Caldicott principle that the duty to share information can be as important as the duty to protect confidentiality is forgotten, putting up barriers to patient care and preventing the advancement of technologies to support appropriate data sharing.

However, at a draft stage of a strategy we would expect more than a list of examples of local innovation and progress under each ambition to be able to comment much further. At best, these give a flavour of what is already possible, and potentially able to be scaled up – but the strategy falls short of stating outright that this is the intention. We have very definite views on what developments are required in the life of the next strategy, but we have no way of knowing whether our specific priorities align with those of the author. Without putting forward proposed goals or concrete milestones, the draft fails to paint more than a vague picture of what the NHS will look like across Scotland by 2022. It is our view that once the full strategy has been drafted, a further consultation should be held to allow comment on specific aims and gaps in policy.

4. Do you think there are any significant omissions in the Scottish Government's draft Digital Health and Social Care Strategy 2017-2022.

As discussed above, it is difficult to assess whether there are specific omissions as the detail of the strategy has not been released at this stage. What we can say is that the vision and intentions stated are strong, and each of our organisation's priorities fit within them.

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

- From a community pharmacy perspective, the use of automation in the dispensing process is currently being evaluated. This programme of work should be built upon, and if the results are favourable, investment in the infrastructure of the community pharmacy network should be made to support capacity and efficiency. This would in turn free up pharmacist time in order to deliver important pharmaceutical services, further transferring care into the heart of Scottish communities.
- There is scope for electronic referrals to be made to and from community pharmacies, streamlining the patient experience.
- All prescriptions should be electronically barcoded to maximise efficiency and safety.

- We have already seen the allocation of funding to other contractor groups for specific digital developments which improve patient care, for example the Digital Services Development Fund which has been used to support and accelerate the use of services such as online appointment booking and webGP. When monies like this become available, it would be of benefit to the Scottish Government, the NHS and the public to seek views on how this could be spent. As a network who have unrivalled access to not only patients but the general public, there are a number of avenues which could be explored to utilise technology to innovate, or to expand and improve service provision across the whole of Scotland. One example is of course the software for access to patient records, but medicines management systems and electronic communication capabilities for services such as the smoking cessation service, chronic medication service and minor ailments service could also be realised. These are but a few examples, and there are countless more small technology and collaborative working projects which have the potential to be scaled up. Regardless of what is deemed suitable to receive funding, if the opportunity to make a case for these funding streams is widened then there would at least be clear sight for the Scottish Government of what needs exist in the Health landscape to then prioritise and allocate fairly.

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

We believe that the technology to enable healthcare professionals to have role-based access to the electronic patient record already exists, and that this should be rolled out to all relevant practitioners. Access would still be dependent on patient consent, and work would need to be done to determine which permissions are given for each role.

More important is the culture shift required to allow the appropriate two-way sharing of patient information with relevant parties to be seen as a crucial duty of care – both by the public and healthcare professionals alike. Current attitudes and behaviours can often hold the safeguarding of information above all else, to the detriment of patient care and progress.

7. What are the barriers to innovation in health and social care?

We believe that there are numerous examples of innovation in health and social care up and down the country, and most of these spring from a combination of strong leadership and organisational cultures which foster creativity. Where organisations are closed to change, or reluctant to collaborate with the independent and third sectors, progress is stifled.

We absolutely recognise the need for Health Boards to be responsive to local needs, however in our experience innovative projects which are successful in pilot stages do not often get scaled up beyond Health Board level, despite being clearly suitable for national rollout. The reasons for this are complex, but include lack of promotion, funding challenges and an increasingly opaque and confusing budget landscape (For example, the difficulty in engaging with IJBs). As a result, many projects which could save costs and improve outcomes for the people of Scotland never develop to their full potential.