Referrals IT call: What are the current challenges and what is wanted in future?

Draft notes relating to the Community Pharmacy IT Group (CP ITG) meeting held on 25th October 2022 via videoconference

A CP ITG sub-group discussed referrals

The meeting presenters were:

- the NHS Digital Booking and Referral Standards (BaRS) research team;
- the team generating research to improve the NHS e-Referral Service; and
- the NHS future referrals team.

Other attendees

CP ITG and Community Pharmacy Digital email Group (CPDG) participants

Note taking: Caline Umutesi

Intro and housekeeping

David Broome (Vice Chair) welcomed NHS Digital and other colleagues onto the call. David outlined the importance of pharmacy teams having the seamless ability to receive and issue referrals in the future.

Initial discussion and briefing

- The Booking and Referral Standards (BaRS) team run a monthly show-and-tell webinar. The December event will be on 1st December 2022. Those within CP ITG who are interested in attending were invited to input their email into the chat and will get the invite [or contact it@psnc.org.uk post meeting].
- BaRS is an interoperability standard, a set of rules which govern the format language and delivery method which transform data between providers.
- BaRS is intended to ensure that health care staff receive the detail that they need, in a format that they can use and that the referrals should link in with their exiting IT systems, subject to supplier integration. This should enable health and care staff to better care for their patients, and in any care setting as well.
- BaRS team describe:
    - *'BaRS core'* as the generic core fundamental set of information that's required for all use cases; and
    - *'BaRS application'* describes how particularly used case or a care setting can host technical capabilities to workflow, and it may also have used case specific data.
- The BaRS team are currently working with 111 to ED and 999 for clinical assessment services, 111 is in the final stages of the testing, hoping to go live in the next 2-3 weeks. 999 is in the same stage, final stage of testing.
- The BaRS user research objectives include looking at:
    - the current workflow;
    - the user experience - to understand the experience and the pain points; and
    - the current and future information needs of clinicians.
- The BaRS team are also looking at:
    - the different roles in delivering Community Pharmacist Consultation Service, and understanding variance across service and regions; and

    - policy and commissioning landscape.
- The user research is being carried out remotely using MS Teams. The researchers are speaking to a number of different staff member involved with the delivery of CPCS: pharmacists, pharmacy technicians, dispensers and counter assistants. The interviews are about an hour long and cover four different areas.
- The Electronic Referral Service (e-RS) allows primary care to make referrals to secondary care. Exploring the possibility of expanding user to include none GP care providers as well, optometry, dentistry.
- NHS Digital are keen to hear from CP ITG and pharmacy teams about the views and experiences relating to how the referral process works.

Q1 In community pharmacy, how are outward referrals made (e.g. to GPs? Dentists?)?

Comments:

- Referrals are typically made using methods such as: NHSmail, the phone, PharmOutcomes notifications and telephone.
- Within Greater Manchester many pharmacy teams are dependent on the Pinnacle system at the moment, but also rely on PharmRefer, NHSmail or less digital referrals.
- Many dentist don't have NHSmail.
- For some of those pharmacy teams that use ProScript they have the ability to access EMIS directly, but not every pharmacy is going to be using ProScript causing a challenge with consistency.
- It is difficult sending out a consistent referral messages to a large volume of pharmacies if pharmacy teams are using different systems which are not aligned to a common IT standard.
- This question poses a wider issue around governance: because if pharmacy teams can't refer consistently, then pharmacy teams can't best monitor the patient journey, because there is always a risk with the way pharmacy teams are having to refer which are through NHSmail, phone and PharmOutcomes; and there is not a sufficient feedback loop built into it. Pharmacy teams can make a referrals but never know whether the referral was picked up and followed through; which is a significant governance and safety issue.
- Pharmacy teams send out referrals to many different sectors including: Dentistry, all Secondary care settings, Social care, Optometry.
- Example: Working with the midwifes as part of the stop smoking service, and now there want to do Nicotine Replacement Therapy (NRT) referrals, from midwives directly to pharmacies to do a supply. The number of stakeholders are increasing, they are talking about social prescribing, CBD prevention, national diabetes programme, need to map out the stakeholders.
- An e-RS pilot is underway in Greater Manchester.

Q2 Which healthcare services do you receive patient referrals and/or bookings from?

Comments:

- NHS111, UECs, GPs, dentists, optometry, lead providers (e.g. Sexual Health services or substance misuse services) and secondary care.
- What's the service pharmacy teams get the most referrals from: 111, GPs.
- Discharge Medicines Service (DMS) from trusts, CPCS from 111 through PharmOutcomes, CPCS from GP through NHS mail plus verbal walk-in referrals from various sources

Q3 Would you make a booking (appointment) for patients referred to you and how would that be managed (digital/paper)?

Comments:

- Digital is the preference where available.
- "Currently pharmacy teams generally do not have the facility to do this digitally, so would use the telephone or paper or both."
- Phone, paper – our pharmacy teams need to have options given that not all older people are IT literate.

Q4 What are the top 5 pieces of information you need about a patient who is referred to you? (other than patient demographics)

Comments:

- Reason for referral, referrer info & contact detail, as well as patient details, timescales for action (may be contractual or patient driven).
- Different services will require different pieces of information.
- Two-way communication and feedback on actions taken is key.
- In regards to terminology, interpretation of 'referrals' and 'signposting' can differ. Some interpret:
    - 'referral' as part of a patient pathway, and within a service specification; and
    - 'signposting' meaning supporting the patient by making that introduction e.g. I have sent this person to the dentist
- At the moment the pharmacy team may ask the patient to see the dentist, but the pharmacy does not hear about whether the dentist appointment occurred.
- Health and care organisations which receive referral notifications ought to be able to understand what to do to meet the expectation of the patient and the referring organisation.

Q5 What top 3 things regarding bookings and/or referrals would improve your user experience and why?

Comments:

- There needs to be easy-to-access, one point of access (at the moment pharmacies have to check several sources for referrals).
- Patient do not have the ability to look-up they details so if we could integrate referrals into the NHS App records information, and have the Application programming interface (API) in place that would be useful.
- Also the way the National Booking Service (NBS) was being used for flu and covid vaccination appointments, how do we standardise that across the system so the patient knows when I book an appointment I can go into the NHS App and see the appointment and have the option to cancel or re-book it on my own pharmacy system. Many contractors have existing appointment booking systems in place that would require system integration (in future) if patients were to be referred into community pharmacy for assigned time slots. What pharmacy contractors don't want as a solution is just to use the NBS "as it is" without suitable integration on the pharmacy side.
- Referrals should work with the clinical systems that pharmacy teams already have in place.

Q6 When you have finished with the patient, which other care settings or services might you refer them to or contact about the encounter?

- [See Q1 and other questions for related comments]

Q7 Which IT platform do you use to accept referrals from 111? E.g., PharmOutcomes, Cegedim, etc...

Example systems:

- Sonar for CPCS
- PharmOutcomes for integrated.
- Cegedim, Positive Solutions. NEO system for substance misuse in some areas.

Q8 Which of the available IT platforms are most commonly used nationally?

Example comments:

- PharmOutcomes in our area & NHSmail.
- Sonar for London [but Sonar can be used outside of London as well].

Q9 What proportion of referrals that come from 111 do you need to onward refer elsewhere? E.g., 5%, 10% etc...

Example comment:

- There can be variation and some pharmacy teams may get 30-40% whilst others get 10-15%.
- Pharmacy may not have easy access to data about referral data. The data available can depend on quality of the referral as well as the handling by the pharmacy and their IT.

Q10 Reporting – What reporting needs do you have in relation to patients who are referred or booked into your pharmacy?

Comments:

- What reporting for other people, and for commissioning purposes.
- The data set specified in the service specification is the minimum.
- We also need to be careful about what data is reported in terms of patient consent to share – particularly if data is used by the NHS for any purposes beyond direct care.
- A data dashboard to track activity and monitor the status of completion /non-completion and what information needs to submitted for payment or audit to NHSBSA / NHS England. Hopefully this would be more automated in the future.

Q11 What do you use Summary Care Record (or other patient records sources) for in relation to any bookings/referrals you receive?

Comments:

- Emergency supply queries, interactions, safety.
- SCR to verify patient demographics, medication history.

Q12 Do you re-triage patients? If yes, can you explain what kind of questions you ask the patient?

Comments:

- Yes pharmacy teams do, as they do not know what has been asked on the other end.
- Following the service specification information.

Closing comments and actions

Action: If any of CP ITG would like to feed in further in regards to these questions, please do so by the end of 2nd December 2022. The secretariat will collate further feedback and share this to NHS Digital referral user research teams.

David Broome thanked NHS Digital teams for taking part, and thanked the attendees.

About CP ITG: The Group was formed in 2017 by PSNC, NPA, RPS, CCA and AIMp. The meetings are attended by members representing these five organisations and representatives from pharmacy system suppliers, NHSBSA, NHS Digital, NHS England pharmacy team, and NHS England's Transformation Directorate. Further information on the group can be found on the PSNC website.