Draft minutes for the Community Pharmacy IT Group (CP ITG) 2023 Pharmacy to GP information flow ('GP Connect Update Record' and auto-filing re NHS pharmacy services) meeting held via videoconference on 29th November 2023

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 England's Transformation Directorate, NHS England pharmacy team, DHSC and PRSB. Further information on the group can be found on the Community Pharmacy England website.

Present

Matt Armstrong (Chair), Boots and CCA
Dan Ah-Thion, Community Pharmacy England
Amanda Alamanos, Derbyshire LPC
Noor Al-Dairi, Boots
Mubasher Ali, Community Pharmacy Lancashire
Mohit Bhardwaj, Asda Pharmacy
Thomas Bisset, Barnsley LPC
Jeff Blankley, Community Pharmacy (CP) Birmingham
Sam Bradshaw, Gloucestershire LPC
David Broome (Vice Chair), Stancliffe Pharmacy
Shiné Brownsell, Community Pharmacy England
Alastair Buxton, Community Pharmacy England
Alistair Carr, NHS England
Eva Cardall, CP Arden, Herts & Worcestershire
Tania Cork, CP Staffordshire & Stoke-on-Trent
Karen Cox, CP Cambridgeshire and Peterborough
Drew Creek, CP Cornwall
Deborah Crockford, CP South Central
David Dean, CP Thames Valley
Sanjay Ganvir, Greenlight Pharmacy
Kelly Holman, CP Devon
Nick Hunter, CP Nottinghamshire
Adam Irvine, CP Cheshire & Wirral
Neetan Jain
Mike Jones, CP Nottinghamshire
Anne-Marie King, BLMK & Northants
Yvonne Lamb, CP Somerset
Helga Mangion, National Pharmacy Association (NPA)
Fin McCaul, NHS Greater Manchester ICB
Paul McGorry, CP Humber
Rebecca Myers, CP Gloucestershire
Stephen Noble, CP Dudley
Geraint Morris, North of Tyne LPC
Helen Musson, CP Hertfordshire
David Onuoha, Community Pharmacy England
Jasmine Shah, National Pharmacy Association (NPA)
Shilpa Shah, CP North East London
Yogendra Parmar, Camden & Islington LPC
Amit Patel, Sutton, Merton and Wandsworth LPC
Mayank Patel, CP Thames Valley
Trevor Povey, Asda Pharmacy
Darren Powell, RPS, Weldricks Pharmacy & NHS England
Wayne Pulford, NHS England
Artur Pysz, CP South Central
Vicki Roberts, CP South Yorkshire
Tahmina Rokib, NHSE's Transformation Directorate
Rupal Sagoo, Tesco Pharmacy
Karen Samuel-Smith, CP Essex
Antania Tang, National Pharmacy Association (NPA)
Gabriele Vickers, Community Pharmacy England
Caline Umutesi, Community Pharmacy England
Janson Woodall, Well Pharmacy
Heidi Wright, Royal Pharmaceutical Society

The Chair welcomed the group

What is GP Connect: Update Record?

- NHS England's Transformation Directorate team provided an update and background on the GP Connect: Update Record project. The team also discussed what may happen after records have been received by a GP; in terms of where the information goes and whether its reviewed or not.
- GP Connect is an overarching program that's split into several different products. For example access record or send document separate products to update record.
- GP Connect: update record allows organisations that are external to a GP practice to send information to be incorporated into the GP record on the receiving end.
- The current scope of update record which is being worked on is particularly around community pharmacy, within three services:
  - Hypertension Case-Finding service ((Blood Pressure Check Service)
  - Pharmacy Contraception service
  - Pharmacy First service.

- The content of pharmacy consultations that are carried out under these services will be sent across to the GP. There are accompanying service specifications that have non-technical service information and clinical information as to exactly how those services either are already running or will run in the future.
- The team are looking at the technical approach of how to move that information and how is it incorporated into the GP systems.
- The scope of this is limited, the consultations include what the team call encounters, the overarching contact with the patient, any medication relevant information, and observations that are taken during that consultation.
- The Update Record allows for the sending of structured coded information which is transported through messages sent using MESH and use ITK3 FHIR. Which is a key difference from previous programs or other ways in which GPs receive information from external organizations which up until now has been unstructured textual.
- The team are looking at iteration, initially first-of-type testing, scheduled to start in December/January 2024. There will be multiple iterations introduced with more functionality.
- The Update Record ITK3 will:
  - ☑ Provide a standardized way of sending a structured payload between pharmacy and a GP practice;
  - ☑ Ingestion of structured information presented
  - ☑ Reduce the burden on clinicians
- The Update Record ITK3:
  - ✗ won't allow for an attachment to be added
  - ✗ won't allow for automatic filing of data
  - ✗ won't allow for the context or diagnosis from the pharmacy encounter to be added as a specific structured data type
- For the pilot, all the messages that come in will need to be manually reviewed by a person on the receiving end before they make it into the patients structured record.

What are ingestion & auto-filing?

The team provided a brief explanation about the difference between ingestion and auto-filling:

Ingestion is where the receiving system is able to transform or translate the information that's in a standardised format. For example, FHIR that's a recognised global standard way of representing information that will be using the message and able to transform that into its own local data model. So, for example System One or EMIS will have their own data models for how they store data within their patient records, ingestion will involve them taking the standardised message and mapping it across to their own local data model.

Auto filing, is used to refer to information coming in and being incorporated directly into the structured patient record without necessarily any human interaction before that happens. For example, a pharmacist has a consultation, the FHIR message is sent across the GP system and the content of that consultation immediately becomes part of that patients structured record without human review.

The group asked how the auto-filling would work when it comes to the Hypertension Case-finding service, if the information goes straight into the patient record, but with this service the blood pressure reading that's raised probably would need to be review by the GP and potentially require some action.

How it will work for the Hypertension Case-Finding service and other services will be communicated. At the moment auto-filling will not be used, and every message will have to be reviewed by the GP.

Scope: Auto-filing

- The project team are exploring with NHS England policy colleagues what is reasonable for them to recommend in this space with a national remit, how much can they recommend; and how much can they consider discussing encouraging and understanding; what is the consensus in terms of regional and practice variation.
- The first-of-type will shed some light, but essentially one of the things the team are trying to work out is, how big is the extra burden on GPs if everything is being manually reviewed, whereas beforehand they wouldn't necessarily have had to do that and what's the impact of not doing any auto-filling?
- The team also mentioned that Update Record is not supposed to be used for tasking, it is used solely to communicate the content of the external consultation.
- Where safeguarding information, or where someone absolutely needs to be aware of the information as it comes across, there's a separate mechanism to be used to communicate that. For example, traditionally picking up the phone, sending an email.

Discussion

- The team presented a few scenarios to the group, for feedback on whether the group would expect a GP to manually review the given examples.

Hypertension Case-Finding Service (Blood pressure check service) – Scenario 1

Referral type	Walk-in to community pharmacy
Age group / Biological sex	40 years, male
Role in pharmacy	Pharmacy technician
Consultation type	Face to face
Consent	The patient consents to the service.
Clinical summary	Patient is above 40 and has walked in the pharmacy for health check. A pharmacy technician approaches the patient to have a blood pressure check subject to eligibility - patient eligible.
Relevant history / information requested	Patient has family history of hypertension.
Observations	•Blood pressure - 125 / 84 •Pulse - 78 Regular
Smoking or pregnancy status	•Smoking: Yes •Pregnant: Not applicable
Medication prescribed	None
Information and advice given	Advice given on healthy behaviours and recommended further blood pressure check within 5 years.

- Scenario 1, the group voted 96% no.
- The members of the group that voted yes, explained that the bases for this is that the patient has a family history of Hypertension, and it would be cursory to the GP that this should be monitored. The clinical prioritisation should be down to the GP practice team.

Pharmacy Contraception Service – Scenario 2

Referral type	111 Online
Age group / Biological sex	38 years, female
Role in pharmacy	Pharmacist
Consultation type	Face to face
Consent	The patient consents to the service.
Clinical summary	The patient chose the pharmacy to access the contraception service for subsequent supply of their oral contraception, using 111 online service.
Relevant history / information requested	None
Observations	•Blood pressure: 142 / 90 •Height: 5' 2" •Weight: 72kg •BMI: 29.2
Smoking or pregnancy status	•Smoking: Yes •Pregnant: No
Medication prescribed	No supply made.
Information and advice given	Blood pressure high so supply is not made. Referred to GP appointment within 7 days.

- Scenario 2, 90% voted yes, 3% no, and 7% not sure.
- If we are looking at primary care as virtual multidisciplinary team, then information is important, there are clinical issues raised and it's up to the GP what they do with that information. In this model, this is useful as it addresses patient needs, liability and good record keeping.
- They could be issues around safeguarding, there might be other issues that come out of the consultation which may not necessary fit into this form but need to be highlighted.

Pharmacy First service – Scenario 3

Referral type	Walk-in to community pharmacy
Age group / Biological sex	46 years, male
Role in pharmacy	Pharmacist
Consultation type	Face to face
Consent	The patient consents to the service.
Clinical summary	Patient has had localised redness in skin and complains that had an insect bite on the site. Site is tender and swollen.
Relevant history / Information requested	Not allergic to penicillin.
Observations	•Temperature: 37.4°C •Blood pressure: 118 / 73 •Pulse: 82
Smoking or pregnancy status	•Smoking: No •Pregnant: Not applicable
Medication prescribed	Flucloxacillin 500mg capsules (A A H Pharmaceuticals Ltd) Four times a day for 5 days (to be taken at least 1 hour before or 2 hours after meals).
Information and advice given	Keep the site clean. If the symptoms do not improve, contact 111.

- Scenario 3, 83% voted no, 13% yes
- Clinical assessment of a patient and provision of antibiotics where appropriate, if there are no red flags, community pharmacist should be trusted to supply the medicines; and inform the GP. With the number of supplies that pharmacy would be making, it's a significant level of workload for GPs to be reviewing each time a supply is made.
- A member of the group who voted no explained that sending through to the GP a description of what is supplied as a ghost generic, it shouldn't have a manufacture behind it because if the GP puts that into the record that will carry on being prescribed that way. It should be the VPM that goes to practice instead of an AMP.
- This example is clear cut, no need for a GP or their member of staff to review it, as it's been reviewed by pharmacy and then it gets auto filed in the record.
- The group were asked: What factors in the pharmacy view would determine the benefit with GP review? (e.g., data sent, sender, intent, patient, urgency)
- Two things that community pharmacy need to gain, that's consistency and trust with GP colleagues. It will depend on how the reviews take place in the GP practice, what they deem to be important and the trust they have in the community pharmacist.

Actions

1. All can contact it@cpe.org.uk with feedback on project or scenarios.
2. A later call may be facilitated - after the team has met with Joint GP IT committee - probably in January 2024.
3. CP ITG supported further GP engagement being important, and NHS England have some planned in – including via a session at the January 2023 Joint GP IT Committee.