

## Why easy pharmacy access to local Shared Care Records (ShCRs) remains critical?

The [Community Pharmacy IT Group \(CP ITG\)](#) captured feedback on Local health and shared care records (ShCRs) from across the sector. It was clear from this feedback that contractors agree that pharmacy teams should have quick and easy access to ShCRs).

### Why pharmacies need records access?

As well as the CP ITG, the feedback received from community pharmacy unanimously supports easy and automatic access to records for pharmacy. SCR with Additional Information is useful but limited, as there is no way to input pharmacy information, and SCR is also limited to GP practice records only.

ShCRs contain extra information compared to SCR with Additional Information – e.g. important vaccine information. ShCR project teams plan to get additional information into ShCRs beyond the limited GP record and to include more hospitals information, as well as information about community health teams, social care, and specialist clinics etc. This should enable those caring for patients to have a fuller picture – reducing the need for patients to repeat themselves and protecting them from the risks associated with medicines information not being available to pharmacy.

### Alignment with NHS and DHSC policy

In line with NHS Long term plan, Department of Health and Social Care (DHSC) data security policies, which propose all health care professionals have access to the information they need, when they need it.

### Clinical comments

Below are comments about the clinical value of the extra information which could be locatable within ShCRs :

- “Sight of potassium test information and notes within records helps me to determine whether the patient will benefit from help with using their inhaler in the right manner. Using the inhaler wrongly is common, but access to records will to improve our patients’ outcomes”.
- “Pharmacy - Access to blood coagulation test results supports the care of patients on Warfarin. Warfarin thins the blood to reduce the risk of clots Using the test result history helps with finding the safest dose for patients”.
- “Pharmacy - Those patients with chronic kidney disease are best not taking certain over-the-counter medicines e.g., ibuprofen (unless specifically prescribed), and access to records sometimes highlights information about the patients’ condition, helping to inform over-the-counter sales.”
- “Pharmacy - Some of my patients are getting regular results about their thyroxine levels and me having sight of this via records notes helps me understand more about what levothyroxine dosage is needed to treat them and protect them from complications.”
- “Looking at records helps pharmacy to safely dispense for those that require emergency supply, particularly non-regular patients.”
- “ Pharmacy - Notes about past Clozapine prescribed by clinics instead of GP practice can be missing from standard SCR. Sight of this information can be life-saving where it is indicated that a simple over the counter medicine if prescribed could cause life threatening side effects.”
- “Pharmacy - Healthcare Safety Investigative Branch (HSIB) investigated and reported on a death which may have occurred partially due to "a lack of interoperability (the capacity to exchange,

interpret and store data to common standards) between primary and secondary care electronic prescribing systems, between secondary care facilities, between secondary and tertiary care, and between secondary care and community pharmacy." Although other factors were also significant in this case. Read more in the '[Electronic prescribing and medicines administration systems and safe discharge' report](#)."

- Pharmacy - Immunisations – this can be helpful if immunisations are being considered that should not be provided shortly after another vaccination has been administered.

Pharmacist's access to Dorset Care Record ShCR examples: :

- Looking at letter from Dorset County Hospital which are visible on the DCR. A patient was asking if eye drops had been prescribed after an ophthalmology appointment. The patient had phoned the GP surgery but had not waited as had been told he was twelfth in the queue. The letter said no treatment needed now but will be reviewed for a follow up appointment.
- Helping a patient deal with a GP prescription for two strengths of Co-Beneldopa which did not make sense. The DCR showed the GP had forgotten to cancel the lower strength prescription.
- Aiding a patient who had not received an expected prescription despite having had consultations with their GP on the phone. The DCR GP record section showed that the prescriber sometimes forgot to issue.
- Telling a patient that they could not issue Methotrexate for rheumatoid arthritis – the pharmacist could see on the DCR that a blood test was overdue.

Other comments:

- CP ITG continue to be in favour of records access.
- PSNC has informed NHS Digital that pharmacy teams consistently report that the older records framework which relies on patients requests, delays progress –as is the case with SCR AI prior to pandemic, and that new frameworks should be considered.
- Patient attitudes about health records may have changed because of the pandemic. More people now believe that it is important for health and care staff to have access to the information needed to provide the best care.
- Default access to records for pharmacy teams is helping teams in GP practices as it is reducing the need for pharmacy to phone or contact the GP practice.

Summary of key benefits:

- For pharmacists, access to a detailed patient record reduces the risk of important information about the patient not being available at the point of care and assists the consultation process.
- For GPs, the current system of default access to records would ensure that more patients can be seen by healthcare professionals other than the GP, reducing general practice workload. These benefits are likely to be further realised by expanding community pharmacy teams access to patient records.
- For patients/citizens, use of a detailed patient record by community pharmacies ensures that the patient receives optimum care, and reduces the need for patients to repeat their history in the pharmacy, which may be particularly beneficial if their care need is of a sensitive nature.

**About CP ITG:** The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The 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](#).