

Shared Care Record (ShCR) planning by CP ITG and LPCs: Outputs, next steps and survey results

About the Community Pharmacy IT Group (CP ITG): The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The main meetings are attended by members representing the five organisations and representatives from [pharmacy system suppliers](#), [NHSBSA](#), [NHS Digital](#), [NHSE&I](#), and [NHSX](#). Further information on the group can be found on the [PSNC website](#).

About Local Pharmaceutical Committees (LPCs): The local organisation for community pharmacy is the LPC. The LPC is the focus for all NHS community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with NHS England Area Teams, Clinical Commissioning Groups (CCGs), Local Authorities and other healthcare professionals to help plan healthcare services. There are around 70 LPCs throughout England. LPCs have been supporting the Shared Care Record pharmacy agenda within their areas. The LPC list is at: [LPC Online](#).

Present

Matt Armstrong, Chair Boots Pharmacy and CCA
Dan Ah-Thion, Secretariat PSNC
Rita Bali, Cambridgeshire and Peterborough LPC
Kevin Barnes, Thames Valley LPC
Myra Battle, Suffolk LPC
Jeff Blankley Birmingham and Solihull LPC
David Broome, Vice Chair, Stancliffe Pharmacy and PSNC
Fiona Castle, Swindon and Wiltshire LPC
Tania Cork, North Staffs LPC
Drew Creek, Cornwall LPC
Deborah Crockford, Hampshire & Isle of Wight LPC
Ingrid Cruickshank, Hertfordshire LPC
David Dean, Thames Valley LPC
Tony Dean, Norfolk LPC
Lynne Deavin, Shropshire LPC
Ali Din, Sandwell LPC
Alison Ellis, Nottinghamshire LPC
David Evans, Dale Acre Pharmacy and NPA
John Farenden, NHSX ShCR/LHCRs team
Tania Farrow, Suffolk LPC
Nicola Feeney, Community Pharmacy Lancashire
Louise Gatley, Bolton LPC
Andy Gent, Cegecim
Jamie Gilliam, PSNC
Mary Gough, CCA
Kath Gulson, Community Pharmacy Lancashire
Robbie Gwinnett, Pinnacle IT supplier
Matt Harvey, Liverpool LPC
Nick Hunter, Doncaster, Rotherham & Nottinghamshire LPCs
Adam Irvine, Community Pharmacy Cheshire & Wirral
Sima Jassal, EMIS, IT supplier
Luvjit Kandula, Greater Manchester LPC
Nick Kaye, NPA
Anne-Marie King, Northants and Milton Keynes LPC
Yvonne Lamb, Somerset LPC
Michael Lennox, Somerset LPC
Jason Lestner, Living Care Pharmacy
Fiona Lowe, Warwickshire LPC
Helga Mangion, NPA
Lisa Manning, Sefton LPC
Zoeta Manning, NHSX
Anne-Marie King, Northamptonshire & Milton Keynes LPC
Fin McCaul, Prestwich Pharmacy and PSNC
Lynn McFarlane, Community Pharmacy Cumbria
Paul McGorry, Community Pharmacy Humber
Frank McLaughlan, Essex LPC
Robin Mitchell, Victoria Park Pharmacy, ShCR user
Amanda Moores, Dorset LPC
Geraint Morris, North of Tyne LPC
Rebecca Myers, Gloucestershire LPC
Stephen Noble, Dudley LPC
Mayank Patel, Buckinghamshire LPC
Vikesh Patel, Westons Pharmacy, ShCR user
Trevor Povey, ASDA Pharmacy
Darren Powell, Weldricks Pharmacy and NHS Digital
Julia Powell, Community Pharmacy Surrey and Sussex
Radhika Rangaraju, NHSX
Vicki Roberts, Lloydspharmacy
David Rose, Marnhull Pharmacy, ShCR user
Rupal Sagoo, Tesco Pharmacy
Karen Samuel-Smith, Essex LPC
Lauren Seamons, Norfolk LPC
Rob Severn, Nottinghamshire LPC
Shilpa Shah, Kent LPC
Gabriele Skieriute, PSNC
Craig Spurdle, Rowlands Pharmacy / Phoenix
Martin Staples, NHSX data security
Mark Stephenson, Sunderland LPC
Claire Thomas, Community Pharmacy Sheffield
Stephen Thomas, CPCW/Rowlands Pharmacy
Caline Umutesi, PSNC
Jon Williams, RxWeb
James Wood, PSNC
Janson Woodall, Well Pharmacy
Anna White, Devon LPC
Heidi Wright, RPS
Phillip Yelling, Cornwall and Isles of Scilly LPC

Overview

This document concerns Shared Care Records (ShCRs) and Integrated Care Systems (ICS), and outputs and next steps generated from a meeting for CP ITG and LPC representatives held on 1st July 2021 by videoconference

Meeting minutes, outputs and poll results

What are Shared Care Records? Appendix CPITG 01/07/21 set out related updates. John Farenden (NHSX ShCR programme) explained ShCR terminology: that 'ShCR'/' Local health and shared care records (LHCRs)' terminologies may be used interchangeably. NHSX and government have shifted towards the 'ShCR' terminology because during the pandemic the greater emphasis needed has been to make use of these records for direct care purposes instead of other purposes (for example local public health policy). ShCR systems may digitally mature over time. Many ShCR systems are currently 'read only' but the ambition is that various sectors could populate these ShCRs, and that clinical system suppliers will begin to integrate with ShCR to enable the viewing or recording of patients' information.

Use of ShCRs by Dorset pharmacy professionals: [Dorset Care Record \(DCR\) case studies](#) have previously been published. Dorset LPC and pharmacists provided some updates about using DCR:

- Amanda Moores, Dorset LPC Chief Officer explained that [DCR](#) was rolled out to pharmacy as part of the local response to the COVID-19 pandemic. DCR includes discharge medicines information. The LPC is encouraging contractors to sign-up using a three-step-process. The ShCR DCR project team have provided some one-to-one support for local pharmacies and held a pharmacy ShCR webinar. There are challenges such as for pharmacy teams within larger organizations and whitelisting. The feedback locally has been very positive, and more than 60 pharmacy professionals are using DCR. Dorset LPC has received queries about liability. Information about liability is, however, provided on the PSNC ShCR webpage. The use of a Standard Operating Procedure (SOP) helps mitigate liability issues. Some larger pharmacy organisations may trial DCR prior to a wider roll out.
- David Rose (Marnhull Pharmacy) provided updates about their ShCR access:
 - DCR access greatly assisted the provision of [Discharge Medicines Service \(DMS\)](#).
 - According to the consent model, if you are involved in the provision of care to patients, you don't need to ask for permission to access it.
- Robin Mitchell (Victoria Park Pharmacy and LPC Chair) provided updates about their ShCR access:
 - Usage has risen partially because of the COVID-19 pandemic
 - DCR includes more information compared to Summary Care Record's (SCRs). Using DCR, staff can see the doctor's record, details around referral, relevant information from the drug and alcohol team and details of patients care agent. Therefore, DCR includes richer information than SCR.
- DCR is a repository for consolidating information from different areas of health and social care and is read only at present, but this could change over time.

Use of ShCRs by East London pharmacy professionals: Vikesh Patel (Westons Pharmacy) shared updates about his use of the ShCR system within his East London pharmacy ([East London Patient Record](#)). A [related case study was published online](#) at the time of the meeting. The eLPR has been rolled out at several pharmacies within the East London area. The local Chief Information Officer was happy to replicate the same information governance framework used by the GP sector i.e. there is no need to take the time to ask the patient to provide their consent, rather consent is implied if the patient is accessing care at the pharmacy. The pharmacy teams use protocols in which they will only look at what is needed for direct care. The LPC and local Clinical commissioning group (CCG) are aware that eLPR access is possible and can arrange existing or future local services to make use of the tool.

Information governance (IG) ShCR arrangements: NHSX data sharing lead, Martin Staples provided a brief update about IG considerations. NHS Digital previously developed a “Permission to view (PTV)” framework for pharmacy access to Summary Care Records (SCRs). This SCR framework will remain in place until/unless PSNC and NHS Digital issues new SCR IG communications in the event the SCR framework is reformed in future. From a ShCR NHSX perspective regarding ShCRs this PTV framework is not necessary because those providing direct care do not require direct separate consent from patients to view their information. Transparency is important and patients can be made aware about ShCRs and which professionals have access to these. [PSNC’s updated privacy notice template](#) may be used to remind patients that pharmacy professionals caring for patients may access relevant records. Accesses to ShCRs will be recorded and auditable. NHSX have worked with ShCR IG groups on a ShCR framework – to be published summer 2021 at the earliest. LPCs should report to it@psnc.org.uk if the future framework inadvertently blocks pharmacy having access to the right information at the appropriate time.

Pharmacy comments about IG protocols:

- The group favoured:
 - avoiding complex data sharing agreements when access is granted to professionals;
 - avoiding small health and care organisations needing to perform impact assessments;
 - common IG standards which avoid duplicating the annual alignment of NHS pharmacy contractors with the NHS Data Security and Protection Toolkit (DSPTK);
 - less onerous arrangements than those associated with the pharmacy Summary Care Record (SCR) framework;
 - the implied consent model is appropriate (and clinically safer for patients) because patients expect their nominated NHS pharmacy to have access to NHS medicines information.
- Other comments and questions:
 - *“With regard to future training, protocols and standard operating procedures, please do not place excessive emphasis on data privacy and not enough emphasis on pharmacists duty to share and use relevant information when providing direct care to patients. Adopt guidance materials that do not create a fear of accessing records (thereby learning lessons from the pharmacy SCR rollout).”*
 - *“In the past, SCR training and guidance caused lesser use of SCR (due to the old consent requirements).”*
 - *“Pharmacists would feel more confident interpreting the information provided by these records if appropriate training and guidance is made available.”*

Actions:

1. NHSX and others responsible for producing ShCR security guidance should emphasise the duty to share information and standardise the framework for ShCR use.

Technical whitelisting and software: PSNC, system suppliers and NHSX discussed the challenges with whitelisting ShCR portals. PSNC has published a webpage about whitelisting ShCRs, available here: psnc.org.uk/whitelist. Pharmacy IT helpdesks may require web addresses, IP addresses and port numbers. The meeting attendees commented that there should be:

- *“Clear technical information provided on how to get access to pharmacy (firewall rules, IP whitelists etc.).”*
- *“If the right people from national (NHSX, PSNC, suppliers, multiples) and local organisations (ShCR project teams) are connected from the start it would help with reducing wasted time.”*
- *“For Dorset Care Record, white-listing requires secure IP (HSCN only at this stage) and is read-only.”*
- *“The route for LPCs and pharmacy to ensure that the IP address is whitelisted is unclear.”*

Questions and comments:

- *"Is the required IP address the standard internet IP, the Health and Social Care (HSCN) IP address or both?"*
- *"Are the current ShCR portals only web-based (not requiring installation of software). If ShCRs begin to require local software it would be helpful for central bodies, including the national pharmacy organisations, to coordinate this, because authorisations will be required."*

Actions:

2. CP ITG/national bodies to explore the creation of a pharmacy whitelisting mailing group/process.
3. NHSX/PSNC to look at the opportunities to streamline the technical whitelisting process so that any ShCR project team can get their ShCR whitelisted for pharmacies easily e.g. with template proformas.

Sign-up processes: The group discussed a [draft ShCR sign-up checklist](#) and the ideal sign-up process.

Comments:

- *"Some of the training should be system-specific."*
- *"Today's patients expect pharmacy and other health organisations to have access to more information."*
- *"COVID-19 has helped make the case for a simpler sign-up process for pharmacies needing to access DCR in Dorset: a webinar followed by online training specific to the ShCR portal."*
- *"Can common processes across the country be identified, simplified and standardised (a standard process)?"*

Survey comments:

- *"A standard sign-up process should be widely shared and remain standardised, i.e. all ShCR programmes should use the standard protocol."*
- *"Use a simple webinar followed by web-based training."*
- *"Know how to whitelist the IP address, ideally with minimum involvement by pharmacy teams."*
- *"Identify common processes across the country and create new standard processes for all ShCRs."*
- *"One central sign-up should cover all ShCRs if possible?"*
- *"Some pharmacies will have patients from several ShCR systems."*
- *"Make pharmacies aware that the PSNC pharmacy Privacy Notice template references records."*
- *"One national agreed process which works across boundaries."*
- *"Could sign-up be standardised/national?"*

Actions:

4. Comments on the [draft ShCR sign-up checklist](#) are welcome until the end of summer 2021 (it@psnc.org.uk).
5. CP ITG and NHSX to discuss the creation of a pharmacy ShCR SOP template document that will balance the issue of data privacy with the duty to share.

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| ShCR | Future standardisation: re. ShCR roll-out and usage |
| Information from the agenda paper Appendix CP ITG 03/07/21 was noted. | |

NHSX ShCR team update: John Farenden (NHSX Senior Programme Lead, ShCRs/LHCRs) provided an update. The objectives of his programme are to improve the flow of information so that people local health and care systems can be better cared for. A current focus is to use these records to help direct care with certain ShCR standards expected to be met by September 2021. The programme has explored: what data is useful for sharing, what information patients want shared. The programme has also worked with the Professional Record Standards Body on a 'Core information standard' of information document. The long-term goal is for health and care staff to be able to reach the necessary information in their own clinical system(s) with one click. NHSX will help set out national standards for the ICS and others. NHSX want it to be manageable even for those patients/pharmacies on the boundaries of more than one ShCR system. Practical priorities involve further work with the current 42 ICS and expanding records access to social care. John Farenden will progress work on a drafted minimum viable specification for ICSs about how to progress the ShCR projects within their areas. This will cover technical matters and other factors such as local collaboration.

Action 6: John Farenden will consider with NHSX colleagues whether pharmacy and LPCs can be further referenced within this next iteration of the ICS minimum viable ShCR specification.

Local engagement between ShCR and pharmacy. And whether to mandate LPC and pharmacy involvement with ShCRs? Pharmacy attendees were universally supportive of ICSs and ShCR projects being mandated to engage with LPCs and ICSs being tasked with including community pharmacy and extending ShCR to local pharmacy contractors. Comments:

- *“Mandated, please, or we'll have local variation and different experiences for different patients.”*
- *“It would be helpful to include community pharmacy in the guidance and mandate.”*
- *“A standardised approach would support pharmacy engagement where contractors have contracts in multiple ICS areas”*
- *“We need some uniformity in terms of process.”*
- *“Consistency! We should not have 42 variations for the 42 ICS areas...”*
- *“Consistency is important for various reasons including: - for the multiples to manage the IG, for those supporting elsewhere (e.g. National Pharmacy Association (NPA), national bodies and LPCs that span multiple areas) and actually for the workforce themselves - in my patch, it is easy to work across four different ICS's within less than an hour's travel.”*
- *“A standardised and consistent approach is critical so that larger organisations can engage centrally in terms of sign-up etc.”*
- *“Pharmacy being involved in defining the key use cases for the ShCRs at an early stage will help to increase adoption and clarity, e.g. with it being specified locally that this should be used for specific local services. When SCR was deployed, many pharmacy teams felt there was not enough clarity on what pharmacies should use it for and when, this is an important lesson that we must learn.”*

Access to information within ShCR:

LPC comments:

- *“It would be helpful to have access to domiciliary care information - is this something that NHSX are discussing with ShCR system providers and if so would the data only relate to NHS or Social Care commissioned support or is there also a way of including data on self-funded care?”*
- *“We are exploring this in Sheffield - there is a joint CCG and Local Authority group working on medicines optimisations in vulnerable patients and I have put this group in touch with our contact in digital services at the ICS who we have been working with on the ShCR - conversations have only just started but access to domiciliary care information is being explored.”*

System supplier feedback: Tracey Robertson (Cegedim, pharmacy IT system supplier): “What role can the Patient Medical Record (PMR) system provider play here to make this easier for pharmacy professionals? At Cegedim, we have integration into the SCR from the Pharmacy PMR (our ‘SCR 1-click’ feature in which SCR info can be reached quickly from within the PMR system), could we and should we have seamless a similar 1-click integration into these local ShCR services: we think we ought to be able integrate with any / all ShCRs but a standard integration method is key to prevent multi-integrations.”

Training / support: Amanda Moores (Dorset LPC) explained that the ShCR team provide training and support to those accessing the DCR. For any queries about the content pharmacy contractors can contact the DCR team. As pharmacy professionals use the ShCR system more often they become more accustomed to the content.

Common technical integration standards: These are needed so that ShCRs can merge or unmerge easily if necessary, and so that suppliers integrating with one ShCR system can integrate easily with others. This will also make the process easier for pharmacies with patients from multiple ShCR project areas.

Action 7: NHSX to consider the creation of common import/export technical standards for ShCRs and system suppliers. CP ITG to share further feedback to NHSX to support its future work.

Usability and workflows: Ideally ShCRs should be within the clinical system and show the most relevant information for pharmacy (although, at present many shared care systems are not digitally mature and show information in a less usable fashion). This is anticipated to change over time. Pharmacy team users and other users of ShCR systems prefer for the systems to be quick and easy to use.

Action 8: NHSX to consider whether to reference usability and workflows within the minimum ShCR framework document and/or within other future NHSX ShCR guidance.

Oversight of what is happening with various ShCR projects would be useful: For example, the provision of a new public domain ShCR list which is regularly updated e.g. listing which ShCRs plan to merge etc. Is there the potential for a national body to maintain and update a list of ShCR projects and their status (or for ShCR projects to manage their status themselves)?

Comments:

- *“Clarity on timelines will help planning and decision making (by system suppliers and by LPCs – and help LPCs to consider when t the right time is for LPCs to increase their engagement with their ICS).”*
- *“To support planning, pharmacy (and the public) should be given early visibility of the timeframe of ShCR developments. E.g. understanding upcoming ShCR mergers and live dates.”*

Action 9: CP ITG to further explore with NHSX and NHS bodies whether a centralised ShCR list can be maintained.

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| ShCR | Integrated Care Systems (ICS), local digital priorities and local collaboration. |
| Information from the agenda paper Appendix CP ITG 04/07/21 was noted. | |

Integrated Care Systems (ICS) and local digital priorities: ICS were expected to be in place from April 2021 and will have a statutory footing from 2022. Template [local digital priority documents](#) were created using [CP ITG’s vision documents](#). Comments on ICS and ShCR development:

- *“National direction is needed for national ShCR standards.”*
- *“From the perspective of a regional pharmacy chain, we need a standard approach as much as possible, so that the move to ICS doesn't get too confusing at branch level across multiple geographies.”*

Action 10: Comments on [CPITG 02A/06/21 list](#) and [CPITG 02B/06/21 slides](#), and examples of ShCR or local digital priority papers should be sent to it@psnc.org.uk by summer 2021.

Action 11: LPC chief officers will populate a PSNC/CP ITG spreadsheet regarding the ShCR within their areas, and consider addition of ShCR information to LPC websites and engagement with ShCR projects.

Group breakout discussion: Local experience examples of ICS/LPC work regarding digital technology?

- *“Examples of past digital work: Electronic Prescription Service (EPS), Electronic Repeat Dispensing (eRD), Discharge Medicines Service (DMS), Community Pharmacist Consultation Service (CPCS), EMIS records integration.”*
- *“3 workstreams digital access into GP centric, BHT (DMS), LPRES (Lanc& S Cumbria).”*
- *“Greater Manchester: ShCR, remote monitoring and digital infrastructure, digital front door.”*
- *“We have not yet been engaged by the ShCR team.”*
- *“We are constantly pushed to the back of the queue for access.”*
- *“Difficult to find the right person to start talking to.”*
- *“We are in very early stages locally with access to the Yorkshire and Humber Care record, we are working with digital services at the ICS and have supported identification of proof-of-concept pharmacy sites, but progress is slow.”*
- *“Guidance is needed to help LPCs with their local discussions and development conversations so that there is a consistent approach to sign-up, governance etc across the country.”*

Poll question: Local experiences of ICS/LPC work regarding digital technology? What are the digital priorities at the ICS and LPC level?:

Poll responses from LPCs included:

- *“Nothing has progressed recently within our area as far as I know.”*
- *“What is confusing is that despite work for pharmacy access regarding some local records, I'm not sure how this all fits together and if border pharmacies will end up with various systems to access.”*
- *“We were not invited to shared care records meeting.”*

- *“Meetings on ShCR have included GPs Trusts but not many from other sectors.”*
- *“We have already got a principle in agreement in our area but some key questions remain unanswered about the supporting and technical guidance relating to IG, data protection consent, and shared data agreements.”*

Group breakout discussion: How can LPCs progress ShCRs and pharmacy IT alongside the ICS?

- *“Identify ICS, digital board, and ShCR local project and engage. Add ShCR information to the LPC website.”*

Poll question: How can LPCs progress ShCRs and pharmacy IT alongside the ICS?:

Poll responses included:

- *“Need to identify leads and become involved in the decision-making process at an early stage.”*
- *“Continue to engage locally, share experiences and good practice - try to have a consistent approach (supported by PSNC).”*
- *“It is in implantation stage in ICS in Suffolk; however, the boundaries of ICS have not yet been sorted.”*
- *“Some could go to ICS and ask Local Medical Committee and Primary care board?”*
- *“Not sure of all the ways, but better equipped to pursue following today's session.”*

Poll question: What priority actions are required after this meeting to progress access to ShCRs?

Poll responses from LPCs included:

- *“Find out who runs ShCRs locally and make contact.”*
- *“To ensure consistency of approach, LPCs need guidance from PSNC on key points to raise/discuss during local implementation and development discussions e.g. around sign-up process and governance etc.”*
- *“Work with ICS building awareness of conversations today.”*
- *“Discover ICS position/progress.”*
- *“The SCR Additional Information as default SCR under Control of patient information (COPI) has been a great move forward, and it is hoped by community pharmacy that this could be extended beyond the pandemic – subject to relevant legislation being introduced to enable this. Irrespective of the pandemic, can legislation be extended to support ShCRs.”*

ShCR

Other poll results

Several polls were conducted during the meeting. Some of the results have been added to the relevant sections above. However, additional results are set out below.

Poll question: What are the most important lessons for taking forward ShCRs?

Poll responses included:

- *“Avoid too much emphasis on data privacy within training and guidance and place more emphasis on the duty to share information for direct care.”*
- *“Clear process for a pharmacy locality to access the ShCR systems.”*
- *“Today’s patients expect us to be able to have access to the relevant information.”*
- *“Pharmacy professionals must overcome fear to access ShCR (lessons learnt from Summary Care Record (SCR) implementation).”*
- *“The public needs to be aware of pharmacists' access, why we have access and its value.”*
- *“Don't scare pharmacy professionals out of accessing records and provide appropriate training..”*
- *“The information will be invaluable. As an LPC we will need to engage with pharmacists to make full use of the opportunities.”*
- *“Don't make accessing ShCR a complex process for pharmacy.”*
- *“LPCs need to find out the stage this process is at locally and who is leading on it if they have not done so already.”*
- *“Use more case studies/guides to read and signpost for other pharmacy teams.”*
- *“The process to access ShCRs will have the biggest impact on whether people will use and benefit from it daily.”*

Poll question: ShCR read and write:

Poll responses included:

- *"If the system progresses, there should be a mechanism in the future enabling pharmacists to easily send communication back to the surgery after accessing the record with any concerns or changes that they believe will benefit the patients care. Whilst I appreciate the current ShCR systems are usually read only and I think this is correct for now, there are instances when the pharmacist could add value if communication to the surgery was made easy and did not involve too much work for the GP."*
- *"Contacting GP surgeries to make changes to ShCRs is not easy and I have been involved with a care home service where pharmacists lack of access to the record caused difficulty."*
- *"There is a need to be able to add but not overwrite."*

Poll question: What are the ShCR benefits?

Poll responses included:

- *"SHCR access is good. Use of ShCRs saves a lot of time overall."*
- *"Allows better care for patients and improved safety checks."*
- *"The potential benefits are clear, and it gives opportunities for additional services."*
- *"The breadth of the ShCR should improve patient interactions."*
- *"The benefits to patient care are clear. How the excellent patient care that it enables is recognised and funded is unclear - it is not the use of the record, but the professional curiosity in the patient which needs to be rewarded."*
- *"There is a clear benefit to community pharmacists being able to access a ShCR as this improves patient care and safety. There should be some best practice guidance (from early adopter sites) if ShCR access becomes part of the PQS, and possibly specific examples of where access would be expected e.g. to enable pharmacies to follow MHRA guidance on methotrexate checks, lithium checks etc."*
- *"Patients believe this already happens and that we are "one NHS". Patients would be amazed if they knew the truth that NHS pharmacies cannot currently typically access ShCR medicines information."*
- *"Elevates pharmacists/technicians to equal standing as a healthcare professional."*

Poll question: What are the ShCR challenges?

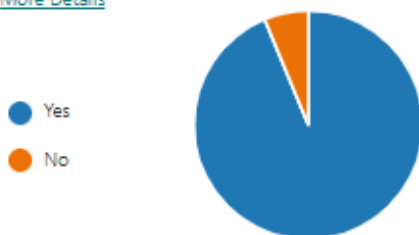
Poll responses included:

- *"Pharmacies cannot access different systems across ICSs and borders."*
- *"The level of implementation support cannot be underestimated. It sounds like the Dorset Care Record got it right with providing some support, but my own experience is the system underestimates the individual contractor-level support needed."*
- *"The issue is SCR can be accessed nationally for the transient workforce - but ShCR usually aren't."*
- *"Managing the individual professional training, consenting and use separately to the organisational IG and contracting liability is the main concern for me."*
- *"There needs to be on boarding of sufficient useful information on to the ShCR to be useful for pharmacies to use once they have access."*
- *"Concerns around consent/confidence by pharmacists/technicians to access needs addressing."*
- *"IT limitations especially in the multiples are a real challenge."*
- *"Pharmacists will have a fear of using it if the training materials are not clear."*
- *"We need positive responses to mitigate the challenges/concerns (of which there were many in the chat) that some individuals will present as risks/barriers e.g. IG. Access to these records will empower pharmacy to deliver amazing patient care - the profession needs to ensure this is recognised by patients and valued/funded by the Government."*

Further poll questions and responses

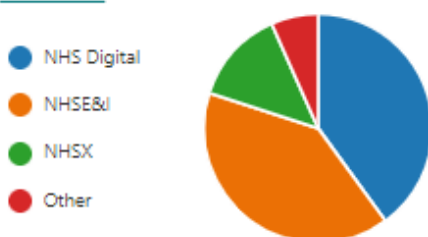
1. Should the NHS provide a list of all LHCRs online including their status?

[More Details](#)



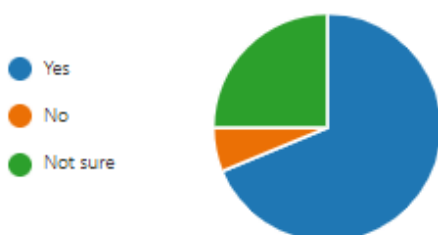
2. If yes to above, which organisation could be asked to make a list available?

[More Details](#)



3. Should use of LHCR be considered with possible future Pharmacy Quality Schemes?

[More Details](#)



4. Select your level of agreement with this statement:

[More Details](#)

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

IT access and timescales will limit LHRC access in some areas



5. Should LPC websites have a webpage about the local records within the area to raise local pharmacy awareness?

[More Details](#)



Draft data policy and related survey: Department of Health and Social Care (DHSC) published [Data saves lives: reshaping health and social care with data](#). There is a related NHSX [survey](#) (closing 23rd July 2021).
Action 12: Attendees, LPCs and contractors are encouraged to [submit a survey response](#).

Information governance (IG) SCR arrangements: NHS Digital previously developed a “Permission to view (PTV)” framework for pharmacy access to Summary Care Records (SCRs).

Action 13: NHS Digital/NHSX/PSNC to explore whether the access framework can align to the ShCR model.

PharmOutcomes provided an update about their integrations with ShCR systems: “PharmOutcomes have an integrated read viewer for Northeast London (Cerner), South West London (Cerner) and Surrey (GraphNet). The plan is to build records access into PharmOutcomes and capture the use cases for direct care into an audit. There is no ShCR write facility currently, but GraphNet are keen to absorb the discharge referrals that we receive. COVID-19 has presently delayed those conversations.”

List of actions: The collated list of actions from across the whole meeting are repeated below:

Frameworks and sign-ups

1. NHSX and others responsible for producing ShCR security guidance should emphasise the duty to share information and standardise the framework for ShCR use.
2. CP ITG/national bodies to explore the creation of a pharmacy whitelisting mailing group/process.
3. NHSX/PSNC to look at the opportunities to streamline the whitelisting process so that any ShCR project team can get their ShCR whitelisted for pharmacies easily e.g. template proformas.
4. Comments on the [draft ShCR sign-up checklist](#) are welcome by summer 2021 (it@psnc.org.uk).
5. CP ITG and NHSX to discuss the creation of a pharmacy ShCR SOP template document that will balance the issue of data privacy with the duty to share.

Future standardisation

6. John Farenden to consider with NHSX colleagues whether ShCR project team engagement with pharmacy and LPCs can be further referenced within the ICS minimum viable ShCR specification.
7. NHSX to consider the creation of common import/export technical standards for ShCRs and system suppliers. CP ITG to share further feedback to NHSX to support its future work.
8. NHSX to consider whether to reference usability and workflows within the minimum ShCR framework document and/or within other future NHSX ShCR guidance.
9. CP ITG to explore with NHSX / NHS bodies whether a centralised ShCR list can be maintained.

Integrated Care Systems (ICS), and local work

10. Comments on [CPITG 02A/06/21 list](#) and [CPITG 02B/06/21 slides](#), and examples of ShCR or local digital priority papers should be sent to it@psnc.org.uk by summer 2021.
11. [LPC chief officers will populate a PSNC/CP ITG spreadsheet regarding the ShCR within their areas](#), and consider addition of ShCR information to LPC websites and engagement with ShCR projects.

Other actions

12. Attendees, LPCs and contractors are encouraged to [submit a survey response to NHSX](#).
13. NHS Digital/NHSX/PSNC to explore whether the SCR access framework can align to the ShCR model.

Future main CP ITG meetings:

| | |
|--------------------------|-------------------------|
| Weds 22nd September 2021 | Weds 17th November 2021 |
| Weds 9th March 2022 | Weds 8th June 2022 |