

Subject	<b>Transfer of Information (Pharmacy to GP)</b>  <b>Electronic Notification of Flu Vaccination – Flu Season 2020/21</b>
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Date	Update for Community Pharmacy IT Group November 2020 meeting
Overview/purpose	This paper provides an update on the electronic notification of flu vaccination work which is part of the Transfer of Information project.

### Covid-19 Context

Data from NHS England and NHS Improvement shows that there is an increase in the number of flu vaccinations requested by community pharmacies as a result of COVID-19. NHS England and NHS Improvement expect that this trend will continue given the current climate.

### Current business processes

GP practices currently receive notification of a flu vaccination made by a community pharmacy in three possible ways; via an electronic FHIR message (if the pharmacy uses Pinnacle PharmOutcomes and the GP practice uses TPP SystemOne), via NHSmail, or via paper. The paper notification or printed email is then scanned into the GP system. The GP practice administrator must match the patient details to the correct record and add any SNOMED codes manually as appropriate.

During this flu season, Sonar and EMIS systems will also be able to send and receive the FHIR electronic messages, building on the implementation with Pinnacle and TPP last year.



### The Transfer of Information solution – see figure 1.

- The pharmacy system creates a notification (FHIR message).
- This is transported by MESH and received into the practice MESH mailbox.
- A “workflow task” is Created.
- The task is automatically linked to the relevant patient record (matched by PDS).
- The FHIR message is then rendered into a PDF document and attached to the patient record (TPP SystemOne only)

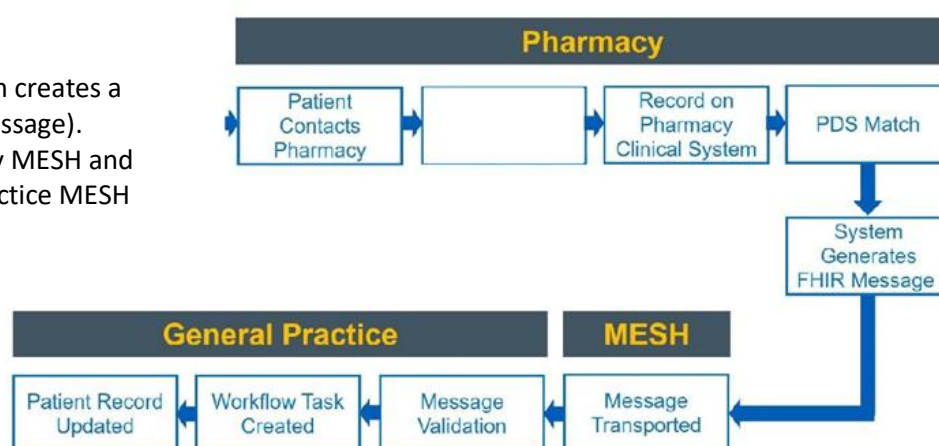


Figure 1. Transfer of Information solution workflow

## Summary of new workflow/business change

There is no business change to the pharmacy process. However, it is expected that there will be a reduction in paper notifications and less emails that are “rejected”.

The GP workflow will be as follows:

- The message will be received by the generic practice MESH mailbox
- The GP System will check that the patient is registered at the practice and that the message is valid (structured correctly with all the mandatory data elements)
- If the patient is registered at the practice, the pharmacy message will be rendered into PDF by the GP System and provisionally attached to the correct patient record
- A workflow task will be created in the generic worklist for the practice to view
- The practice can then choose to direct this to an individual or a team e.g. admin team
- It is expected that a GP admin staff member (or whomever is deemed appropriate) will review the message and accept this into the patient record
- They may also choose to add in any additional SNOMED codes or other clinically relevant information to the patient record as per local practice standard operating procedures. The TPP SystemOne solution consumes the dm+d codes for the medicines and adds the relevant SNOMED code to the record.
- On occasion, it may be necessary for a pharmacy message to be reviewed by a clinician where there are specific follow-up actions requested. The admin staff would in this case send this task onwards for clinician review as per local practice standard operating procedures.

## Suppliers

As mentioned, NHS Digital are working with two GP system suppliers (TPP and EMIS) and two pharmacy system suppliers (Pinnacle and Sonar) during this flu season. Pinnacle and TPP rolled out this functionality during the last flu season.

## Planned Roll Out

### Pinnacle – EMIS

- First of Type (FOT) completed 12<sup>th</sup> October, Full Rollout Authority (FRA) granted for this pairing with phased rollout to commence 27<sup>th</sup> October.

### Sonar – TPP

- FOT completed 13<sup>th</sup> October. Full Rollout Authority (FRA) granted Oct / early Nov.

### Sonar – EMIS

- FOT completed 21<sup>st</sup> October. Full Rollout Authority (FRA) granted Oct / early Nov.
- It is envisaged that this solution once rolled out, will reduce the variation in notification routes from community pharmacy replaced by a more efficient and unified approach.