Professional Record Standards Body

Better records for better care

Community Pharmacy Standard Uplift

FINAL REPORT

April 2023

Document Management

Revision History

Version	Date	Summary of Changes
V0.1	26-03-23	First draft
V0.2	30-03-23	Updated following feedback from project team
V0.3	31-03-23	Following feedback from Project lead
V0.4	26-04-23	Following feedback from Assurance Committee and Project Team
V1.0	22-05-23	V1 for publication
V1.01	19-06-23	Updated matrices to include the Discharge Medicine Service

Reviewers

Reviewer name	Title / Responsibility	Date	Version
Martin Orton	Senior programme manager	28-03-23	V0.1
Caitlin O'Donnell	Analyst	30-03-23	V0.2

Approved by

Name	Title/Responsibility	Date	Version
Project Board		05-04-23	V0.3
Assurance Committee		13-04-2023	V0.3

Glossary of Terms

Term / Abbreviation	What it stands for
ABPM	Ambulatory Blood Pressure Monitoring
ADR	Adverse Drug Reaction
AMPP	Actual Medicinal Product Pack
APTUK	The Association of Pharmacy Technicians United Kingdom
BaRs	Bookings and Referrals
CCA	Company Chemists' Association
CO	Carbon Monoxide
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CQC	Care Quality Commission
DABP	Data Alliance Partnership Board

DAPB	Data Alliance Partnership Board
DCB	Data Coordination Board
dm+d	Dictionary of Medicines and Devices
DMS	Discharge Medicine Service
DPEAG	Digital Pharmacy Expert Advisory Group
Dr	Doctor
E-Cigarette	Electronic Cigarette
EDD	Expected Delivery Date
EMIS	Egton Medical Information Systems
FHIR	Fast Healthcare Interoperability Resources
GP	General Practice / General Practitioner
ICB	Integrated Care Board
ICD	International Classification of Diseases
ICS	Integrated Care System
ID	Identification
ISN	Information Standards Notice
IT	Information Technology
LARC	Long-Acting Reversible Contraception
LFPSE	Learn From Patient Safety Events
LLR	Leicester Leicestershire and Rutland
LPC	Local Pharmaceutical Committee
Ltd	Limited
MSO	Medical Support Officer
NCL	North Central London
NELFT	North East London Foundation Trust
NHS	National Health Service
NHSE	National Health Service England
NMS	New Medicine Service
NPA	National Pharmacy Association
PDF	Portable Document Format
PEM	Post Event Messaging
PRSB	Professional Record Standards Body
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality and Outcomes Framework
RCGP	Royal College of General Practitioners
RCGP	Royal College of General Practitioners

RPS	Royal Pharmaceutical Society
SNOMED CT	Systemized Nomenclature of Medicine – Clinical Terms
SPS	Standards Partnership Scheme
SY	South Yorkshire
TPP	The Phoenix Partnership
UK	United Kingdom

Planned Review Date and Route for User Feedback

The next maintenance review of this document is planned for [3 year period], subject to agreement with NHS Digital as the commissioning body.

Please direct any comments or enquiries related to the project report and implementation of the standard to support@theprsb.org

Contents

1 Executive Summary

The role of community pharmacists has expanded significantly in recent years, with pharmacists providing routine flu vaccinations, urgent supplies of medications, and advice and support for minor illnesses. Community pharmacists also support patients using complex medicines and medical devices and provide the New Medicine Service for people starting certain medications. The provision of these services helps to keep people in the community well and contributes to the development of a more integrated health and care service.

In 2018, the Professional Record Standards Body (PRSB) developed a series of standards to ensure that information about a person's care could be shared digitally from community pharmacists to GP surgeries. This was successfully trialled in Leeds in October 2019 with flu vaccination and has since been rolled out nationally.

The five-year Community Pharmacy Contractual Framework (CPCF) was announced in July 2019, providing a further opportunity to review and expand the clinical services offered by community pharmacies to support primary care. This resulted in the publishing of the existing Community Pharmacy Standard (V2.2) in early 2021.

NHS England (NHSE) commissioned PRSB to identify the changes needed and uplift the Community Pharmacy Standard to try and ensure it is future-proof for any service changes envisaged in the near future. The standard uplift was undertaken to:

1. Incorporate new data items to support possible future opportunities.
2. Remove decommissioned services.
3. Amend existing services.
4. Consolidate Community Pharmacy Standard data items with other PRSB standards.

The Community Pharmacy Standard is vital for the delivery of high-quality care in the community and for the integration of health and care services. The adoption of these standard ensures that information is recorded and shared consistently and accurately, improving patient safety and health outcomes. The new draft information models will support community pharmacists in their expanded role, as well as pharmacy technicians where appropriate, and contribute to the integration of health and care services.

1.1 Methodology and Consultation Approach

The project followed the PRSB process and assurance criteria and consisted of two phases: the discovery phase and the standard development phase. The discovery phase involved reviewing existing documents and conducting workshops with key stakeholders to identify gaps and redundancies in the Community Pharmacy Standard. In the standard development phase, the standard was updated based on CPCF services, NHS England pilots, and best practices from research, and a multidisciplinary consultation, system supplier webinar, and GP focus group were conducted to refine the standard and gain support from key stakeholder groups.

1.2 Key Findings from the consultation

1.2.1 Supplier webinar

During the webinar, the participants shared their perspectives on the proposed changes to the Community Pharmacy Standard, and while some concerns were raised, the majority of attendees found the changes to be reasonable, and no significant issues were foreseen in implementing the new data model. The discussions covered several topics, such as the integration of pharmacy services with acute care and patient records, compatibility with

electronic prescribing, and the handling of required and mandatory data items. Mental health-related issues were also discussed, and although the CPCF does not specifically address them, the newly added Problem List section can assist pharmacists in identifying any mental health-related issues that may be relevant. In addition, the participants discussed the prioritisation of data items and sections, among other things.

1.2.2 Multidisciplinary Webinar

A Stakeholder Engagement Webinar was conducted to present the new Community Pharmacy Standard and its rationale for the uplift. The webinar was attended by 35 participants and recorded for transcription purposes.

The proposed standard changes were shown to attendees, including new data fields like admission details, future appointments, problem list procedures, and therapies. The webinar also discussed the Contact with Professionals field, which is used to capture situations where the person recording the details may be different from the person who's performing the consultation. The Information Type field was used to simplify the data and reduce the repetitive nature of the provenance data.

Specific data fields were also discussed, such as admission details and future appointments, which are needed to support appointment-based services. The value set used for Clinical Urgency has been used in other standards and would be used here if applicable to community pharmacy. The Problem List has been added to the standard to ensure that the inbound data from NHS 111 referrals is correctly handled.

1.2.3 GP Focus group

A GP focus group was held to discuss the Community Pharmacy Standard with 10 participants. Data items for potential new services such as Menopause, Cancer Referral, and Weight Management were deliberated on. Future Appointments and Problem List were among the new data items that were discussed during the webinar.

There was a discussion about whether data items proposed were the most appropriate ones, and which of them would need to go to the GP in the post-event message. It was discussed among the GPs which data items they would like to be sent to them for inclusion in their records, and the importance of their confirmation of the content before it is added to the patient's record.

1.3 Conclusion

A revised version of the Community Pharmacy Standard has been achieved through the process described in this report with the engagement of key stakeholders, front line professionals, people and system suppliers. Find in Appendix B.

1.4 Key Recommendations

The following recommendations are made for further work and to support successful implementation and adoption of the standard:

1) Provide guidance on priority order of sections in the messages to GP, particularly relevant where messages to GPs might flow as PDFs in the short-term, as the priority order may be different between different services. This should be done following further consultation as part of the next phase of work to support implementation.

2) To improve the accuracy and completeness of patient records during data ingestion, it is recommended that a workflow be included which enables General Practitioners (GPs) to review and confirm records from community pharmacies before they are added to the patient's record.
3) PRSB should provide clinical assurance to the Fast Healthcare Interoperability Resources (FHIR) development to ensure it keeps the meaning and detail of the standard and agree any changes resulting from that work. This should be included in the proposed next stage of work to support implementation.
4) While some parts of the standard have been widely implemented and proven (vaccinations and emergency supply of medications), other parts of the standard have not and therefore support with first of type testing (for messages to the GP) and piloting of the standard in both community pharmacies and with messages to GPs is recommended as a next stage of work. Feedback from the testing and piloting can be used to update the standard or supporting materials where required to support wider implementation.
5) Evaluation from pilot testing and early implementations can be used to both assess the realisation of benefits and share learning about implementing the standard to support uptake and wide implementation. It is recommended that this is considered for the next stage of work to support implementation.

2 Introduction

2.1 Background and Context

In recent years, the skills and expertise of community pharmacists have become more widely recognised and their role in supporting people who use health and care services has expanded significantly.

Today pharmacists provide routine flu vaccinations, urgent supplies of medications via NHS 111, as well as advice and support with minor illnesses. They support people using complex medicines and medical devices, provide the New Medicine Service for people starting certain medications, which gives patients the chance to discuss side effects and other issues, thereby supporting medicine concordance. Pharmacies are also getting medication information from hospital discharge summaries, to support patients in taking their medications correctly after a serious illness.

These community services are vital for helping to keep people in the community well, and they contribute to the development of a more integrated health and care service. Not only are community pharmacists building trust with local patients, but they are also able to offer the additional care and support that people need to live the healthiest lives they can at home. Provision of these services also make the most of community pharmacists' skills and increases their professional standing.

In 2018, the PRSB developed a series of standards to ensure that information about a person's care could be shared digitally from community pharmacists to GP surgeries, providing a more complete record of care to support better, safer, and more connected care. The first part of the standard covered the way in which information about flu vaccinations should be recorded, so that it could be transferred electronically directly between systems.

This was successfully trialled in Leeds in October 2019 by NHS Digital, with local GPs saying that it saved them time. In 2020, NHS Digital rolled out electronic notifications which inform GPs when one of their patients receives an urgent supply of medicine from a community pharmacy. These have since been rolled out nationally and the vaccination standard used with huge success and benefit for recording and sharing people's COVID vaccinations.

In July 2019, the five-year CPCF was announced, providing a further opportunity to review and expand the clinical services offered by community pharmacies to support primary care. This provided the opportunity to review, consolidate and uplift the standard to support the full requirements of the CPCF and re-engage with the supplier market to understand how to accelerate use of the standard to benefit both contractors and patients. This resulted in the publishing of the existing Community Pharmacy Standard (V2.2) in early 2021.

A consideration of the advances in technology, policy strategy and frameworks in the pharmacy arena has led NHSE to commission PRSB to conduct a discovery project to identify the changes that are needed to uplift the Community Pharmacy Standard and ensure that it is future-proof for any service changes envisaged in the near future.

We have now completed the final phase of this project, with new draft information models published in this report.

2.2 Scope

- All services included in the CPCF (2019-2024)
- All ages

- Engagement with NHS England Policy teams to establish information requirements and existing information best practice and standards for the new services commissioned and being piloted.

2.3 Exclusions from scope

- Assurance of technical message specifications (Fast Healthcare Interoperability Resources - FHIR). This can be added but is not covered in the project costs and is likely to be during the 23/24 financial year.
- Implementation support - This is expected to in a separate contract in 23/24.
- Information governance – This is an NHSE function beyond the remit and expertise of PRSB.
- Shared decision making is covered in a separate standard, and implementation scope and timescales are not set at this time.

2.4 Aim and Objectives

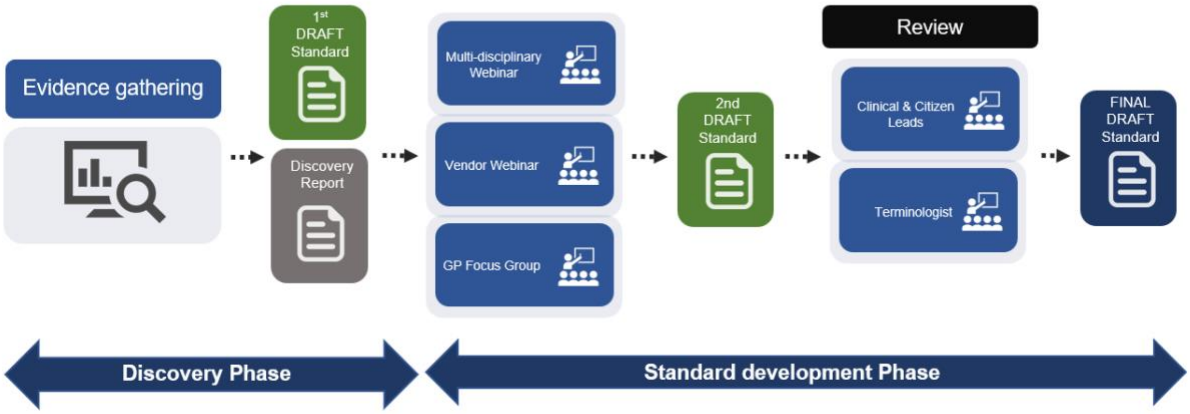
The aim of this project is to publish an updated standard (V3), ready for wide implementation in community pharmacy with continued endorsement and an Information Standards Notice (ISN) approved through the Data Alliance Partnership Board (DAPB).

The objectives of this project were to:

- Cover the services planned in the CPCF
- Consolidation of the existing standard to reflect other PRSB standard developments that have been undertaken since the publication of the Community Pharmacy Standard v2.2 that either relate or contribute to this work e.g., dose syntax, 111-referral standards etc.
- Incorporate changes to PRSB components within the standard made since the last publication and bring the standard to the latest improved ways of managing, formatting and presentation.
- Address issues and change requests in standard's maintenance log
- Develop a standard with capacity to accommodate potential new services being developed or piloted by NHSE policy teams
- Engagement of suppliers and users on the development of the standard to increase broader adoption across the system.
- Engage all the key stakeholders

3 Methodology and Consultation Approach

The project was conducted according to the PRSB process and assurance criteria.



The approach was undertaken in two phases:

1. Discovery phase: This phase involved conducting an evidence review to identify changes to be made to the Community Pharmacy Standard. Service specifications, technical toolkits, minimum datasets, and patient group directions were reviewed to identify the required datasets that needed to be captured for each community pharmacy service. This was cross-referenced with the Community Pharmacy Standard to identify gaps in the dataset, as well as data items that were no longer required in the standard due to service changes and decommissioned services.

Three workshops were held to discuss requirements with key stakeholders. The table below indicates the date of each workshop and what areas of the standard the workshop addressed.

Workshop	Date	Matters Discussed
Workshop 1	30/11/22	▪ Cancer referral ▪ Incident management ▪ Contraception service ▪ Discharge medicine service ▪ Point of care testing ▪ Weight management ▪ Dose syntax ▪ Blood pressure check service ▪ Closure of care incidence ▪ Removal of services
Workshop 2	30/11/22	▪ 111 inbound pathways ▪ Post Event Messaging (PEM)
Workshop 3	15/12/22	▪ Menopause service

2. Standard development phase: This phase developed the Community Pharmacy Standard in key areas, as identified from services from CPCF, pilots initiated and in design by NHS England, and best practice information gathered through research. We also mobilised a multidisciplinary consultation, system supplier webinar, and GP focus group to further refine

the content of the information standard, build awareness and gain support across all key stakeholder groups.

This product will enable technical specifications to be developed by NHS England, enabling system suppliers to implement their solutions in alignment with the standard.

4 Consultation and engagement

4.1 Objectives of consultation

The objectives of the consultation were as follows:

- To raise awareness and build understanding of what the enhanced Community Pharmacy Standard is and how it will be used.
- To consult with subject experts and others to develop the immature areas of the draft standard to produce a more well-rounded version.
- To consult widely and test the draft standard with a broad range of multi-disciplinary professionals and citizens and incorporate their feedback.
- To capture any implications, considerations, or concerns regarding how the Community Pharmacy Standard could affect how care is provided or received from the perspective of:
    - People (citizens, patients, carers)
    - Health and care professionals
    - Pharmacy and GP system suppliers
- To produce a version of the standard that is fit for purpose and has broad buy-in, and support from the professions and people that will use it.

4.2 Scope of consultation

Included in scope:

- Development of the Community Pharmacy Standard including its futureproofing to accommodate new services that may be introduced in the future.
- Consultation on the complete content of the standard and any implications, considerations and concerns relating to its use.
- Organisations and individuals representing people who will use the standard.
- Representatives of all the disciplines of health and care who may use or contribute to the information shared using the standard.
- Representatives of system suppliers that will implement the standard in their solutions.

4.3 Consultation and Engagement Participants

A stakeholder analysis was carried out for the project. This was used to develop the participant framework, which sets out the individuals who represent these stakeholders and their involvement in the consultation. This spreadsheet is not usually distributed because it contains personal information, but the analysis enables the project to answer specific questions on who from each stakeholder organisation will participate in each consultation event.

4.4 Consultation Methods and Approaches

The following methods were adopted:

- Evidence reviews, research, and analysis of topic areas of the information standard identified as needing further work.
- Interviews with subject matter experts.
- Webinars to draw together findings and build consensus with the topic specialists and general audience.

The consultation questions tested in the focus group and webinars can be found in Appendix C.

Webinar	Theme	Date	Invitees
Supplier Webinar	Implementation of standard	02/02/23	Representatives of pharmacy and GP system suppliers
Multidisciplinary Webinar	Information model definition	07/02/23	Clinical professionals, representatives of professional bodies, service users, healthcare policy leads and system suppliers
GP Focus Group	GP requirement definition	09/03/23	Representative of RCGP, GPs and NHS policy leads

List of attendees for the Supplier Webinar, Multidisciplinary Webinar and GP Focus Group can be found at Appendices F, G and H respectively.

4.4.1 Supplier Webinar

Suppliers were invited to a webinar on 2nd of February 2023 to discuss the implementation of the Community Pharmacy Standard and provide their views on the design, and any existing experience they have in offering the services contained in the standard, and future interoperability. The consultation questions are set out in Appendix C.

Outputs from this webinar have been used to inform the recommendations in this report.

Attendees at the supplier webinar can be found in Appendix F.

4.4.2 Multidisciplinary Consultation

The output of the consultation on the topic areas identified above was consolidated within the next iteration of the Community Pharmacy Standard and reviewed with professional and patient project leads.

The consultation had 37 participants with representation from a cross-section of clinical disciplines, patients, and system suppliers who valued the discussions and provided different perspectives.

Output from the workshop was discussed with the project clinical and person leads, and the information model updated informed by their review. This model was also shared with a terminologist to identify any SNOMED CT messaging requirements.

The consultation questions tested in the focus group and webinars can be found in Appendix C.

4.4.3 GP Focus Group

Participants were taken through the update to the services in CPCF in the enhanced pharmacy standard, with a view to obtaining their insights into the information that GP would want to receive following consultation with a community pharmacist. GP views were also sought on some services currently been piloted or in design by the NHS pharmacy policy teams.

4.4.4 Further Reviews by stakeholders

Following update of the standard post multidisciplinary consultation, the standard was reviewed with the project team. A terminologist was engaged to review the medical terms and the NHS England's policy leads focused on identifying any issues with the draft information model.

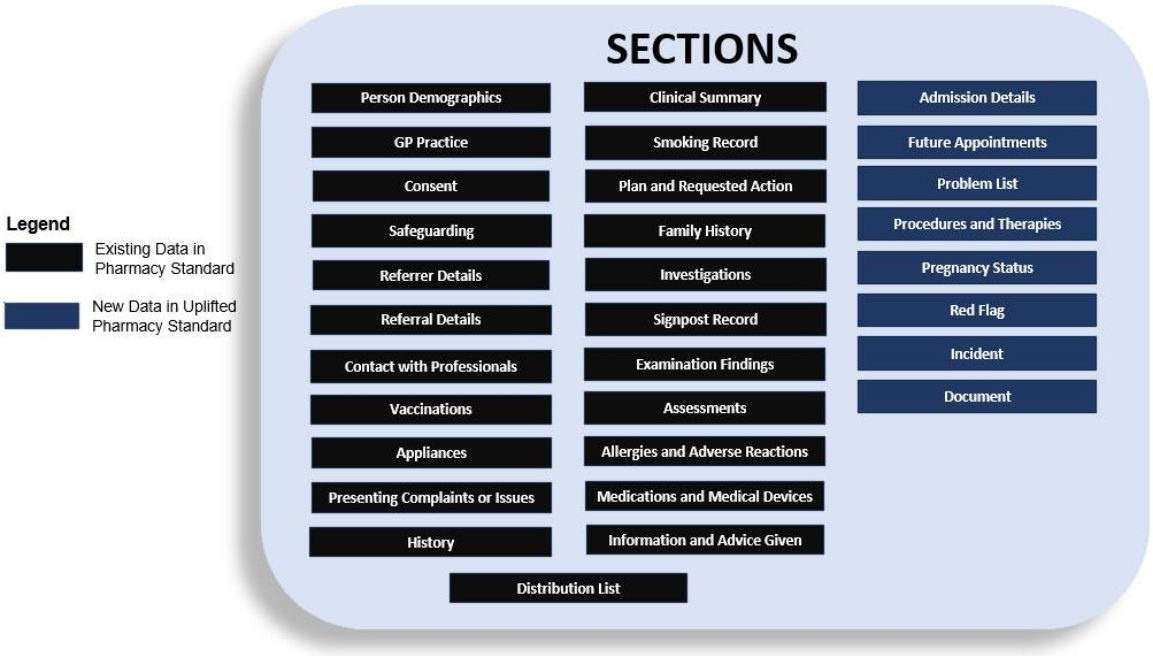
5 Community Pharmacy Standard – Information Model

The information model is included in Appendix B.

The Community Pharmacy Standard has been consolidated down to a single information model to make the standard simpler to read, understand and use. Instead of having an information model for each message to the GP practice for each service, resulting in a large number of information models with a lot of common sections, two tables/matrices have been developed. They show which sections and elements are required for each service, and which of those need to be sent to the GP practice following each service.

The matrices are shown in Appendix D.

The standard overall is very similar to the previous version, but with changes to adapt for the changes in the CPCF services and other generally more detailed changes to make sure the standard is fully up-to-date and ready for implementation. A limited number of sections an element have been added to this revised V3 of the standard, mostly re-using existing PRSB components, which ensures consistency of the information and allows it to be shared between community pharmacies and the rest of the health and care system.



Ten (10) completely new elements have been developed for the standard. These are:

Section	New Data Item
Contact with Professionals	Reason for service discontinuation
Medication and Medical Devices	Reason for supply request
	No supply reason
	Prescription exemption category
	Prescriptions intercepted
Smoking Record	Self-reported quit
Procedures and Therapies	Ambulatory blood pressure monitoring declined
	Reason for declining ambulatory blood pressure monitoring
Red Flag *(New data section)*	Red flag
	Red flag details

Provenance data, information for events about who performed it, who recorded it, where and when, has been removed from the information model to make it simpler to read and understand. This information is still essential and is defined in a separate PRSB information model Provenance data – PRSB (theprsb.org) and linked from the community pharmacy information model through an "information type" field in the model. This is explained further in the General implementation guidance document.

6 Implementation Guidance

The implementation guidance was developed through the consultation process and expert group discussions to provide additional information to use of the standard in practice.

PRSB standards include implementation guidance intended for the following audiences:

1. Technical messaging specification developers
2. System suppliers incorporating the standards into systems and implementation teams at provider organisations
3. Users of standards in their roles as health and care professionals, patients, carers and citizens

The implementation guidance has now been mostly added to the information model at section and element level. A “General implementation guidance for PRSB standards” document is also retained and contains the high-level guidance and explains the structure and content of the information model.

The General implementation guidance document also includes the matrices (or tables) to show which sections and elements are needed for which pharmacy services and for sending to the GP practice for each service, and some further guidance specifically for the Community Pharmacy Standard as a whole.

7 Clinical Safety Case and Hazard Log

The PRSB is producing a clinical safety case and hazard log. The approach follows the standard approach to clinical safety for the NHS and complies with DCB 0129 (for IT suppliers).

Further information can be found https://digital.nhs.uk/services/clinical-safety/clinical-risk-management-standards

The approach that will be taken is:

1. Review risks and hazards from the consultation outputs:
    a. Hazard workshop
    b. Workshop and webinar outputs
    c. Clinical and other expert reviewer meetings
    d. Review hazards from other relevant PRSB standards
2. Update hazard log
3. Update clinical safety case
4. Assure and approve hazards log and clinical safety case
    a. Seek NHS England clinical safety team approval
    b. Seek PRSB Assurance Committee approval
    c. Clinical safety officer hands over clinical safety care to PRSB clinical director (owner)
5. Hand over ownership of clinical safety case and residual risks to NHS England.

8 Findings and Recommendations

8.1 Supplier Webinar

As part of the Suppliers webinar, community pharmacy and GP system suppliers were invited to provide feedback on proposed changes to the Community Pharmacy Standard. This was attended by 53 stakeholders.

The webinar looked at whether they believed any new data items or data sections may cause problems, whether they believed any data items were missing from the standard, if there are likely to be problems or constraints in implementing the uplifted standard, and any previous experience of providing functionality in the new service areas.

Generally, attendees believed that the proposed changes seemed reasonable, and they did not indicate that there would be any issues in implementing the uplifted data model. Some discussion was had around the standard in general.

A question was raised “For message transfer of medications prescribed by pharmacists, does the DAPB 4013 standard apply?” The question raiser was informed that this standard is still being followed.

There was discussion about what considerations have been made to integrate pharmacy with the acute sector as well as GP and wider patient records. Information was shared around how the standard is the first port of call when capturing information about pharmacy services to be shared with GPs. The first step in the integration process is to address services that are currently being commissioned or are likely to be commissioned, and then increasing the scope from there. They were also informed that the booking and referrals standard will address this in a separate project. Pharmacists are already carrying out these services for the main part, and this standard will ensure data flows are functional and the information is shared in the simplest way possible so that they can complete their job effectively. There was concern about pharmacists not having access to patient’s shared care record to ensure they have important information regarding their patient in order to provide the best care to them.

There was discussion around relevant touch points with an electronic prescription service. They were informed that the standard will be compatible with this as it is linked. The standard will send updates back to the medical record at the GP after emergency medicine has been prescribed.

Clarity was sought on whether required elements (or data items) needed to have something entered. It was clarified that required data elements only need to be completed when the information is available, whereas Mandatory elements must always be completed and therefore null values can be included in the value set (e.g., no known allergies as well as allergies unknown). This led to a conversation around whether blank data items would be transferred to the GP, with the conclusion being that we should not send blank data items to the GP practice.

A question was raised about standards that regard mental health. Though there isn’t anything specific in CPCF regarding mental health, it was mentioned how the Problem List section can help to identify any mental health related issues that may be pertinent to the pharmacist. Having access to the shared care record or referral information would allow pharmacists access to this information.

A point was raised around prioritisation in presentation of data items and sections, and whether PRSB would want to consider prioritisation for consistency. It was explained that they saw the value in discussing prioritisation with the commissioner and both sides' clinical teams, as this had yielded positive results in previous experience. People agreed with this sentiment, and it has been added to our recommendations in this report.

8.2 Multidisciplinary Consultation

A Stakeholder Engagement Webinar took place with community pharmacy staff and other stakeholders on the content and rationale for the uplifted Community Pharmacy Standard. This was attended by 35 participants. The webinar was recorded for transcription purposes.

The overall purpose and rationale for the standard uplift was introduced. The rationale for the uplift was to incorporate new data items to support proposed new pharmacy services, to incorporate other changes that have taken place since 2021 (dose syntax/digital medicines, referral standard etc), to develop full FHIR messaging and to apply for an Information Standards Notice (ISN), which will mandate the use of the standard in the NHS under the Health and Social Care Act 2012.

A summary of the standard changes was presented. There were four areas of change to the standard. First, data items for some proposed new pharmacy services were added to future-proof the standard. These included data items to support the proposed cancer referral, menopause and weight management services. The cancer referral service is being piloted at present, but the menopause service is still being designed.

Second, some services were being decommissioned – for example, medication review, the sore throat test-and-treat service, the cardiovascular service (cardiovascular health check) and the palliative care service. However, even where a service is being decommissioned, where relevant, the data items are retained in the PRSB portfolio for possible future use.

Third, amendments were made to some existing services – for example, the name of the hypertension case finding service was changed to the blood pressure check service.

Fourth, there was consolidation of the Community Pharmacy Standard data items with other PRSB standard areas (for example, dose syntax, and changes to the vaccination standard, due to the COVID vaccination programme). In addition, the inbound information flows into community pharmacy have been aligned with referral standards, and the provenance data (person performing, date, person recording etc) have been amended because they are repetitive. Some data items required have been newly defined, whereas others – for example, observations – have been taken from other standards.

Details of the proposed standard changes were shown to attendees. Some of the new data items include admission details, future appointments, problem list procedures and therapies. A question was asked concerning the provenance data, concerning what the Contact with Professionals field was supposed to contain. There was some discussion about this, but essentially the purpose of this field was to capture the situation where the person recording the details may be different from the person who's performing the consultation.

The Information Type field was used to reduce the repetitive nature of the provenance data. This has been less of a problem with the pharmacy standard to date, but an issue with some other standards. For example, in some standards, there is a field called Social Context, with all sorts of sections like housing, occupation, and other details about the person – and, for each item, there were metadata on performing professional, date, location, who completed the record and the date it was recorded. This made the standard look verbose, and hard to use – so the Information Type field has been used to simplify the data.

Some specific data fields were discussed.

Admission Details – this has been added because of a specification requirement to know the reason for hospital admission in the Smoking Cessation service. The Reason for Admission to Hospital may not be the same as the Reason for Referral to the Service. There was a discussion about whether the Reason for Admission to Hospital needs to be recorded as well as, or instead of, the Chief Clinical Concern that warranted the referral. It was decided that it is not that critical to know what the original reason for admission was if it's unrelated to the reason for referral into the service. An ICD code for the primary diagnosis would be useful for pharmacies to know and they could record it in their systems. This would be important for Discharge Medicine Service (DMS) too.

Future Appointments – these data fields are needed to support appointment-based services such as Smoking Cessation, New Medicine Service and the Contraceptive Service. It was felt that, in general, these data items covered the necessary information for scheduling future appointments at the pharmacy. However, there was some discussion about value sets. The value set used for Clinical Urgency has been used in other standards and would be used here if applicable to community pharmacy. This is an NHS Data Dictionary defined term called Priority. The values for this are a) routine b) urgent or c) two-week wait. Proposed Appointment data values are a) proposed, b) booked, c) confirmed or d) rejected. There was a query about Specialty; this is defined as Activity Treatment Function Code, and is used in hospital appointments, so seems less relevant to community pharmacy. This would be left blank for community pharmacy referrals. Reason for Appointment and Service Type are probably sufficient to cover the nature of the appointment.

There was a discussion about which of these should be sent to the GP in post-event messaging. The Community Pharmacy Standard covers what's recorded in the community pharmacy and what's sent to the GP as a message afterwards to put into the record (but not the actual referral message into Community pharmacy). PRSB has been working with the Bookings and Referrals (BaRs) team, and a standard for NHS 111 referrals was published last April. This just going live for NHS 111 services through to emergency departments and will be extended out to other services. Here, the plan is for these referral data fields to be used in community pharmacy.

Problem List - the Problem List has been added to the standard to ensure that the inbound data from NHS 111 referrals is correctly handled; the full Problem List is included. This needs to work with referrals from places other than NHS 111 too. The Problem List is the list of things that are would be recorded in the GP record - the diagnosis, conditions or problems that the patient is facing that need to be recorded. This is more about the underlying issues than the Presenting Complaint, which would also come through as part of the referral. The Presenting Complaint might be the reason the person has called NHS 111, whereas the Problem List might contain other diagnoses. The Presenting Complaint may not be the Chief Clinical Concern – so the Presenting Complaint might be, for example, headache, but the Chief Clinical Concern might be haemorrhage. It was agreed that, in theory, the Problem List should be recorded over and above the Presenting Complaint, and it was worth having all this information in the standard. However, if there isn't information there, obviously it wouldn't be presented. There was also a discussion about recording stage of disease, and purpose of treatment (curative or palliative), whether in cancer or other end-of-life care.

Procedures and therapies – this field is needed to support the Contraceptive Service (Tier 4), which proposes pharmacist-led administration of long-acting reversible contraception (LARC). At present, this service is not currently available, but the plan is to future-proof the standard in this area. It was agreed that these data items looked appropriate. The Batch Number and Expiry Date for the LARC product would be covered in the Dictionary of Medicines and Devices (dm+d) (Actual Medicinal Product Pack [AMPP]), so would be in Medicines and Medical Devices. There was not currently a place for any adverse event information relating

to the administration procedure to be recorded. This could be in Complications Relating to Procedure – but this relates more to the procedure itself, than any reaction to the product. Allergies is probably the best place for this Adverse Drug Reaction (ADR) information. It should go into the generic allergy section because GPs would probably want it recorded in general allergies rather than specifically linked as a complication to a procedure. All this information is relevant to send to the GP in the post-event message.

8.2.1 New Data Items

Two new data items that were not already in PRSB standards had to be created for this standard. The first is Reason for Service Discontinuation, which is applicable to the New Medicine Service, and Smoking Cessation. This is because these services require follow up appointments, and there may be reasons why patients may not attend. The second data item is Reason for Supply Request (part of Medications and Medical Devices) for the Community Pharmacist Consultation Service (CPCS). This makes it more granular for the medicine supplied, not just the service. This was discussed at length. It was proposed that Reason for Service Discontinuation is free text - although there was some discussion about this. It was suggested that terminology experts should be consulted about a standard value set, as there should be standard codes for Declined and Not Attended. There is a value set for Reason for Supply Request, which seems appropriate. However, the value set of reasons might be different for different service models. Reason for Service Discontinuation needs to be collected for payment purposes.

There was a general discussion about the importance of using value sets rather than free text. Use of value sets for all standard data fields should be considered, and this will be checked with terminologists to ensure that as much of the content as possible can be coded. For example, there is a value set in the NHS Data Dictionary for Outcome of Contact. It will also be important to ensure that the NHS Data Dictionary Value Set is fully appropriate to pharmacy.

It was noted that, in future, the FHIR message design would ensure that the same message structure was sent to GPs, which would make the standard easier to maintain. The Service Name would be used to indicate which service the message related to – e.g. New Medicine Service or Smoking Cessation Service. It was important that any Plan & Recommended Actions were flagged to the GP.

There was some discussion about prospective services. The objective of the Menopause Service was to provide people with menopause symptoms the opportunity to be referred for assessment and management in the pharmacy. This service is still being designed. As it is not yet a commissioned service, it is hard to comment whether the data items are the right ones, but they look appropriate. In future, there may be a need for a prescriber identifier to show that a community pharmacist prescriber had initiated treatment. The system would also need to distinguish between the pharmacy where medications had been prescribed at, and the pharmacy where the medications had been dispensed.

The objective of the prospective Cancer Referral Service is to identify patients with symptoms of cancer to improve clinical outcome through early cancer diagnosis and prevent health inequalities. Community pharmacies would make direct referrals to secondary care, using the two-week pathway. This service is in pilot. The objective of the prospective weight management service is to help people who are obese and who might have diabetes, hypertension or both. The data items for all these services appear to be, in principle, appropriate although, as the services are not yet commissioned, there may need to be amendments in future.

There was a discussion about the Discharge Medicine Service. The data fields for this are probably already captured in the standard, but the matrix being put together is for what would be shared with the GP. Some fields do not appear in other use cases. This service is

concerned with medicines adherence and informing patients of changes that have been made and in hospital, but it there could be a scenario where the pharmacy identifies something that's been changed in hospital that shouldn't have been.

8.3 GP Focus Group

A GP Focus Group took place to explore the views of GPs concerning the content and rationale for the uplifted Community Pharmacy Standard. This webinar was attended by 10 participants and was recorded for transcription purposes.

The role and purpose of PRSB was explained, to set the context, and the history of the Community Pharmacy Standard was reviewed for those who were not familiar with it. The standard was first developed in 2018-2019, further developed in 2021 to include new services proposed under the Community Pharmacy Contractual Framework (CPCF) and is being uplifted now to account for developments in pharmacy, PRSB and elsewhere since.

PRSB pharmacy lead for the standard, explained about the CPCF, its impact on community pharmacy, and the services specified under CPCF. The standard is already being used successfully for vaccination information transfer from pharmacies to GPs. The uplifted standard will be used to define full FHIR messaging for transfer of information on pharmacy services to the GP. The uplift was also providing an opportunity to incorporate other developments since 2021 – dose syntax, referral standards and the international vaccination standards, as well as changes to the PRSB data fields and to the commissioned services.

The changes to the standard were then outlined. Data items for prospective services - Menopause, Cancer Referral and Weight Management – were being included. Some services were being discontinued – Sore Throat Test-and-Treat, Medication Review, Palliative Care and Cardiovascular Disease (NHS Health Check) (although the data items for these services were being retained in the PRSB data set for potential future use). There were some changes to existing services – for example, the Hypertension Case Finding Service was being renamed the Blood Pressure Check Service. In addition, some fields are being amended to accept data items from inbound information flow from NHS 111, for example, Chief Complaint.

The purpose of the webinar was to seek opinions on some of the new data items. A particular area of interest was concerning which data items GPs wanted to be sent to them for inclusion in their records and the importance of the GPs confirmation of the content before it is added to the patient's record.

Future Appointments – these would be needed for some of the appointment-based services, such as the Contraception Service, but also the Smoking Cessation and New Medicine Service. A data cluster has therefore been developed to deal with scheduling of future appointments. There was discussion concerning whether these data items were appropriate. While a GP would want to know that a certain patient was being given contraception by a pharmacy-based contraceptive service, the GP may not want to know the specific details of all in-pharmacy follow-up appointments, although future dates would be helpful. However, the information required by the GP might vary from one service to another. For the GP, date of appointment(s), service type, urgency and professional seen is helpful. The professional seen should be a named individual, if possible, but the main thing is that their role is clear. Even if GPs might be interested in future scheduled appointment dates, they would not be interested in the location of future appointments. However, the information would need to be in an easy-to-read format. The provenance data – professional’s name, role and organisation – would also be helpful.

Problem List – pharmacy services based on inbound data from NHS 111 referrals would have a problem list, and this would be needed in the pharmacy record. The Problem List is used in other standards - for example, the Core Information Standard. As this has been populated in the pharmacy record from the NHS 111 referral, how much of this would the GP want to receive? There was a lengthy discussion on this. It was felt that the nature of the problem when it started and what its status is needs to be recorded. The end date may be less relevant. Body site, laterality and stage of disease might not be needed if the problem description is clear enough. This is a standard Problem List format, which would be used in various situations, and not all items in the data cluster would be needed every time.

It was worth bearing in mind that the information from an NHS 111 referral is routed directly to the GP as well as to the pharmacy for a CPCS referral, so the GP would see this anyway via the NHS 111 referral. However, what was important about the post-event message from the pharmacy to the GP is that the pharmacist's comments, advice and recommendations were on it too. The pharmacist would want to know that their recommendations had been seen and reviewed by the GP.

Contraception Service – this is structured in four tiers, but so far only Tier 2 is at pilot phase. The standard contains the data items for Tiers 3 and 4. This involves pharmacist-led administration of long-acting reversible contraception (LARC), which would be a major professional development for community pharmacy. For LARC, there would need to be a Procedures and Therapies cluster of data items to capture information about LARC administration.

There was a discussion about whether data items proposed were the most appropriate ones, and which of them would need to go to the GP in the post-event message. This appears to be an appropriate data item list, but could be checked against, for example, the EMIS LARC administration data template. An important additional detail would be a review/expiry date – in other words, the date the LARC needs to be changed. This is different to the manufacturer's expiry date, which would be included in the product details - in dm+d (AMPP) - with the Batch Number, in Medicines & Medical Devices. The Review Date/End Date relates to the fitted product, whereas the Expiry Date relates to the unused product.

The post-event message to the GP would need to include the product fitted, the procedure to fit the product, the date, the site and the laterality.

Chief Complaint – Chief Complaint is included because this comes into pharmacy with an NHS 111 referral. There was some discussion about this. It should be clear to the GP that the Chief Complaint information has come from NHS 111. However, what goes to the GP from the pharmacy should include pharmacy advice and recommendations, to ensure pharmacy professional input is seen. The pharmacist would ask the patient what their problem is, and this might be slightly different to the Chief Complaint information from NHS 111. For example, the person might contact NHS 111 with a sore throat, but they have a cough when they present to the pharmacy the next day. However, it might be hard to differentiate between the Chief Complaint from NHS 111, and the pharmacy comments and recommendations concerning it, in the post-event message to the GP. In this instance, though, the GP would want to see the Chief Complaint as described by the pharmacist. Furthermore, if the pharmacist did, say, an inhaler review as a result of a referral, the GP would want to know this for the QOF information.

Smoking Cessation Service – it was proposed that a flag be introduced to indicate whether confirmation that a person quitting smoking is either by carbon monoxide (CO) testing or self-reported. And is this distinction one that the GP would be interested in? It was felt that sending this to the GP might be an issue because of "flag fatigue" and that this might only be relevant if a particular target was associated with this. It might be useful, however, as CO testing would be objective evidence of smoking cessation (although it might merely indicate that the person hasn't smoked for 24-48 hours, rather than has quit altogether).

Contraception Type – this is a new data item. It is obviously needed for the Contraception Service but might also be relevant for the Blood Pressure Check Service. This will be used when community pharmacy is initiating contraception. It was agreed that the GP would need to know this.

Red Flags – this is concerned with recording Red Flag warnings about the person in the Community Pharmacist Consultation Service (CPCS). These flags come in from the NHS 111 referral for the minor illness consultation. It was agreed that the GP would need to see this Red Flag information, as it is something that the GP might want to follow up on. There hopefully should not be too many of these in the NHS 111 triage, but a GP would want to know about any that were identified. From a pharmacy perspective, these might be issues of this type where the pharmacist might want to phone the GP.

Incident Reporting – under-reporting of incidents is common across health services, and this functionality would help to improve reporting, either an LFPSE report or a medicine Yellow Card. It was agreed that GPs would want to be aware of incidents reported by pharmacies.

Pregnancy Status, Expected Delivery Date, and Feeding Status of the baby – these data items were related to the Smoking Cessation Service, Vaccinations, the Blood Pressure Check Service, the New Medicine Service and Emergency Supply. Were these needed by the GP? Pregnancy Status and EDD should already be known by the GP (but they might not be up to date). However, GPs would want to see this. However, Feeding Status of the baby was felt to be less relevant for patient-focused pharmacy services. EDD would only be relevant with a New Medicine Service (NMS) consultation for a person starting a new medicine in pregnancy.

Documents – a Document field has been added to capture the ambulatory blood pressure monitoring (ABPM) report in the Blood Pressure Check Service. Would GPs want the ABPM report, or just the reading? And would this field be useful for other services? While the readings themselves are what is important, the document might provide useful trend-related information. The danger with using Documents for other services is that documents might get sent indiscriminately, and the GP would get lots of unstructured information.

The session finished with an implementation update from NHS England, and a short presentation on the PRSB Standards Partnership scheme for suppliers.

9 Conclusions and Recommendations

9.1 Conclusion

A revised version of the Community Pharmacy Standard has been achieved through the process described in this report with the engagement of key stakeholders, front line professionals, people and system suppliers.

The standard is supported by implementation guidance, a safety case and hazard log, business rules for system suppliers and implementors, and use case examples show how the standard should work in real life scenarios.

9.2 Recommendations

The following recommendations are made for further work and to support successful implementation and adoption of the standard:

1) Provide guidance on priority order of sections in the messages to GP, particularly relevant where messages to GPs might flow as PDFs in the short-term, as the priority

order may be different between different services. This should be done following further consultation as part of the next phase of work to support implementation.

2) To improve the accuracy and completeness of patient records during data ingestion, it is recommended that a workflow be included which enables General Practitioners (GPs) to review and confirm records from community pharmacies before they are added to the patient's record.
3) PRSB should provide clinical assurance to the FHIR development to ensure it keeps the meaning and detail of the standard and agree any changes resulting from that work. This should be included in the proposed next stage of work to support implementation.
4) While some parts of the standard have been widely implemented and proven (vaccinations and emergency supply of medications), other parts of the standard have not and therefore support with first of type testing (for messages to the GP) and piloting of the standard in both community pharmacies and with messages to GPs is recommended as a next stage of work. Feedback from the testing and piloting can be used to update the standard or supporting materials where required to support wider implementation.
5) Evaluation from pilot testing and early implementations can be used to both assess the realisation of benefits and share learning about implementing the standard to support uptake and wide implementation. It is recommended that this is considered for the next stage of work to support implementation.

10 Appendices

10.1 Appendix A – Discovery Report

The discovery report can be viewed here (link to artefact on website will be added when it is published)

10.2 Appendix B – Information Model

The community pharmacy information standard information model can be viewed here (link to artefact on website will be added when it is published)

10.3 Appendix C – Consultation Questions

Supplier Presentation.pptx

Stakeholder presentation.pptx

GP Focus Group.pptx

10.4 Appendix D – Data Matrix

10.4.1 Pharmacy Record Matrix

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Person demographics										
Patient name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient preferred name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient address	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient telephone number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Date of birth	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NHS number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sex	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Gender	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Ethnicity							Y		Y	
Other identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient email address	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Communication preferences	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Relevant contacts	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Place of birth									Y	
Referrer details										
Referrer details	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral Type	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Date and time of referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Contact with professionals										
Date and time of contact	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Service	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Contact type	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consultation method	Y	Y			Y	Y	Y	Y	Y	Y
Organisation name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Organisation address	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Organisation contact details	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Location of event	Y	Y	Y			Y	Y	Y	Y	Y
Reason for service	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for non-provision of service	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for service discontinuation	Y					Y				
Clinician name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Role	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Professional identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Professional identifier type	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Outcome of contact	Y			Y	Y	Y	Y	Y	Y	Y
Person accompanying patient	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Chaperone	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person collecting the medicine				Y	Y					
Future appointments										
Date of appointment	Y		Y			Y	Y	Y		
Appointment status	Y		Y			Y	Y	Y		
Reason for appointment	Y		Y			Y	Y	Y		
Clinical urgency of appointment	Y		Y			Y	Y	Y		
Location of future appointments	Y		Y			Y	Y	Y		
Specialty	Y		Y			Y	Y	Y		

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Service	Y		Y			Y	Y	Y		
Professional to see person	Y		Y			Y	Y	Y		
Admission details										
Date of admission						Y				Y
Reason for admission						Y				Y
Gp practice										
GP practice identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
GP name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
GP practice details	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consent										
Consent for treatment record	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consent for information sharing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consent relating to child	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Allergies and adverse reactions										
Causative agent	Y	Y	Y	Y	Y	Y		Y		Y
Description of reaction	Y	Y	Y	Y	Y	Y		Y		Y
Type of reaction	Y	Y	Y	Y	Y	Y		Y		Y
Severity	Y	Y	Y	Y	Y	Y		Y		Y
Certainty	Y	Y	Y	Y	Y	Y		Y		Y
Evidence	Y	Y	Y	Y	Y	Y		Y		Y
Probability of recurrence	Y	Y	Y	Y	Y	Y		Y		Y
Date first experienced	Y	Y	Y	Y	Y	Y		Y		Y
Comment	Y	Y	Y	Y	Y	Y		Y		Y
Date recorded	Y	Y	Y	Y	Y	Y		Y		Y
History										

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Relevant past medical, surgical and mental health history	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Medications and medical devices										
Medication name	Y			Y	Y	Y	Y	Y		Y
Form	Y			Y	Y	Y	Y	Y		Y
Batch number	Y			Y	Y	Y	Y	Y		Y
Site	Y			Y	Y	Y	Y	Y		Y
Route	Y			Y	Y	Y	Y	Y		Y
Indication	Y			Y	Y	Y	Y	Y		Y
Quantity supplied	Y			Y	Y	Y	Y	Y		Y
Structured dose direction cluster	Y			Y	Y	Y	Y	Y		Y
Matters identified during the discussion	Y			Y	Y	Y	Y	Y		Y
Reason for supply request				Y	Y		Y			
No supply reason				Y				Y		
Additional instructions	Y			Y	Y	Y	Y	Y		Y
Supply type	Y			Y	Y	Y	Y	Y		
Date/time	Y			Y	Y	Y	Y	Y		Y
Prescription exemption category	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prescriptions intercepted	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Information and advice given										
Information and advice given	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral details										
Referral to	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clinical urgency of referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Expectation of referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Reason for referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Date	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person Referral Reference	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Journey ID				Y	Y					
Referral Type								Y		
Plan and requested actions										
Actions for healthcare professionals	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Actions for patient or their carer	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Appliances										
Appliance name		Y		Y			Y			Y
Product order number		Y		Y			Y			Y
Manufacturer		Y		Y			Y			Y
Batch number		Y		Y						Y
Size		Y		Y						Y
Weight		Y		Y						Y
Colour		Y		Y						Y
Route		Y		Y						Y
Site		Y		Y						Y
Quantity		Y		Y			Y			Y
Indication		Y		Y			Y			Y
Matters identified during the discussion		Y		Y			Y			Y
Vaccinations										
Vaccine product			Y							
Vaccine procedure			Y							
Manufacturer			Y							

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Batch number			Y							
Expiry date			Y							
Serialisation code			Y							
Site			Y							
Route			Y							
Indication			Y							
Dose amount			Y							
Dose Sequence			Y							
Date/time			Y							
Presenting complaint or issues										
Presenting complaint or issue					Y	Y	Y			
Chief complaint					Y	Y	Y			
Clinical narrative										
Clinical narrative	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Investigations										
Investigation performed						Y			Y	
Investigation results						Y			Y	
Investigation method						Y			Y	
Performing professional						Y			Y	
Date and time						Y			Y	
Signpost record										
Signpost details	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clinical urgency for signposting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for signposting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Smoking record										

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Set quit date						Y				
Smoking status						Y	Y	Y		
Smoking status details						Y	Y	Y		
Nicotine replacement therapy						Y				
Varenicline or other pharmacotherapy used						Y				
E-cigarettes used						Y		Y		
Treatments and interventions and changes made to treatments						Y				
Date stopped smoking						Y				
Self-reported quit						Y				
Family history										
Family History							Y	Y		
Examination findings										
Observations					Y	Y	Y	Y		
Safeguarding										
Safeguarding concerns	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Procedures and therapies										
Procedure								Y		
Anatomical site								Y		
Laterality								Y		
Complications related to procedure								Y		
Specific anaesthesia issues								Y		
Comment								Y		
ABPM declined							Y			
Reason ABPM declined							Y			

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Contraception type	Y			Y		Y	Y	Y		Y
Contraception start date	Y			Y		Y	Y	Y		Y
Contraception end date	Y			Y		Y	Y	Y		Y
Contraception review date	Y			Y		Y	Y	Y		Y
Problem list										
Problem					Y	Y				
Onset date					Y	Y				
End date					Y	Y				
Severity					Y	Y				
Body site					Y	Y				
Laterality					Y	Y				
Stage of disease					Y	Y				
Problem status					Y	Y				
Problem priority					Y	Y				
Problem on discharge					Y	Y				
Primary palliative care diagnosis					Y	Y				
Description of palliative care diagnosis					Y	Y				
Comment					Y	Y				
Pregnancy status										
Pregnancy state	Y		Y	Y	Y	Y	Y			Y
Expected delivery date	Y		Y	Y	Y	Y	Y			Y
Feeding status of the baby	Y		Y	Y	Y	Y	Y	Y		Y
Red flags										
Red flags	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Red flag detail	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Documents										
Date							Y			
Document location							Y			
Document name							Y			
Comments							Y			
Discharge details										
Date of discharge						Y				Y
Assessments										
Assessment type						Y				
Assessment summary						Y				
Structured assessment						Y				
Comment						Y				

10.4.2 GP Record Matrix

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood Pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Person Demographics										
Person name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person's preferred name										
Person's address	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person's telephone number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Date of birth	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NHS number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sex	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Gender										
Ethnicity							Y		Y	
Other identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person's email address										
Communication preferences										
Relevant contacts										
Place of Birth									Y	
Referrer Details										
Referrer details										
Referral Type										
Reason for referral										
Date and time of referral										
Contact With Professionals										
Date and time of contact	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Service	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood Pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Contact type	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consultation method	Y	Y		Y	Y	Y	Y	Y	Y	Y
Organisation name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Organisation address	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Organisation contact details	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Location of event	Y	Y	Y	Y		Y	Y	Y	Y	Y
Reason for service	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for non-provision of service	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for service discontinuation	Y					Y				
Clinician name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Role	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Professional identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Professional identifier type	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Outcome of contact	Y			Y	Y	Y	Y	Y	Y	Y
Person accompanying patient	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Chaperone	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person collecting the medicine				Y	Y					
Future appointments										
Date of appointment	Y		Y		Y	Y		Y		
Appointment status	Y		Y		Y	Y		Y		
Reason for appointment	Y		Y		Y	Y		Y		
Clinical urgency of appointment	Y					Y		Y		
Location of future appointments										
Specialty										
Service										
Professional to see person										
Admission Details										
Date of Admission						Y				

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood Pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Reason for admission						Y				
GP Practice										
GP practice identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
GP name										
GP practice details										
Consent										
Consent for treatment record	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consent for information sharing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consent relating to child	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Allergies and Adverse Reactions										
Causative agent	Y	Y	Y	Y	Y	Y		Y		Y
Description of reaction	Y	Y	Y	Y	Y	Y		Y		Y
Type of reaction	Y	Y	Y	Y	Y	Y		Y		Y
Severity	Y	Y	Y	Y	Y	Y		Y		Y
Certainty	Y	Y	Y	Y	Y	Y		Y		Y
Evidence	Y	Y	Y	Y	Y	Y		Y		Y
Probability of recurrence	Y	Y	Y	Y	Y	Y		Y		Y
Date first experienced	Y	Y	Y	Y	Y	Y		Y		Y
Comment	Y	Y	Y	Y	Y	Y		Y		Y
Date recorded	Y	Y	Y	Y	Y	Y		Y		Y
History										
Relevant past medical, surgical and mental health history	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Medications and Medical Devices										
Medication name	Y			Y	Y	Y	Y	Y		Y
Form	Y			Y	Y	Y	Y	Y		Y
Batch number	Y					Y	Y	Y		Y

Site	Y			Y	Y	Y	Y	Y		Y
Route	Y			Y	Y	Y	Y	Y		Y
Dataset	**New medicine Service**	**Appliance Use Review**	**Vaccination Administration**	**CPCS Emergency Supply**	**CPCS Minor Illness**	**Smoking Cessation**	**Blood Pressure Check Service**	**Contraception**	**Hepatitis C**	**Discharge Medicine Service**
Indication	Y			Y	Y	Y	Y	Y		Y
Quantity supplied	Y			Y	Y	Y	Y	Y		Y
Structured dose direction cluster	Y			Y	Y	Y	Y	Y		Y
Matters identified during the discussion	Y			Y	Y	Y	Y	Y		Y
Reason for supply request				Y	Y		Y			
No supply reason				Y				Y		
Additional instructions	Y			Y	Y	Y	Y	Y		Y
Supply type	Y			Y	Y	Y	Y	Y		
Date/time	Y			Y	Y	Y	Y	Y		Y
Prescription exemption category										
Prescriptions intercepted	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Information and Advice Given										
Information and advice given	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral Details										
Referral to	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clinical urgency of referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Expectation of referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for referral	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Date	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Person Referral Reference	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Journey ID				Y	Y					
Referral Type										
Plan and Requested Actions										
Actions for healthcare professionals	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Actions for patient or their carer	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood Pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Appliances										
Appliance name		Y		Y			Y			Y
Product order number		Y		Y			Y			Y
Manufacturer		Y		Y			Y			Y
Batch number		Y		Y						Y
Size		Y		Y						Y
Weight		Y		Y						Y
Colour		Y		Y						Y
Route		Y		Y						Y
Site		Y		Y						Y
Quantity		Y		Y			Y			Y
Indication		Y		Y			Y			Y
Matters identified during the discussion		Y		Y			Y			Y
Vaccinations										
Vaccine product			Y							
Vaccine procedure			Y							
Manufacturer			Y							
Batch number			Y							
Expiry date			Y							
Serialisation code			Y							
Site			Y							
Route			Y							
Indication			Y							
Dose amount			Y							
Dose Sequence			Y							
Date/time			Y							
Presenting Complaint or Issues										

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood Pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Presenting complaint or issue					Y	Y	Y			
Chief complaint					Y	Y	Y			
Clinical Narrative										
Clinical narrative	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
INVESTIGATIONS										
Investigation performed						Y			Y	
Investigation results						Y			Y	
Investigation method						Y			Y	
Performing professional										
Date and time						Y			Y	
SIGNPOST RECORD										
Signpost details	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clinical urgency for signposting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reason for signposting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SOCIAL CONTEXT										
Set quit date						Y				
Smoking status						Y	Y	Y		
Smoking status details						Y	Y	Y		
Nicotine replacement therapy						Y				
Varenicline or other pharmacotherapy used						Y				
E-cigarettes used						Y				
Treatments and interventions and changes made to treatments						Y				
Date stopped smoking						Y	Y	Y		
Self-reported quit						Y				
FAMILY HISTORY										
Family History							Y			

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood Pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
EXAMINATION FINDINGS										
Observations					Y		Y	Y		
SAFEGUARDING										
Safeguarding concerns	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROCEDURES AND THERAPIES										
Procedure								Y		
Anatomical site								Y		
Laterality								Y		
Complications related to procedure								Y		
Specific anaesthesia issues										
Comment										
ABPM declined							Y			
Reason ABPM declined							Y			
Contraception type	Y			Y			Y	Y		Y
Contraception start date	Y			Y			Y	Y		Y
Contraception end date	Y			Y		Y	Y	Y		Y
Contraception review date								Y		Y
PROBLEM LIST										
Problem					Y	Y				
Onset date					Y	Y				
End date					Y	Y				
Severity					Y	Y				
Body site					Y	Y				
Laterality					Y	Y				
Stage of disease					Y	Y				
Problem status					Y	Y				
Problem priority					Y	Y				

Dataset	New medicine Service	Appliance Use Review	Vaccination Administration	CPCS Emergency Supply	CPCS Minor Illness	Smoking Cessation	Blood Pressure Check Service	Contraception	Hepatitis C	Discharge Medicine Service
Problem on discharge					Y	Y				
Primary palliative care diagnosis					Y	Y				
Description of palliative care diagnosis					Y	Y				
Comment					Y	Y				
PREGNANCY STATUS										
Pregnancy state	Y		Y	Y	Y	Y	Y		Y	Y
Expected delivery date	Y		Y	Y	Y	Y	Y		Y	Y
Feeding status of the baby	Y		Y	Y	Y	Y	Y	Y	Y	Y
RED FLAGS										
Red flags	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Red flag detail	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DOCUMENTS										
Date										
Document location										
Document name										
Comments										
DISCHARGE DETAILS										
Date of discharge										
ASSESSMENTS										
Assessment type						Y				
Assessment summary						Y				
Structured assessment						Y				
Comment						Y				

10.5 Appendix E – Project Team

Role	Name
Project Lead	Martin Orton
Lead Analyst	Kingsley Ejeh
Analyst	Caitlin O'Donnell
Pharmacy Lead	Dr Stephen Goundrey-Smith
GP Lead	Dr Steve Bentley
People Lead	James Bradley

10.6 Appendix F – System Suppliers Consultation Attendees

Name	Job Title	Company Name
Paula Russell	Principal Pharmacist	Regional Drug and Therapeutic Centre
Mark Merry	Product Strategy Lead	Positive Solutions Limited
Adewale Abimbola	Regional Senior Pharmacy Integration Lead	NHS England
Ajit Singh	Medicines Inspector	CQC
Devika Italiya	Senior Clinical Informatics Specialist	NHS England
Sarah Murphy	Health and Social Care Strategy Lead	Money and Pensions Service
Sean MacBride-Stewart	Lead Pharmacist	NHS Greater Glasgow and Clyde
Usha Panchal	Transformation Programme Manager	Bedfordshire Luton and Milton Keynes ICB
Helga Mangion	Policy Manager	NPA
Matthew Armstrong	Pharmacist	Boots UK
Darren Powell	Pharmacist	RPS DPEAG chair / NHS England
Andy Pritchard	Programme Manager	NHS Digital
Isabel Kuncewicz	SPS Assessor	PRSB
Wendy Lee	Professional Standards and Governance Manager	Well
Hammaad Patel	Prescribing Adviser	NCL ICB
Chris O'Brien	Digital and Interoperable Medicines Programme	NHSE
Bill Lush	Senior Terminology Specialist	NHS Digital
Serena Bentine	Digital Development Manager	Young Epilepsy

Kate Mansfield	Programme Manager	SY ICS
Allison Hornshaw	Digital Primary Care Programme Lead	NHSE
Tony Carson	Regional Senior Pharmacy Integration Lead	NHS England & NHS Improvement
Hardeep Singh	Enterprise Architect - Pharmacy & Healthcare	Boots UK
Justin Thomas Ribaya	Senior Associate in Clinical Pharmacy	EBAR Abstracting Company
Janson Woodall	Platform Support & Business Engagement Manager	Well
Jon Williams	Product Owner	Clanwilliam Health
Caroline Prouse	Product Manager	First Databank
Teresa Uscategui	GP locum	Queens Park Surgery
Tahmina Rokib	Clinical Lead, Transformation Directorate	NHS England
Rahul Singal	Chief Pharmacy Information Officer	NHS Transformation Directorate
Spencer Noble	Head of Business Development	Cegedim Healthcare Solutions
Lauren Seamons	Deputy Chief Officer	Norfolk LPC
Daniel Ah-Thion	Community Pharmacy IT Lead	PSNC
Hui Teoh	Principal Terminology Specialist	NHS Digital
Trevor Povey	MSO	ASDA Pharmacies
Oliver Jones	Executive Committee Member	APTUK
Paul Wright	Standards Implementation Engagement Lead (Pharmacy)	NHS Digital
Widad Salim	General Practitioner	Harar General Hospital
James Davies	Director for England RPS	Royal Pharmaceutical Society
Kam Takhar	Associate Director of Pharmacy, Quality and Safety	NELFT
Zoeta Brown	Senior Programme Manager	NHS England
Laura Godtschalk	Programme Manager	NHS LLR ICB
Sangeeta Singh	Clinical Fellow	NHS England Transformation Directorate
Neil Robinson	Information Architect	NHS
David Broome	Pharmacist	Stancliffe Pharmacy Ltd

Gemma Ramsay	Senior Policy Lead	NHS England
Rupal Sagoo	Change Manager	Tesco
Jill Rasmussen	Clinical Rep, Dementia	RCGP
Martin Orton	Project Lead	PRSB
Kingsley Ejeh	Lead Analyst	PRSB
Caitlin O'Donnell	Analyst	PRSB
Dr Stephen Goundrey-Smith	Pharmacy lead	PRSB
Dr Steve Bentley	GP Lead	PRSB
James Bradley	People Lead	PRSB

10.7 Appendix G - Multidisciplinary Consultation Attendees

Name	Job Title	Company Name
Paula Russell	Principal Pharmacist	Regional Drug and Therapeutic Centre
Mark Merry	Product Strategy Lead	Positive Solutions Limited
Ajit Singh	Medicines Inspector	CQC
Devika Italiya	Senior Clinical Informatics Specialist	NHS England
Sarah Murphy	Health and Social Care Strategy Lead	Money and Pensions Service
Sean MacBride-Stewart	Lead Pharmacist	NHS Greater Glasgow and Clyde
Usha Panchal	Transformation Programme Manager	Bedfordshire Luton and Milton Keynes ICB
Hui-Chi Yeh	Director	TPP
Matthew Armstrong	Pharmacist	Boots UK
Daren Powell	Pharmacist	RPS DPEAG chair / NHS England
Wendy Lee	Professional Standards and Governance Manager	Well
James Bradley	People Lead	PRSB
Chris O'Brien	Digital and Interoperable Medicines Programme	NHSE
Alannah McGovern	Head of Stakeholder Relations	PRSB
Bill Lush	Senior Terminology Specialist	NHS Digital
Stephen Goundrey-Smith	Pharmacist informatician	Royal Pharmaceutical Society

Martin Orton	Senior Programme Manager	PRSB
Serena Bentine	Digital Development Manager	Young Epilepsy
Adrianna Szczypkowska	Communications Officer	PRSB
Allison Hornshaw	Digital Primary Care Programme Lead	NHSE
Hardeep Singh	Enterprise Architect - Pharmacy & Healthcare	Boots UK
Jon Williams	Product Owner	Clanwilliam Health
Caroline Prouse	Product Manager	First Databank
Tahmina Rokib	Clinical Lead, Transformation Directorate	NHS England
Lauren Seamons	Deputy Chief Officer	Norfolk LPC
Daniel Ah-Thion	Community Pharmacy IT Lead	PSNC
Sangetta Goyal	Pharmacist	Locum
Kingsley Ejeh	Project Manager	PRSB
Oliver Jones	Executive Committee member	APTUK
James Davies	Director for England RPS	Royal Pharmaceutical Society
Laura Godtschalk	Programme Manager	NHS LLR ICB
Nick Thayer	Head of Policy	The CCA
Neil Robinson	Information Architect	NHS
Gemma Ramsay	Senior Policy Lead	NHS England
Jill Rasmussen	Clinical Rep, Dementia	RCGP

10.8 Appendix H – GP Focus Group Attendees

Name	Job Title	Company Name
Dr Steve Bentley	Clinical Lead	PRSB
Dr Isabel Kuncewicz	SPS Assessor, Retired GP	PRSB
Dr Stephen Goundrey-Smith	Pharmacy Lead	PRSB
Dr Chris William	GP	RCGP
Dr Sukrti Nagpal	Clinical Informatics Manger	NHSE
Gemma Ramsay	Senior Policy Lead	NHS England
Helene Feger	Director of Communications & Engagement	PRSB
Alannah McGovern	Head of Engagement	PRSB

Adrianna Szczypkowska	Communications Officer	PRSB
Kingsley Ejeh	Lead Business Analyst	PRSB