Digital and interoperable medicines
Transforming patient care and clinical services

Briefing for frontline clinicians

Information about patients' medications, allergies, intolerances and prescriptions held by the NHS can be fragmented.

Data is often recorded in different formats and using different vocabulary. This makes it difficult to share medicines information within and across health and care organisations.
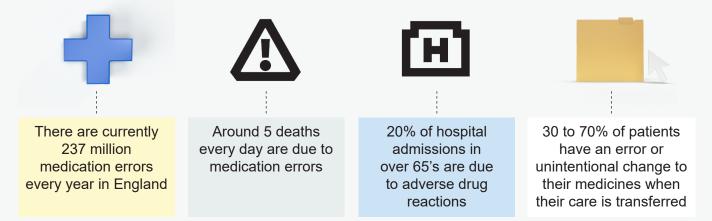
This creates challenges for clinicians to obtain a complete and accurate summary of a patient's medications, including any allergies and intolerances.

Frontline clinicians spend time transcribing medicines information at transfers of care, taking time away from providing patient care. It is also frustrating for patients who must repeat their information at every contact with health and care professionals.

To address this, all medication messages used by different NHS IT systems need to be standardised. This change will support interoperability, which means that data can be transferred electronically between different IT systems and care settings across the NHS. Interoperability will improve safety and efficiency, release time for staff to focus on care and provide patients with a better experience.

Why is this important?

Immediate access to medicines information will improve patient safety by reducing errors and overprescribing:

There are currently 237 million medication errors every year in England	Around 5 deaths every day are due to medication errors	20% of hospital admissions in over 65's are due to adverse drug reactions	30 to 70% of patients have an error or unintentional change to their medicines when their care is transferred

Annually across England, a large amount of staff time is spent on medicine transcriptions and converting dosage information at the transfer of care:

Hospital transcriptions	**Hospital staff time**	**GP clinical /administrative time**
167 million	**1.2 million** hours	**9000** weeks

Interoperable medicines can contribute to better healthcare by:

- supporting quicker and better informed clinical decisions by providing immediate access to accurate and timely information at the point of care
- reducing the time clinicians spend determining a patient's current medicines and allergies/intolerances (i.e. medicines reconciliation) and on associated prescription queries and issues
- removing the need for clinicians to transcribe medicines information and convert dosage instructions at transfers of care, releasing time to spend on other tasks. This will also reduce the number of omissions, duplications and errors, improving patient safety
- reducing the time taken for medicines to be dispensed as orders are transferred electronically, enabling patients to be discharged quicker
- supporting the use of systems that provide the foundations for interoperability such as the Electronic Prescription Service (EPS), Electronic Prescribing and Medicines Administration (ePMA) and Closed Loop Medicines Administration (CLMA)

How will this be achieved?

The Information Standards Notice (DAPB4013: Medicines and Allergy/Intolerance Data Transfer) puts in place the definitions and standards that must be used when a health professional sends or receives patient medication and allergy/intolerance information, by computer systems, between care locations. The conformance date for this standard is **31 March 2023**.

How will this help the wider health and care system?

Adopting the medicines standards from DAPB4013 will:

- lay the foundation for a single consolidated patient medication record, a single source of truth of a patient's medications and allergies/intolerances
- address problems of overprescribing and support medicines optimisation
- improve data analysis to support NHS service delivery, research and patient safety

How you can support the move to interoperable medicines

Frontline clinicians will have a vital role in helping to plan and implement these new standards.

Among the key areas they can contribute to are:

- working with teams to introduce the standards such as implementation teams, quality and safety leads, senior executives and IT managers
- how the software to be used is selected, set up and tested
- how the requirements of different clinical and care specialities are accommodated in IT systems
- how training (initial and ongoing) will be organised
- how changes to working processes should transform and improve the delivery of care
- how implementation will be phased in and accomplished safely
- how data that is generated is used to improve medicines optimisation, patient safety and clinical outcomes

Further Information

Direct any comments or queries about the briefing sheets to: **interopmeds@nhs.net**

Access further information, including briefing sheets aimed at other staff groups, case studies, animations and technical guides: **Digital and Interoperable Medicines Programme** - NHS Digital

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