Scottish Government
Riaghaltas na h-Alba
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This discussion document has been co-produced with COSLA. We wish to build on this collaborative and partnership approach to digital with other organisations and sectors across Scotland to maximise the impact of the strategy.

1. Do you think there are opportunities to realise this collaborative approach?

Yes ~~No~~

Please explain why

The RPS fully supports taking a collaborative approach across the public sector on a digital strategy. We believe collaboration brings significant opportunities for citizen benefit, including:

- An ability to deliver services in a more joined up way which reduces "hand offs" of care between service providers in health, social care and local authorities. This results in a far better experience for citizens who do not have to repeat their story to multiple professionals/services. It also improves safety because information is less likely to be missed or lost as people move between services.
- The ability to take a nationwide approach to digital literacy with simpler public messaging that enables the public to use digital services in all areas, particularly where single digital platforms can be used across the public sector.

2. Of the opportunities which you have identified, which do you think are the priority ones?

The most important priority to enable truly joined up services across health and social care is the development of a single patient record.

We believe the Scottish Government should prioritise the development of a single record held in a data cloud. This "single source of truth" would involve all health and social care professionals having read and write access to the same single source: each profession would feed information in from their own clinical systems; and equally they would all access the same data. Each profession and patients would have a different view according to what was appropriate for their defined role.

To achieve this, we recommend some key principles:

- Patients should be central to all digital service redesign in health care
- Patients with capacity should be enabled to unlock the data, navigate it, and share it with any professional involved in their care.

- The same data standards and terminology should apply across all health and social care systems and this should be based on international open standards wherever possible.
- Appropriate Information Governance, Information Security and Clinical Governance should be in place and harmonised wherever possible.
- Committing to moving towards a national clinical data store/open Electronic Health Record model would be safer and potentially more cost-effective than continuing to focus on developing separate but interoperable digital systems in all parts of health and care.

Having a single record would resolve current issues with "hand offs" of care between all service providers and care settings.

Within pharmacy and medicines use, a significant example of this is the requirement for medicines reconciliation when a patient moves between settings. Medicines reconciliation is checking the medicines a person is prescribed with multiple sources to ensure an accurate list is identified.

Inadequate medicines reconciliation can result in patients being prescribed incorrect medicines or in medicines being omitted. It is also a time-consuming, repetitive task for front line health care staff in multiple settings.

A single record would resolve this significant patient safety concern and create a truly effective more efficient system and release time for front-line staff. Current " *hand offs"* are the frailest link in the system: designing out the problem is far more effective than putting in work-arounds.

A single care record would also support seamless care, improve management of appointments, re-ordering prescriptions and enabling urgent referrals.

Additionally, the RPS would like to highlight that the transformation of pharmacy services, as part of wider health and care services, cannot be achieved without digital development. We are concerned about the current exclusion of community pharmacies and other primary care contractors from full access to Microsoft Office 365 and this needs to change.

We are particularly interested in your responses to the narrative and actions set out in Sections 4 'No one left behind' to Sections 9 'An Ethical Digital Nation':

3. Is the vision that we have set out in the supporting narrative in each of these sections the right one?

	Yes	No
No One Left Behind	X	
Services Working for All	X	
Transforming Government	X	
A Digital and Data Economy	X	
A Vibrant Tech Sector	X	
An Ethical Digital Nation	X	

If you have ticked ‘no’ or you think we could improve the vision, please explain why:

n/a

4. Do you think that the potential actions set out in each section will deliver the vision set out in the supporting narrative?

	Yes	No
No One Left Behind		X
Services Working for All		X
Transforming Government		
A Digital and Data Economy		
A Vibrant Tech Sector		
An Ethical Digital Nation		

If you have ticked ‘no’ or you think we could improve any of the actions, please explain why:

No one left behind
We are very supportive of the “No one left behind” agenda, however, we think it is essential that it includes a digitally skilled workforce as well as a focus on the public and this is not clear in the document. Pharmacists and pharmacy teams in all care settings (both employed within the NHS and NHS contractors) need education and training on digital developments. This includes education on specific digital products and core digital skills. We are keen that equal priority on digital skills is given to the workforce, patients and the public.

Services working for all
We believe it is essential that parity in access to digital tools to enable digital working for all health and care professionals should be stated as a key principle in the strategy. This does not currently exist, which is disadvantageous to certain groups of professionals and to citizens who access their services. Some examples of this are:

1. Current provision of Office 365 in the NHS:
   We understand that the current Office 365 licence covers NHS staff and GP Practices but not for other NHS contractors including community pharmacies. This licence includes Microsoft Teams, email and Microsoft Office packages, and provides electronic authentication and identity management and the communication tools email and Teams. Teams acts as a useful alternative to email if email is unavailable. In addition, where NHS organisations are using Teams as a communication tool, there is a safety risk when significant groups of NHS contractors do not have access to these communications.

   Now that the entirety of the NHS managed service is in a single digital ecosystem (Office 365) it is more important than ever that all primary care contractors are also included. Otherwise transformations in care will only be partially realised. Furthermore, if all NHS contractors have individual Office 365 licences it would allow effective “identity management” to be undertaken which is a key step in transforming prescribing and dispensing pathways. With proper identity management, the NHS will be able to authenticate all healthcare professionals both in the NHS managed service and NHS contractors

eliminating the need for an "electronic signature" as part of the process. This would enable a fully auditable process

A further issue that needs to be addressed is where emails are sent to NHS contractor premises rather than individual staff which is an information governance risk. In conclusion, we are calling for parity in access to Office 365 licenced products for all NHS contractors.

2. Access to clinical records:
   Community pharmacists do not currently have read and write access to clinical records, although pharmacists in GP practices and hospitals do have this access. Against a backdrop of the expansion of Pharmacy First in community pharmacy, and community pharmacists taking on increasing roles as independent prescribers and vaccinators, it is a dangerous anomaly that they do not have read-write access to the data they require. This needs to be addressed urgently.

3. For services to "work for all", they need to be developed with significant input from those providing and using the services. The time commitment required for this (e.g. from pharmacists & pharmacy technicians in all areas) should not be underestimated.

We have not selected yes/no for the other questions as these are outside our area of expertise.

5. Are any of the potential actions more important than others?

Yes

No

Please explain why:

As stated in Question 2 above, we believe that the most important priority to ensure services work for all is the development of a single patient record held in a data cloud. We ask for this to be included in the "Services working for all" section of the strategy. This would be enabled by many of the actions stated including adopting common digital and data standards and introducing a digital identify service for users.

The public sector sometimes has to work with parameters, some of which may be the financial, statutory or legal obligations; some or which may be about the wider economic conditions and other factors such as skills shortages. Thinking about these, and any other parameters:

6. How realistic do you think it will be to deliver these potential actions?
Please explain why:

We recognise that the scale and complexity of delivering a single patient record for all of health and care is extremely challenging, but this is an essential action to drive the digital agenda for the future. The development of digital transformations such as these requires significant time commitment from patients and practising health and care professionals, as well as digital developers. It must take a co-design approach.

The development of a digitally skilled and capable work force will also require significant time commitment and backfill for practising professionals.

We are aware that some NHS contractor multiple pharmacies have internet policies that prevent access to some NHS sites/tools. NHS Scotland should have a defined list of permitted sites/tools that NHS contractors should be required to make accessible to all professionals working under an NHS contract.

7. Is there anything else you wish to comment on that has not been covered elsewhere?

Enter response

We believe that the future Digital Strategy should be clear about how the following digital services should be embedded into digital infrastructure in health and care services:

1. Asynchronous communication and live chat tools for communication between patients and professionals in order to improve access to care. There is currently little use of these tools in pharmacy in Scotland, although there is some use of live tracking of pharmacy medicines deliveries with a chat function in some parts of England.

2. Video consulting in all care settings. Although Near Me has been embraced by pharmacists working in hospitals, specialist services and GP practices, there is virtually no use in community pharmacy. More needs to be done to understand why it has been difficult for community pharmacy to use Near Me and provide support to enable use. This should be addressed as part of the expansion of Pharmacy First and the redesign of Urgent Care.

3. Remote monitoring: maximising use of tools such as remote blood pressure monitors and wearable devices with the new national platform for remote monitoring expected in 2021 (replacing Florence). Remote monitoring can be used both by people at home and using equipment located in remote consultation booths, and ideally the data should be fed into a single shared

record. We understand there are plans for data to be entered into the Clinical Portal via the new national remote monitoring platform and this will be essential for pharmacy access.

Pharmacists in all care settings currently use monitoring information to adjust medicines, and this could be significantly enhanced by access to remote monitoring information. There are already examples of pharmacists in NHS Lanarkshire using remote monitoring for hypertension which could be extended to respiratory conditions and chronic pain.

Scotland has not yet exploited the potential of using information from wearables and this could be explored by the “Vibrant tech” part of this strategy.

Strategic engagement with commercial suppliers of wearable devices could influence developments that are beneficial to NHS services and patients.

There is an essential need to redesign many aspects of prescribing, dispensing and administration of medicines to ensure safe effective and timely care for patients in Scotland. Digital development is essential for this redesign This includes:

1. Enabling data-driven decision making in clinical care. It is estimated that 50% of medicines taken for long term conditions are not taken as agreed. The Central Prescribing Team within NHS Greater Glasgow and Clyde has recently developed a system delivering medicines adherence data visualisations to clinicians in outpatient settings, with an initial focus on people with epilepsy. In this patient group, poor adherence to medicines had been linked to a two to threefold increase in the risk of death and a 30% increase in the risk of hospitalisation. The system provides access to a previously unavailable (to those clinicians) objective data source, that highlights where there may be sub-optimal use of medicines. It aims to encourage an open and honest discussion between the clinician and patient in order to improve adherence to medicines. This could be replicated in different clinical areas and across Scotland.
2. Electronic transfer of prescriptions must be enabled but this should be undertaken within a wider transformation to support remote consultations and service delivery in pharmacies.
3. Electronic prescribing: the Scottish Government needs to enable advanced electronic signatures for all prescribers with appropriate prescriber authentication. An example of a proof of concept of this model is NHS Grampian’s Community Pharmacy Electronic Prescribing model used within sexual health services and planned for wider expansion. It delivers an electronic prescription, compliant with regulations, directly into the Pharmacy Care Record but is not yet fully digital as there is no bar code.
4. Hospital Electronic Prescribing and Administration (HEPMA) systems are being introduced across Scotland but stop at the hospital door. HEPMA now needs to be integrated into other services especially community based care settings. In addition, further work is needed to maximise the use of data from HEPMA to improve prescribing and medicines safety.

5. Digital improvements are needed to the hospital discharge medicines supply process, including community pharmacy access to the Immediate Discharge Letter (available in a number of NHS boards but should be made universal) and enabling supply of medicines by community pharmacies, something which has been successfully tested by both NHS Greater Glasgow & Clyde and NHS Grampian. This could be achieved through the creation of a single cloud based record and access to Office 365.
6. Universal use of electronic medicines administration records (eMARs) in social care settings, including care homes and care at home services. These electronic records reduce workload, improve safety and provide data on medicines administration. This should be linked with the current review of Adult Social Care. Consideration should be given to use of HEPMA (see point 4 above).

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Are you responding as an individual or an organisation?

☐ Individual

☐ X Organisation

Full name or organisation's name

Roval Pharmaceutical Societv

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

response. Please indicate your publishing preference:

☐ X Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐ Yes

☐ No