



Pharmaceutical Services Negotiating Committee

Response to:

Liberating the NHS: An Information Revolution



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The Pharmaceutical Services Negotiating Committee (PSNC) is the body that promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors.

Our goal is to develop the NHS community pharmacy service, to enable community pharmacies to offer an increased range of high quality and fully funded services that meet the needs of their local communities and provide value and positive health outcomes for the NHS and the public.

PSNC welcomes the opportunity to respond to the consultation 'Liberating the NHS: An Information Revolution'.

1. Executive Summary

Community pharmacies are at the heart of communities, working in partnership with patients to support their care. There is much that pharmacies can contribute and gain from the information revolution and we believe that pharmacies should play a key part in delivering it (2.1).

Whilst pharmacies are already doing much to help build patients' understanding, improve their knowledge, and increase their confidence, there is scope for pharmacies to be doing much more. Commissioning services such as a New Medicines Service and a national minor ailments service would be cost-effective, quality enhancing, and ultimately put patients in control of their conditions (3.7).

PSNC is strongly supportive of the vision of patients and service users being able to keep a copy of their care record themselves, and share that copy as they see fit with others. To integrate care, information should follow patients (3.1).

With patient consent, providing community pharmacists with appropriate role-based read and write access to electronic patient records has the potential to greatly improve patient safety, support the development of new services for patients, improve interdisciplinary working and increase the quality and continuity of care provided to patients (3.1).

The future lies not in one electronic patient records solution but in inter-operability between multiple solutions, which may be managed by NHS or private providers. It is essential that time is invested now in setting and developing the standards that will enable future interoperability. There is also a need to ensure equity of access to records, for example controls need to be considered to prevent a provider from putting technical or financial barriers in place to block competing providers from accessing information, even where the patient has consented to access (3.3).

Community pharmacists recognise the need to demonstrate the value of the services they provide. PharmaBase, a web-based platform, led by PSNC and funded by community pharmacy will enable the tracking and analysis of the effectiveness of commissioned pharmacy services on a local and national level, building a national evidence base on pharmacy service provision. A challenge is that there are not standard data sets for the provision of most locally commissioned services. It needs to be a priority to develop national data sets for locally commissioned services to support the national aggregation of data and enable effective comparisons between commissioning areas or between different types of providers offering a service (4.4).

PSNC views IT as having a key role to play in supporting the developing role of NHS community pharmacies, however providing an IT solution is not enough; solutions need to be fit for purpose. There is much work that still needs to be done to ensure that the NHS IT projects that have already started to be implemented, including the Electronic Prescription Service (5.3), do not reduce operational efficiency or create unnecessary bureaucracy, as the Information Governance Toolkit (3.4) has done, driving up costs for the NHS.

In the long term, the framework that has been put in place by EPS could be used to revolutionise the way that pharmacy payments are calculated and patient prescription charge exemption declarations collected. There is scope to move from pharmacies submitting un-priced claims to

submitting priced invoices to NHS Prescription Services, delivering financial savings in the pricing of prescriptions by NHS Prescription Services and offering benefits such as quicker payment to pharmacies (5.3a). Adding a flag to the Personal Demographics Service to indicate patients' prescription charge exemption status could offer pharmacies operational efficiency in the collection of prescription charge exemption declarations and improve patient privacy (5.3b).

Finally, to ensure that there is a level playing field between providers, pharmacy contractors need open and fair access to commissioning data that could be used to identify unmet needs (4.5) and given that community pharmacies operate in a highly competitive market, there need to be clear parameters on the release of information to prevent the disclosure of data that is commercially sensitive (6.1).

2. An Information Revolution

2.1 The Use of Information

Information can be used to ensure the quality, safety, equity and consistency of care. It can inform and empower patients and service users, allow providers to identify unmet need and inform commissioning decisions. Information can also be used to increase capacity for example through improving the efficiency of service provision or by enabling services to be provided by alternative providers.

Community pharmacies are at the heart of communities, working in partnership with patients to support their care and to deliver services that are cost-effective, quality enhancing, and ultimately put patients in control. There is much that pharmacies can contribute and gain from the information revolution and we hope that pharmacies can play a key part in the Government's future information strategy.

2.2 The Cost of the Information Revolution

There is much that community pharmacies can offer to help reduce costs or free up resources to meet new challenges. For example, through interventions focussed on the education of patients about their disease and its treatment, community pharmacy can play a central role in minimising patients' non-adherence to medicines, reducing waste and optimising the benefits from medication therapy which can in turn reduce long term treatment costs. Later in this response we have provided examples of cash and capacity releasing services that pharmacies could be providing, including a New Medicines Service and a national minor ailments scheme.

Some of the goals outlined in the consultation are long term. There is a need for enabling investment to put in place the building blocks that will support delivery of the future vision and associated benefits; for example it will be critical to develop standards to support future system interoperability.

Finally, providing an IT solution is not enough; solutions need to be fit for purpose. As we have outlined later in this response, there is much work that still needs to be done to ensure that the Electronic Prescription Service does not reduce the efficiency of the dispensing process and therefore drive up costs for the NHS.

3. Information for Patients, Service Users, Carers and the Public

3.1 Pharmacy Access and Input into Electronic Patient Records

PSNC is strongly supportive of the vision of patients and service users being able to keep a copy of their care record themselves, and share that copy as they see fit with others. To integrate care, information should follow patients.

With patient consent, providing community pharmacists with appropriate role-based read and write access to electronic patient records has the potential to greatly improve patient safety, support the

development of new services for patients, improve interdisciplinary working and increase the quality and continuity of care provided to patients.

Allowing other professionals to have access to the records made by pharmacists could support the continuity of patient care, for example, providing a patient's cardiac consultant with access to INR levels recorded during a community pharmacy anticoagulant monitoring clinic. There would also be value in allowing prescribers access to information on medicines that were prescribed but not dispensed and information on interventions made by pharmacists which might impact on future prescribing decisions.

3.2 Summary Care Record (SCR)

The previous Government committed to undertaking work with a Summary Care Record early adopter PCT to consider the benefits, governance and practical arrangements of community pharmacists having access to the Summary Care Record. Bradford was chosen as the first site to pilot pharmacy access and planning was well underway. It was therefore disappointing that following the Government review, as the focus of the SCR project shifted towards emergency and urgent care, the pilot was put on hold.

As well as planned service provision, for example the provision of annual Medicines Use Reviews, pharmacies also need to respond to unscheduled requests from patients, for example in certain circumstances, pharmacies can provide prescription only medicines in an emergency to patients. Access to information about patients in this scenario, for example a list of all medicines that the patient has recently been prescribed, has the potential to improve patient safety.

We believe that there continues to be value in investigating, at an early opportunity, the benefits of pharmacy access to the SCR.

3.3 Third Party Providers of Electronic Patient Record Solutions

The future lies not in one electronic patient records solution but in inter-operability between multiple solutions, which may be managed by NHS or private providers. It is essential that time is invested now in setting and developing standards that will in future support interoperability. This includes standardised clinical terminology such as dm+d and Snomed CT but also standard data sets linked to the provision of care.

There is also a need to ensure equitable access to information, where patients consent. For example controls need to be considered to prevent a provider from putting technical or financial barriers in place to block competing providers accessing information, even where a patient has consented to access. Where access to information is needed to provide a particular service, blocking access could be used as a tool to reduce competition in the market.

3.4 Information Governance

All community pharmacies have robust systems in place for handling confidential patient information and are subject to a wide range of legal, ethical and professional requirements. Good information governance is and will continue to be a priority for community pharmacies.

However, whilst it is appropriate that the NHS collects assurances from their providers on information governance standards, there is significant bureaucracy in the current process that has meant additional costs for the NHS without additional benefits. Consideration needs to be given to how the current process for collecting assurances via the Information Governance Toolkit could be simplified and made more efficient.

3.5 e-Support for Patients in using NHS Services/ Healthspace

Release 2 of the Electronic Prescription Service will enable patients to 'nominate' their chosen pharmacy to receive their prescriptions electronically. This will offer patients convenience. However

despite a previous commitment that patients would be able to use Healthspace to nominate their pharmacy, the policy position is now uncertain.

We strongly support facilities being provided via an appropriate NHS patient web portal to enable patients to both check and change their prescription nomination status and track where their prescriptions are in the EPS Service. Providing online repeat prescription ordering functionality could also offer control and convenience to patients as well as deliver administrative efficiencies for the NHS.

Other functionality that could help empower patients could be personal health care management and appointment booking functionality, for example a patient with a long term condition such as diabetes is likely to have to manage regular interactions with a range of healthcare providers including pharmacists, optometrists, podiatrists and their GP. A website such as Healthspace could support patients by bringing together, in one place, online support for the patient in managing their condition, for example ordering repeat prescriptions, booking and recording appointments with different healthcare professionals, accessing their health record etc.

3.6 Patient-Provider Online Communication (Remote Contact)

It is inevitable that in time some patients will choose to interact with their pharmacist online rather than face-to-face, where the consultation can appropriately be undertaken remotely.

A key challenge will be developing communication systems that can be integrated seamlessly into the pharmacy workflow and can support efficient capture of clinical information, for example the recording of advice given by a pharmacist, in the clinical record.

3.7 Pharmacists Working in Partnership with Patients to Support Self-care and the Management of Long Term Conditions

The concept of shared decision making and increasing patients' access to information is already recognised in community pharmacy services such as Medicines Use Reviews (MURs). Last year community pharmacies provided over 1.7 million MURs in England, creating opportunities for one to one discussions between a community pharmacist and a patient, where education and support can be provided to allow the patient to take control of their medication regimen and the self-management of their conditions.

Whilst pharmacists are already doing much to help build patients' understanding, improve their knowledge, and increase their confidence, there is scope for pharmacies to be doing so much more.

The NHS spends over £8 billion each year on medicines, but it is estimated that up to half of these medicines are not used effectively¹. This creates the potential for short term waste, but even more importantly it results in the sub-optimal management of patients' conditions, which over time increases the cost of treating an individual's disease and frequently causes unnecessary suffering for the patient and worry for their relatives and carers.

Through interventions focussed on the education of patients about their disease and its treatment we believe community pharmacy can play a central role in minimising patients' non-adherence to medicines. An evidence base² exists to demonstrate the cost of non-adherence and how community pharmacy can reduce it.

¹ Haynes R, McDonald H, Garg A, Montague P. (2002). Interventions for helping patients to follow prescriptions for medications. The Cochrane Database of Systematic Reviews, 2, CD000011

² Patients' problems with new medication for chronic conditions N Barber et al *Qual Saf Health Care* 2004;13:172-175
Patient-centred advice is effective in improving adherence to medicines S Clifford et al *Pharm World Sci* 2006;28:165-170
The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed Medicines R Elliott et al *Pharm World Sci* 2008;30:17-23
Understanding different beliefs held by adherers, unintentional nonadherers, and intentional nonadherers: Application of the Necessity-Concerns Framework S Clifford et al *Journal of Psychosomatic Research* 2008;64:41-46

PSNC and NHS Employers are currently progressing negotiations around a pharmacy provided New Medicines Service. This scheme would offer additional support for patients who had been newly prescribed a medicine for a long-term condition. As well as improving the care of people with long-term conditions, this service would reduce costs to the NHS.

Further NHS efficiencies could be driven by better use of community pharmacies to support self-care of minor ailments such as coughs and colds. The treatment of minor ailments accounts for 18-20% of GP workload, incurring a significant cost of around £2 billion a year to the NHS; 57 million consultations are for minor ailments (51.4 million of which are for minor ailments alone), resulting in over an hour a day for every GP and 52 million prescriptions. The potential value that could be gained from re-deploying this GP time to the management of patients with complex long-term conditions must be significant both in human and economic terms.

Building on the minor ailments services commissioned by approximately half of PCTs, the development of a national community pharmacy service to assist people to self-care for their minor ailments could support greater patient choice and convenience and release significant amounts of valuable GP time. In this way a minor ailments service can support the creation of cash releasing savings by GPs and GP consortia.

These services are cost-effective, quality enhancing, and ultimately put the patient in control.

4. Information for Improved Outcomes

4.1 Information to Support Patient Outcomes

As discussed earlier in this response, providing community pharmacists with appropriate role-based read and write access to electronic patient records has the potential to greatly improve patient safety, support the development of new services for patients, improve interdisciplinary working and increase the quality and continuity of care provided to patients.

A key area of risk is when patients transfer across organisational boundaries, for example the discharge of patients from secondary care. Access to patient information electronically, for example discharge summaries could greatly improve patient safety and reduce re-admissions.

To enable this there needs to be national standardisation of terminologies and data sets and roll-out of interoperability standards. Investment now in developing standards will put strong foundations in place to support interoperability in future between diverse clinical systems.

4.2 Patient and Service User Generated Information

Patients are currently free to choose their pharmacy and competition between pharmacies ensures that pharmacies work to understand and meet patients' needs and preferences. Pharmacies currently collect feedback from patients in a range of informal and formal ways. For example, for the past 4 years, as part of the NHS pharmacy contractual framework, pharmacies have been undertaking annual patient surveys using the Community Pharmacy Patient Questionnaire. Pharmacies are required to analyse responses to identify both strengths and areas for improvement.

Whilst public feedback websites have a role, great care needs to be taken when using them in a healthcare context. As professionals, pharmacies often have to make clinical decisions which a patient does not support for example refusing to sell excessive quantities of a medicine that is known to be subject to abuse. It is essential that feedback websites do not inadvertently put pressure on pharmacy staff to act in way that is not in a patient's best interest. If the Government wishes to progress this approach for pharmacies, it will be important to engage with the profession on safeguards that could be put in place to mitigate the risk of unintended consequences.

Every day about 1.8 million people visit a pharmacy in England including people that may only occasionally use other parts of the health service. Given the contact that pharmacies have with

patients and the public, there could be value in exploring using pharmacies to capture general feedback on the NHS, for example patient awareness of NHS health campaigns or patients' perspectives of patient pathways.

4.3 Information about Pharmacies to Support Patient Choice

Pharmacies already provide patients with a range of information about the services they provide including a formal practice leaflet and through advertising.

NHS Choices carries basic information such as pharmacy opening hours and services provided but at present there is a bureaucratic process for information on NHS Choices to be updated with pharmacies having to make requests in writing to their PCT. Providing NHS pharmacy contractors with access to self-administer the information about their pharmacy on NHS Choices would reduce administration costs for the NHS and could ensure that the information about pharmacies on NHS Choices is updated in a more timely way.

4.4 Gathering the Evidence Base to Support Commissioning Decisions

Community pharmacists increasingly recognise the need to demonstrate the value of the services they provide to support the development of new services and to prevent decommissioning. A recently launched initiative, led by PSNC, is the PharmaBase web-based platform which as well as supporting pharmacy staff with the delivery of services and decreasing the administration costs incurred by commissioners in processing payments, will aggregate data at a national level, building a national evidence base on pharmacy service provision. More information on PharmaBase can be found online at www.psn.org.uk/pharmabase.

The logo for PharmaBase, with 'PHARMA' in blue and 'BASE' in red, all in a bold, sans-serif font.

Currently pharmacies provide a broad range of locally commissioned services from chlamydia screening and treatment to providing seasonal influenza vaccinations; and from support and advice to care homes to anticoagulation monitoring. A key challenge is that there are not standard data sets for these services and each PCT will request as part of service delivery, the collection of different information. This is a block to the national or regional aggregation of information on service provision.

A key priority needs to be the development of national data sets for locally commissioned services that meet both contractors' and commissioners' needs. As well as supporting the national aggregation of data on service provision, standardisation would offer other benefits including enabling effective comparisons between commissioning areas or between different types of providers offering the service.

4.5 Access to Information that Supports Providers Identifying Needs

In order for community pharmacy to identify opportunities where it may develop innovative, new services to meet unmet patient need or to improve existing patient pathways in line with the aspirations of *Liberating the NHS*, it is critical that pharmacies have open and fair access to commissioning data. Where this access is not provided, we believe that a level playing field will not exist among potential providers and the NHS will not benefit from what a wider field of providers can potentially offer.

Currently much of this commissioning data is not publicly available and as such there can be a lack of knowledge amongst non-NHS bodies of what data is available to support commissioning decisions and service development opportunities. There would be value in the NHS Information Centre listing data sets that may currently be available and will be available in the near future.

4.6 Access to Information held on the NHS Network (nww)

At present, if a pharmacy requires access to certain sites on the NHS network, NWW, for example where PCTs have extranet sites held on the network, there is a bureaucratic and costly process to

enable access. This bureaucracy could be removed by enabling pharmacists the same general access rights as general practitioners on NWW. This would also support ensuring that competing local providers have equitable access to information.

5. Information for Professionals

5.1 Developing an Information Culture

To develop an information culture, IT should seamlessly integrate into every day work processes and there needs to be user buy-in to the benefits of using the system. The root cause of many of the problems that have occurred in implementing NHS IT systems in community pharmacies can be traced back to poor quality engagement with the pharmacy profession. Effective engagement is essential in developing an information culture and must be a key part of the Government's NHS IT strategy going forward.

5.2 The Importance of Effective IT Support

IT support is essential to enabling pharmacists to continue developing their clinical role and extending the range of services that they can offer to patients. For example, to prescribe, pharmacists need access to information about patients through patient records. To free up time to provide innovative new services, pharmacies will need to adopt IT solutions that support improving the efficiency of the dispensing process and secure electronic communication systems will be key to improving inter-professional communication.

However, providing IT solutions is not enough; solutions need to be fit for purpose. A key part of the Government's strategy going forward must be to ensure that where NHS IT projects have started to be implemented in pharmacies, benefits are realised and if necessary systems reviewed if there is any evidence of unintended consequences such as reduced operational efficiency.

5.3 Electronic Prescription Service

EPS promised community pharmacy the foundations that would integrate them in to an increasingly electronic NHS, facilitate the implementation of innovative new services and improve the efficiency in their core business: the safe and effective supply of medicines.

With EPS Release 1 now widely implemented and Release 2 beginning to roll out, a key concern is that a number of unresolved issues could prevent potential benefits from being realised and rather than the service supporting pharmacies, there is a risk that it could have a negative impact on operational efficiency and in turn increase the costs of providing the NHS pharmacy service. It is essential that the impact of the early implementation of EPS Release 2 on workflow is monitored and carefully evaluated with any critical issues resolved before wider roll-out.

Whilst the immediate priority must be ensuring that the service is fit for purpose, in the long term, the framework that has been put in place by EPS could be used to revolutionise the way that pharmacy payments are calculated and patient prescription charge exemption declarations collected.

5.3a Using the EPS Infrastructure to Revolutionise Pharmacy Payment Administration

The current process by which pharmacies submit prescriptions to NHS Prescription Services on a monthly basis is highly unsatisfactory, both in terms of the time taken between submission and payment (much longer than usual private and public sector payment terms) and the inability for pharmacies to reconcile individual transactions with the information they current receive on payments. The current system is also very costly with NHS Prescription Services having to employ large numbers of staff over 3 pricing offices. There is scope to move from pharmacies submitting an un-priced claim to submitting a priced invoice to NHS Prescription Services that covers both paper and electronic prescriptions dispensed. This could then be audited by NHS Prescription Services, as appropriate. There would be value in early discussion on this proposal.

5.3b Using the EPS Infrastructure to Improve Patient Privacy and Pharmacy Efficiency in Prescription Charge Exemption Declaration Collection

Another area where technical developments could deliver benefits is the collection of prescription charge exemption declarations from patients. Currently pharmacies have to collect a declaration of exemption from all patients except those that are exempt on the grounds of age and certain prisoners on release from prison. The introduction of EPS Release 2 will significantly increase the workload associated with collecting the patient's declaration, for example for many patients, pharmacies will have to print a 'token' for the patient to sign and then manually enter the information provided by the patient into their computer system. A solution which would increase operational efficiency and improve patient privacy would be to include a flag on the Personal Demographics Service to indicate patients' prescription charge exemption status. This flag could be populated through links with other central databases such as the benefits database and the database of patients with valid pre-payment and medical exemption certificates.

5.4 Clinical Terminology

Standardised clinical terminology is essential to system interoperability and supports the principle of 'connect all' rather than 'replace all' systems. We support the emphasis that has been placed in the consultation document on the importance of clinical terminologies.

The NHS Dictionary of Medicines and Devices (dm+d) has been developed as the future standard for medicines and device identification and is a cornerstone of the Electronic Prescription Service. dm+d provides a unique code for each medicine and device along with a textual description of the item and as both pharmacy and prescribing systems have adopted dm+d, it supports interoperability by allowing diverse clinical systems to 'talk the same language'. It is an excellent example of the benefits of standardisation and its continued availability is critical.

There is value in continuing to invest in the development of the dictionary, for example measures to increase the proportion of records on dm+d that include the product pack's Global Trade Item Number (normally encoded in a barcode on medicine packs) could enable a range of patient safety and administrative benefits to be realised.

At present, whilst product information is transmitted via the Electronic Prescription Service using standardised dm+d terminology, information on medicine regimens and doses are transmitted via the Electronic Prescription Service as unstructured free text. This means that it is not possible to automate the production of dispensing labels and pharmacy staff members often have to spend time editing this information into suitable language, creating an avoidable workload burden. To help maximise the efficiency of the dispensing process, it needs to be a priority to finalise the long running work to develop a standard computable dosage syntax.

Moving forward, to support interoperability of electronic health records, pharmacy systems will need to adopt other standard terminology including Snomed CT. To ensure the right building blocks are in place for the future, work needs to begin now to consider the practical arrangements for implementing Snomed CT in community pharmacy systems including whether there is a need for a community pharmacy sub-set to be developed to support user interface development.

5.5 NHSmail

As the role of community pharmacies grows and pharmacists take responsibility for increased clinical service provision, communication between healthcare professionals both within primary care and between primary and secondary care will become increasingly important. The ideal and long term aim should be that this clinical communication should occur through secure structured messaging integrated into clinical systems, for example so that the data can be easily captured in clinical records and analysed as part of outcomes monitoring.

As an interim communications solution, NHSmail supports the unstructured communication of patient identifiable information between healthcare professionals and has the potential to offer a range of benefits to NHS pharmacy contractors and the wider NHS. However, a number of professional, commercial and legal issues have been identified that will limit uptake and use of the service and prevent benefits from being realised. There is a need for the NHS to work with the profession to find solutions that mitigate these risks and maximise the benefits to pharmacies and the NHS of NHSmail.

5.6 NHS Re-structuring and Local Support and Oversight Linked to NHS IT Projects

The NHS Operating Framework has set out the timetable for PCTs to be abolished. PCTs currently have responsibility for a range of support and oversight functions linked to the NHS IT programmes including issuing the smartcards that are essential for access to the EPS Service, co-ordinating local inter-professional working for example on business continuity in the event of technical failures in the EPS Service and also oversight of the use of NHS IT systems for example monitoring and taking enforcement action if the EPS nomination functionality is abused to direct prescriptions to a particular pharmacy.

As access to EPS Release 2 will be business critical for community pharmacies, poor service levels, for example delays in the issue of smartcards to pharmacy staff or delays in the supply of the paper forms ('tokens') that pharmacies need to provide patients in certain circumstances could result in delays in patients obtaining their medicine, commercial damage to affected pharmacies and reputational damage to the EPS service and the NHS.

Experience to date has been that current PCT service levels linked to supporting EPS Release 1, which is not business critical, have been of highly variable quality. Where the local PCT is flexible and competent few problems have been reported. However, in other cases difficulties have been encountered. Unless safeguards are put in place, the restructuring of the NHS and staff redundancies over the coming years will compound the current situation.

It is important that there is engagement with the profession on the way forward. Where roles are transferred to other organisations there needs to be clear national guidance including minimum expected service levels and arrangements need to be made for performance managing service providers to ensure they have processes and resources in place to adequately service the needs of pharmacies and indirectly, patients.

6. Information for Autonomy, Accountability and Democratic Legitimacy

6.1 Culture of Openness

Whilst supportive of the provision of information where this supports shared-decision making, we do have concerns about free range publication of local and national data. Whilst patients may benefit from having access to information on the availability and quality of services provided by a pharmacy, there is no public benefit from providing information on the quantity of services provided by an individual pharmacy, for example the number of prescriptions that have been dispensed which has a direct link to an individual pharmacy's income. We are also concerned about the release of information that could indirectly provide information about a pharmacy's income for example the prescribing data from an individual GP Practice.

Given that community pharmacies already operate in a competitive commercial market, publishing commercially sensitive information would distort competition in the market and could in the long term impact adversely on patient access and choice of pharmacy. There need to be clear parameters for which information can appropriately be released.

We would have no concerns about the publication of aggregate data held by commissioners, for example data filtered by GP consortia area.

6.2 Access to Information for All

An issue that could arise if there is a greater range of information providers is inconsistency of information. It is important that the public have trust in the published information they receive.

Whilst we are supportive of standards being set around the production of health information, any quality assurance systems must not be overly bureaucratic with there being a significant risk that the costs would outweigh any benefits, both for the NHS and information providers. One alternative approach could be allowing providers, including pharmacies, the choice of applying their own branding to centrally produced information resources such as content on the NHS Choices website. This would encourage use of centrally produced quality assured content.

6.3 Helping People Access Information

Every day about 1.8 million people visit a pharmacy in England. Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. Many are open long hours when other health care professionals are unavailable. A key part of the role of pharmacies is providing information to patients both on general health and wellbeing and to improve patient understanding of their medical condition or medication therapy. Information is provided both verbally and with the support of published material such as patient information leaflets.

There is potential for pharmacies to support patients in accessing other types of information, for example through a computer terminal in the pharmacy, pharmacies could in future support patients with accessing their own electronic health record or using NHS Choices with pharmacy staff on hand to answer any questions the patient may have and to signpost other sources of information.

Pharmacies are used to supporting patients with special needs for example printing out information in large-print to support visually impaired patients and using telephone interpreter services such as that provided by NHS Direct to support communicating with patients who do not speak English.