

Consolidated Medicines Records

The story so far...

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Consolidated Medicines Records

The story so far...



Agenda

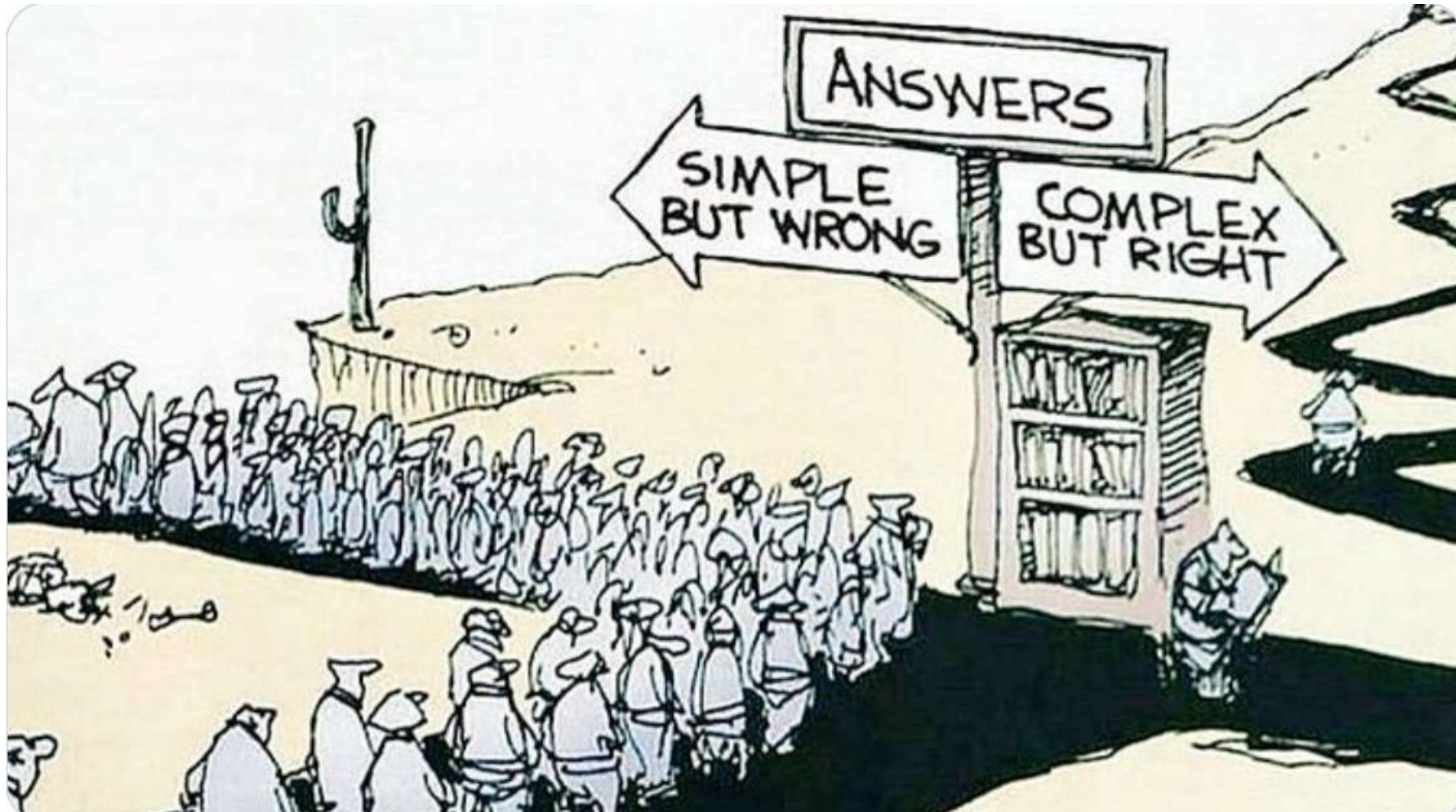
- Who we are
- An introduction into what Consolidated Medicines Records are and why they matter
- Developments in various parts of the country, and what the future may hold for them.
- Q&A with audience participation to make suggestions for secondary use utilities

Learning Objectives

Sharing lessons learnt:

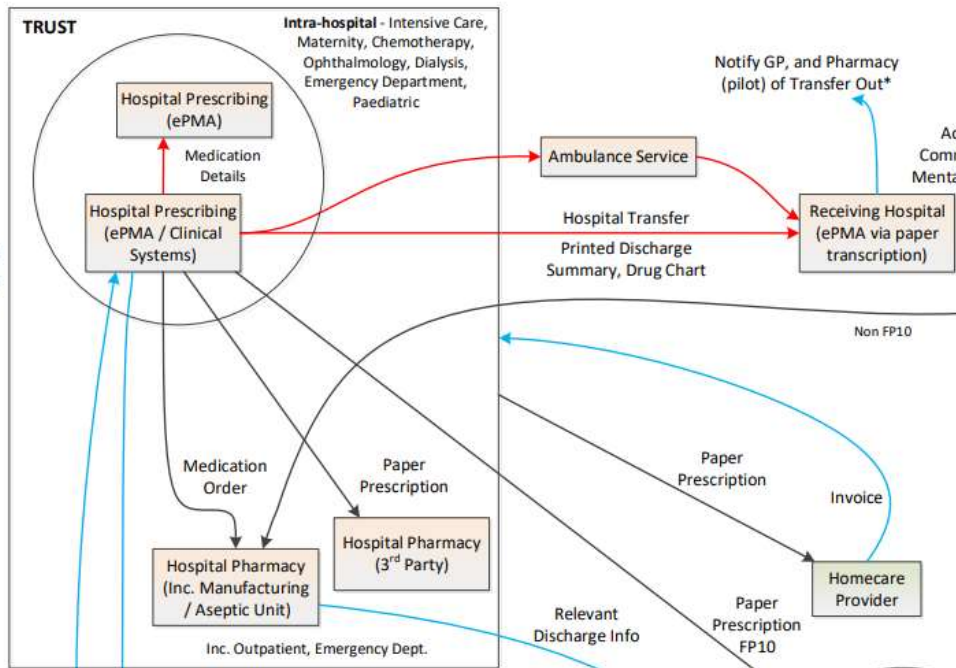
- 1. Define and understand the benefits of using a consolidated medicines record
- 2. Appreciate the limitations, gaps, challenges and opportunities
- 3. Recognise the importance of the Standards which have been created and the use of dm+d (dictionary of medicines and devices) for interoperability

Definitions of Shared Care Record vs CMR

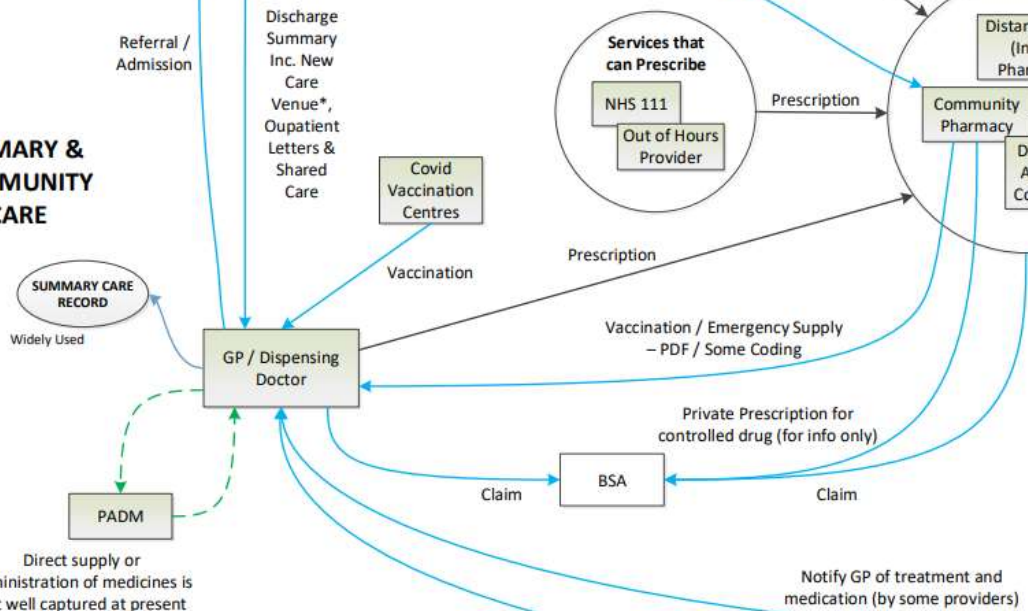


Medicines Information Flows (1/4/2021)

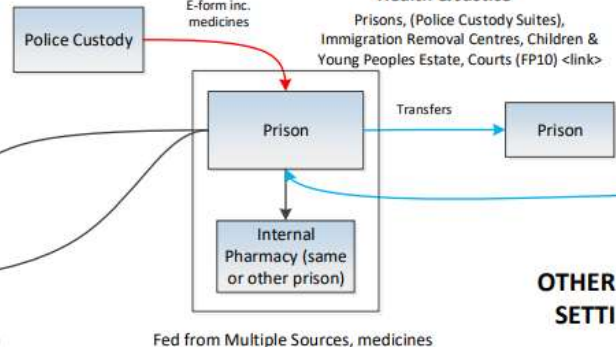
SECONDARY CARE, TERTIARY CARE & MENTAL HEALTH



PRIMARY & COMMUNITY CARE



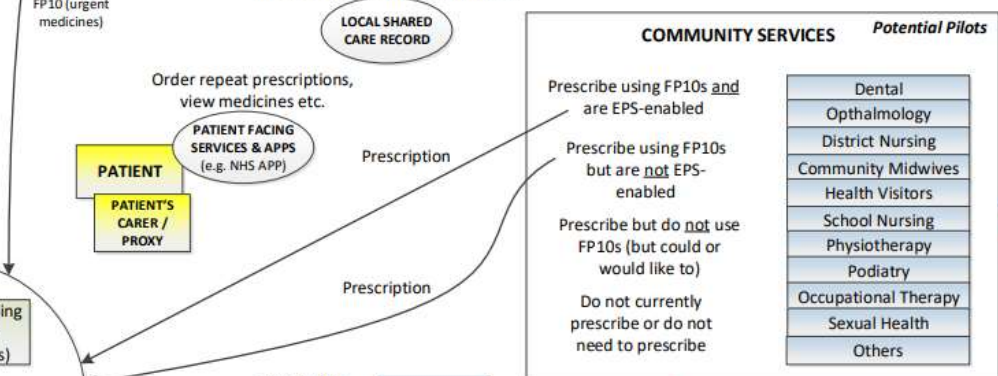
Health & Justice



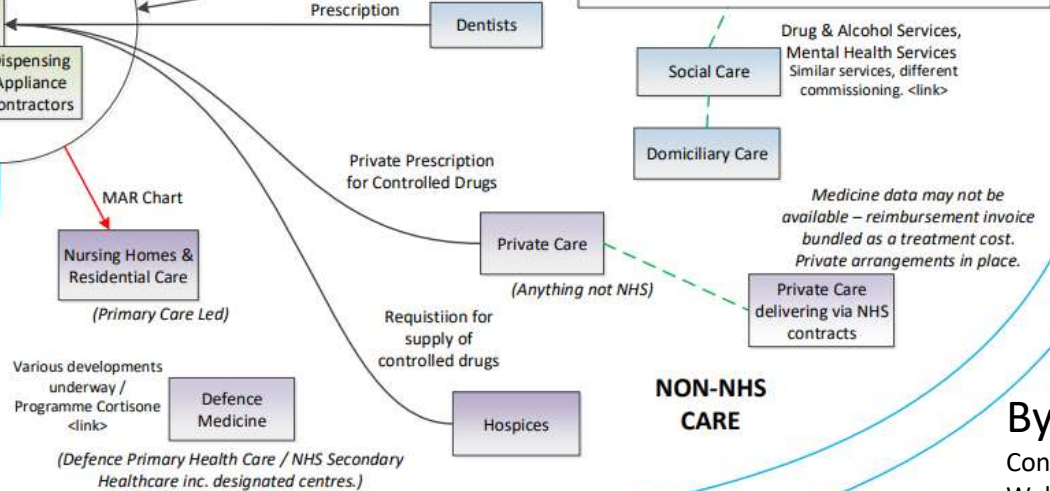
KEY

- For Supply and Dispensing →
- For Action / Transfer of Information →
- Transfer of Information Only →
- Connections - - - - -
- Secondary Care
- Non-NHS Care
- Services & Products
- Primary Care
- Other Care Settings

OTHER CARE SETTINGS



NON-NHS CARE



By Gary Jones
 Contributions from: Andrew Walsham, Mike Stacey, Dawn Friend, Chris O'Brien, Paul Brown, Shahzad Ali

Why is a consolidated record important?

- Patient stories?
- Current areas
 - Meds on paper
 - Undeveloped systems – uncoded
- Different Clinical Care Settings
 - Mental health
 - HIV
 - Sexual Health Clinics
- Issues of non-electronic transactions

Standards

- Standards
 - **FHIR** (Fast Health Interoperability Resource replaces HL7 (Health Level 7))
 - **DM+D** (Dictionary of medicines and devices)
 - **SNOMED** (Standard Nomenclature of Medicines and Devices)[define]
- **HIMSS** (Healthcare Information and Management Systems Society)
- Dose Syntax



Primary care Systems

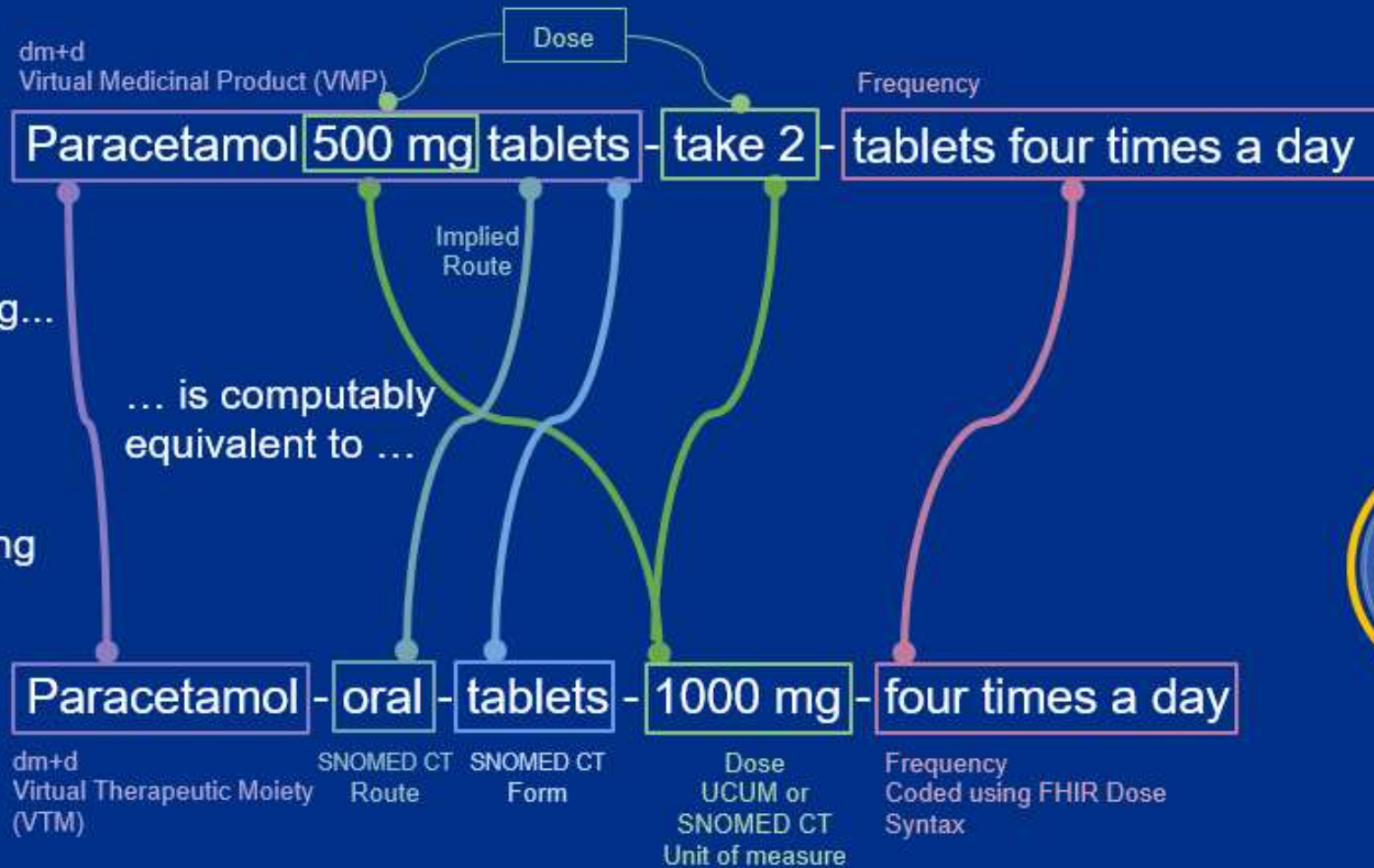
Primary care systems: Product based prescribing. Specific for dispensers and clear for patients to understand / take.

Product based Prescribing...

... Dose based Prescribing



Secondary care Systems



Other Health and Social care Professionals and services

Secondary care systems: Dose based prescribing. Flexible dispensing and options for administration e.g. Form

Standards

- Standards
 - **FHIR** (Fast Health Interoperability Resource replaces HL7 (Health Level 7))
 - **dm+d** (Dictionary of medicines and devices)
 - **SNOMED** (Standard Nomenclature of Medicines and Devices)[define]
- **HIMSS** (Healthcare Information and Management Systems Society)
- Dose Syntax
- Structured data transformations in different settings
- Limitations on access to structured data now... but improving
- **ISN** (Information Standards Notice) -> Encourage suppliers

Experiences from...

Consolidated
Medicines
Records

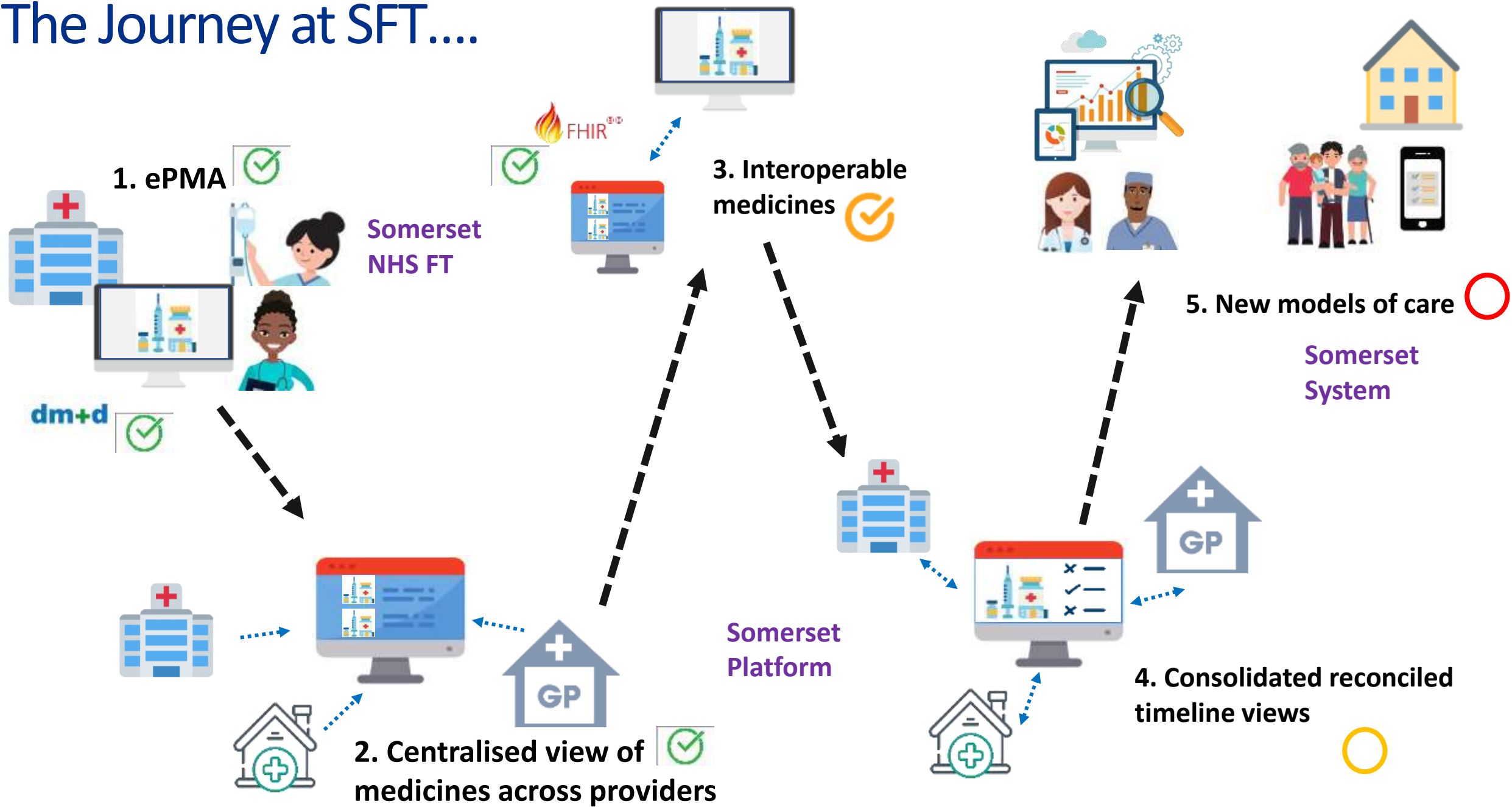
The story so far...



Somerset

NHS Foundation Trust

The Journey at SFT....



Centralised view What does it look like in Somerset?

Consolidated Medicines Records

The story so far...

Summary Alerts Shared Forms 6 GP Record SFT Acute YDH SFT Comm&MH SMH SCC Contacts

Information

Active Medications -	Allergies -	Problems -
<p>SCC does not share Active Medications</p> <p>Repeat</p> <p>Aspirin 300mg dispersible tablets. 100 tablet. Last Issued:22-Oct-2019. <i>One To Three Tablets To Be Taken Every Four To Six Hours When Necessary (No More Than 12 in 24 Hours)</i></p> <p>Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd). 2400 dose. Last Issued:28-Nov-2019. <i>One Or Two Puffs To Be Inhaled Up To Four Times A Day</i></p> <p>Deep Heat Maximum Strength cream (The Mentholatum Company Ltd). 75 gram. Last Issued:01-Oct-2016. <i>Apply When Required</i></p> <p>One Off Prescription- Past 60 days only</p> <p>Amoxil Powder For Solution For Injection 500 mg vial. <i>as directed</i></p> <p>Paracetamol Soluble tablets 500 mg. <i>One To Be Taken Every 4-6 Hours Up To Four Times A Day</i></p> <p>Furosemide Oral Solution, Sugar Free 10 mg/ml (50 mg/5 ml). <i>drink as required</i></p> <p>Ventolin 200micrograms/dose Accuhaler (GlaxoSmithKline UK Ltd). 300 dose. 05-Jan-2022 <i>One Dose To Be Inhaled Up To Four Times A Day</i></p>	<p>SCC does not share Allergies</p> <p>Penicillamine 18/12/2019</p> <p>Penicillin 06/12/2018</p> <p>cats and pollen 18/12/2019</p> <p>Encounters (past 30 days) -</p> <p>Reason: Personal Plan. (SCC)</p> <p>▶ (ambulatory) with Mr Black Pear. (GP System) 7</p> <p>Procedures (past 30 days) -</p> <p>YDH does not share Procedures</p> <p>SFT Comm&MH does not share Procedures</p>	<p>Asthma</p> <p>No known allergies 27/08/2019</p> <p>Heart failure 10/03/2019</p> <p>Chronic obstructive pulmonary disease annual review 20/02/2019</p> <p>Frailty 01/02/2019</p> <p>Senile dementia 10/01/2019</p> <p>Chronic obstructive pulmonary disease 25/11/2018</p> <p>Exception reporting: CVD quality indicators 23/07/2018</p> <p>Diabetes mellitus 21/04/2018</p> <p>Acute kidney failure stage 1 10/10/2017</p> <p>Insertion of urethral catheter 10/10/2017</p>

Interoperability What does it look like at SFT?

Demonstration (hopefully 😊)



Healthier
**Lancashire &
South Cumbria**

**Consolidated
Medicines
Records**

The story so far...

UNIFIED

MEDICINES

RECORD WITH

REFERRALS

Lancashire & South Cumbria solution

Unified Medicines Record = Consolidated Medicines Record

- All local prescribing sources: GP, Out-Patient, Community Drugs Teams, Mental Health clinics (surrogate signal), Homecare, Chemotherapy
- Allergies included (inc. reaction)
- ED or admissions ward Critical Medicine alerts
- Anticholinergic Burden Scores visible

...with Referrals = evolution of ReferToPharmacy application

- Expansion from East Lancashire Hospitals to entire ICS for: community pharmacies (e.g. DMS), plus Community Drugs Teams, Care Home Team... *etc!*

Current Medication

RXR

Source	Flag	ACB Score	Presc Date
Dentist		ACB=0	01.9.2
GP		ACB=3	26.8.2
GP		ACB=2	26.8.2
GP		ACB=3	26.8.2
GP		ACB=0	26.8.2
GP		ACB=0	26.8.2
GP	CRITICAL MED	ACB=0	26.8.2
CDT			26.7.2
CDT			25.8.2
CDT			24.7.2
CDT			23.7.2
CMT	CRITICAL MED	ACB=3	22.8.2

Mary Wilkinson ...

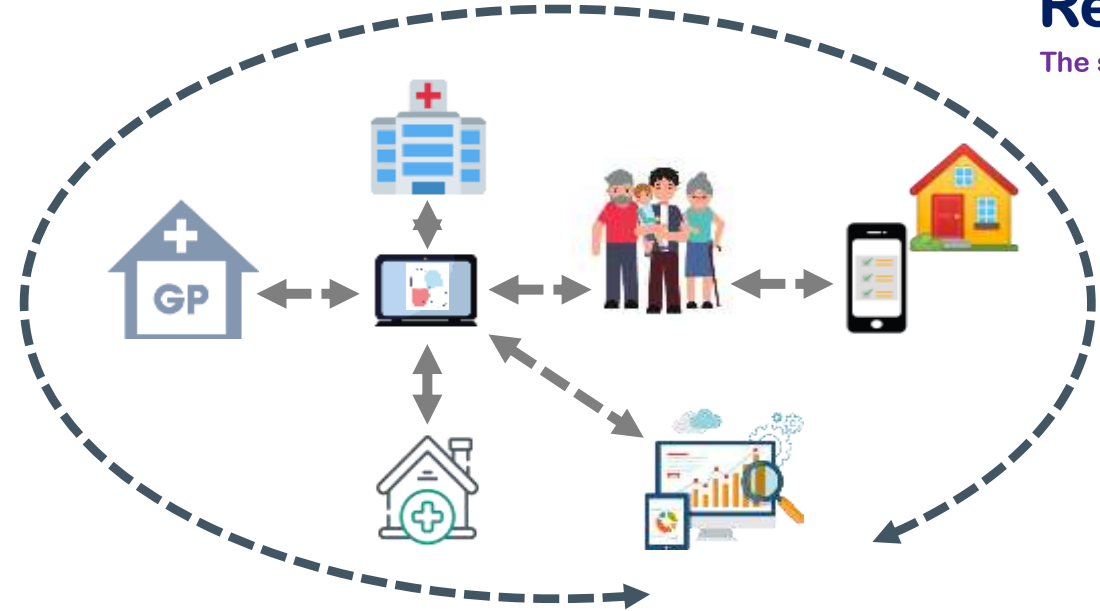
F 8-Jul-1993-24y 4m

Settings Applied · Encounters : All

Encounter	Last updated	Notes
GP 22-Nov-2021		
Amitriptyline 10mg tablets Stopped INSTRUCTION Take three at night	22-Nov-2021	
Priadel 200mg modified-release tablets INSTRUCTION Use as directed		
Glyceryl Trinitrate Spray 400 micrograms/metered dose, sublingual spray INSTRUCTION 2 sprays under the tongue when required	22-Nov-2021	
University Hospitals of Morecambe Bay NHS Trust From 16-Nov-2021 to 19-Nov-2021 (INAPTIENT)		
salbutamol 100microgram inhaler cfc-free INSTRUCTION Dose 1 actuation to 2 actuation - Inhalation via metered dose device - every 4 to 6 hours (from dosage → text) · From 24 Aug 2021	19-Nov-2021	
simvastatin INSTRUCTION Dose 40 mg - Oral - at NIGHT - From 24 Aug 2021	19-Nov-2021	

Challenges

- **Completeness of data structure**
 - Dose syntax
 - Medication status
- **Data quality**
- **Terminology use and alignment**
 - dm+d
 - SNOMED
- **UI/UX**
 - User interpretation
- **Completeness of data**
 - Providers / settings /scenarios



Critical → Safety



Clinical Safety Hazard Log - FHIR Integrated Medicines on Admission - SDeR			
Programme	Digital Medicines	Document Record ID Key	
Sub-Program / Project	Clinical Safety	SPR00447131 FDC/ISS/341509	
Prog. Director		Status	365M7
Owner		Version	3 / 1
Author	Smart Solutions Lee Marie-Louise Rebecca Dimes	Version Date	26/12/2021

Clinical Safety Hazard Log - *FHIR Integrated Medicines on Admission - SDeR*

Document Purpose

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ICS Challenges

- Varying degrees of maturity across individual trusts
- Multiple EPMA platforms
- Ability for EPMA's to natively provide FHIR messaging varies ISN should help
- New collaborative way of working across multiple tech teams
- IG issues to overcome
- Some critical prescribing events recorded in small bespoke systems which will require support to enable integration



Your thoughts and ideas?

What *more* could a Consolidated Medicines Record do?

- New primary or secondary uses?

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Transforming Lives with Digital Medicine Mural Networking Board

<https://bit.ly/37kIXVA>

The screenshot displays a digital networking board interface. At the top, there is a toolbar with various icons for navigation and sharing, including a 'Share' button. The main workspace is divided into sections. The first section is titled 'Transforming Lives with Digital Medicines' and contains a grid of yellow sticky notes organized into rows labeled 'Procurement', 'Optimisation', 'Implementation', and 'Moving from one system to another'. Below this, a second section titled 'Question 2: What information [about your experience in implementing EPMA] are you happy or able to share?' features a grid of pink sticky notes. A third section at the bottom is titled 'Question 3: What are you looking for help, direction or experience in?' and also contains a grid of pink sticky notes. On the right side, an 'Outline' sidebar lists five questions, each with a corresponding sticky note icon. The interface includes a bottom navigation bar with a profile icon, a 'SB' button, and a 'Navigation Settings' button.