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**ROBERT GORDON
UNIVERSITY ABERDEEN**



Community pharmacist experiences of accessing patients' records via the NHS Tayside clinical portal

Dr Katie MacLure

ESCP 2016

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Gordon Thomson
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Catriona MacDonald



BACKGROUND – geographical setting



Wealthy



**Remote
& Rural**



Urban



Deprived





Remote
& Rural



Urban



Clinical portal access for community pharmacists in NHS Tayside: exploring expectations, views and experiences



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BACKGROUND

The 2020 Workforce Vision in Scotland envisages 'making more and better use of technology and facilities to increase access to services and improve efficiency' across the healthcare interface. Some 25 years after Hepar and Strand urged pharmacists to 'adopt patient-centred pharmaceutical care as their philosophy of practice' the services that can be offered by community pharmacists remain limited by lack of shared access to patients' clinical information. In Scotland, every patient has a unique identifier, their CHI (Community Health Index), which facilitates identification and searching for patient records.

An NHS Tayside project has implemented access for selected community pharmacists to patients' clinical records via a web-based clinical portal.

The aim of this research was to explore the expectations, views & experiences of community pharmacists permitted clinical portal access.

METHOD



RESULTS

Data analysis: Thematic analysis by team of researchers

Focus on: technical facilitators & barriers; shared clinical communications; facilitators of safe, effective care

Study reviewed by: university ethics panel, deemed service evaluation

System Home Page

Clinical Communications

POST-IMPLEMENTATION EXPERIENCES

- found no technical barriers
- portal access facilitated reduction in need for clinical communications, while promoting more informed, therefore safer, effective care.
- only one pharmacist had not encountered circumstances which prompted portal access.

PRE-IMPLEMENTATION EXPECTATIONS

- better informed decision making for: out-of-hours, walk-in queries
- emergency supply of medicines
- reservations and doubts about: how up to date, accurate / complete, level of detail, content for access, professional liability if patient records NOT accessed or accessed and misinterpreted
- save containing central information hub, other pharmacies, GP practices

RESULTS

- "Patient on holiday, forgot my drops, used portal to confirm CPUS issued"
- "Used portal to confirm prescription and check blood tests as part of medication review with patient (CM5)"
- "Hospital letter confirms use for use in eye out for pyogenic granuloma"
- "Accessed portal as patient started new medicine with no correspondence from clinic - was able to give summary of clinician's letter that was sent to GP"
- "Please don't take my portal away!"
- "Only very rarely the info we are looking for is not available"
- "Portal access diary reflections & views" - most experiences reported in diary form were overwhelmingly positive

DISCUSSION & CONCLUSION

This is, to the best of our knowledge, the first evaluation of community pharmacist clinical portal access to patients' records in the UK. Although limited to one health board, this study demonstrates the feasibility, accessibility and utility of clinical portal access to community pharmacists in support of their increasingly clinical role. Their expectations, views & experiences will inform service development with further research around clinical portal access currently underway.

ACKNOWLEDGEMENTS

• Our thanks to all participating pharmacists;
• RGU Summer Students (Niamh Stage 4) Anisa Ahmed, Megan Armstrong, Christopher Bland & Amy McKeever;
• transpiration Research Assistant, Andrew MacLure, for data verification and data analysis

REFERENCES

1. Scottish Government (2013) *Workforce Matters: 2020 Workforce Vision*. Available from: <http://www.scotland.gov.uk/Publications/2013/06/5543>
2. Hepar CD, Strand LM (1995) Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm*, 190, 2113-2133-54



Summary

Key facts

- 24 per cent: Percentage of people in Scotland prescribed for a long-term drug between 2014 and 2015
- £11.7 billion: Total spending on drugs prescribed in 2015
- £974 million: 14% spending on high cost drugs in general practices in 2015
- 11 per cent: All in the real world working on high cost drugs in GPs over the year
- 70: Average number of prescriptions that GPs prescribe for a patient
- 35 per cent: Number of GPs in Scotland
- 91 million: Prescriptions issued in 2015
- £26 million: Total of prescriptions issued in 2015

The NHS has improved its management of prescribing in general practice.

Prescription for Excellence

A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation

September 2012

Information Services Division Publication Summary

Primary Care Workforce Survey Scotland 2015

A Survey of Scottish General Practices and General Practice Out of Hours Services

Publication Date – 14 June 2016

About this release

This report by the Information Services Division (ISD) presents results from the 2015 National Primary Care Workforce Survey. The survey is an important source of information to support workforce planning for primary medical services. The report presents estimates based on the responses to the survey by general practices and GP Out of hours services.

general practices (58%) responded to the 'in hours' survey. All 14 responded to the GP Out of hours section.

Use Equivalent (WTE) of GPs working in practices declined by 2% (over 2015 from 3,726 to 3,646).

1 April 2015 the WTE of registered nurses employed by general practice fell by 2% (from 1,420 to 1,405). The WTE of Health Care Support rose by 27% (from 308 to 392).

Practices reported having a GP vacancy at 31 August 2015, twice as many (21). Half of the vacancies reported had been vacant for over 90 days.

Half of GPs working in Scottish general practice are over 50. This figure is similar, with nearly half (47%) aged over 50 when last seen in 2012. The age profile of nurses in general practice is much younger (55% aged over 50).

GPs reported as working within GP Out of hours services, however large variation in the amount of time spent in the services. 6% of GPs Out of hours worked an average of 20+ hours per week which is 30% of the total GP hours worked. The remaining GPs working in Out of hours generally worked only a small number of hours each over the year, with the exception of 10% who reported having to take actions that led to 88 GP Out of hours shifts as planned, with a half (44) expected to be at least weekly. The most common action taken was for longer shifts or start a shift earlier.

TheKingsFund | Most that change health care

Understanding pressures in general practice

Authors
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Preety Das

May 2016

NHS SCOTLAND

EVERYONE MATTERS: 2020 WORKFORCE VISION

Implementation plan 2016-17

healthier scotland

Shaping pharmacy for the future

Pharmacist access to the Patient Health Record

RPS believes that, with patient consent, all pharmacists directly involved in patient care should have **full read and write access to the patient health record** in the interest of high quality, safe and effective patient care

which contribute to unplanned admissions to hospital.

- Access to the patient health record will allow pharmacists to make more informed clinical decisions, in partnership with patients and other health and social care professionals, about the pharmaceutical care that patients receive. It will support improvement in the treatment of individual patients and help the NHS to maximise the value of the significant investment it makes in medicines.
- Pharmacist access to the patient health record will improve patient care by enabling pharmacists to play an even greater role in the provision of safe and effective unscheduled care, treating common clinical conditions and responding to emergency requests for medicines.
- Read and write access by pharmacists will enable other healthcare professionals to be aware of interventions made by pharmacists, to get a fuller picture of medicines dispensed and to know which medicines patients are purchasing over the counter in pharmacies.
- Each healthcare professional records important information about a patient's care. Currently, these separate records cannot be accessed by other healthcare professionals. A single patient record would enable more informed and safer health decisions to be made by practitioners and patients.

Pharmacist access to the Patient Health Record

© Royal Pharmaceutical Society, September 2015

Shaping pharmacy for the future

Discrepancies in GP records resulted in varying prescriptions being issued for compliance aid boxes to a housebound patient suffering from dementia. A chance intervention by a pharmacist revealed the discrepancies after several supplies. The pharmacist corrected the error, alerting the prescriber to the requirement for a blood test to readjust doses to stabilise the patient. Read and write access would have allowed the community pharmacist to amend and correct the discrepancies before dispensing, preventing potential harm and the need for further testing. This incident involved anticoagulant therapy where doses are critical and errors could result in emergency admission to hospital or potentially, a fatal haemorrhage.

Developmental work in progress

There are a few examples around the country of developmental work, examining the different methods by which community pharmacy could access a patient's health record when required.

In NHS Tayside a clinical portal is being piloted in a small number of community pharmacies with explicit patient consent, giving access to the ECS, KIS, all GP data, laboratory results and it connects with the software system currently used by allied health professionals and nurses on home visits facilitating a true multidisciplinary approach to patient care. This supports a multidisciplinary approach to patient care and is being piloted for use in outreach dementia clinics by a community pharmacist independent prescriber. It has been extremely useful in checking test results, dealing with issues on hospital discharge especially with compliance devices, medication change queries and providing a diagnosis to support Chronic Medication Service medication reviews. It is expected that this access will be rolled out to all community pharmacies in Tayside.

The pharmacist checked the clinical portal with the patient's consent to find the dosage of her lithium and venlafaxine medication, post discharge. The patient thought that she had been advised to stop "all her medication" and had done so. However, what was actually intended was that she should stop only her pain medication and was supposed to continue all her other meds. The pharmacist allayed the patient's concerns, spoke to both the hospital and GP surgery, obtaining an appointment for the patient with the latter. They were subsequently able to agree a way forward to restart her lithium and venlafaxine, in accordance with the GP's wishes. The pharmacist then followed up with the patient the next week.

A customer complained of tiredness symptoms and requested to buy iron tablets. The pharmacist checked her blood test results to find her iron levels were fine and that iron tablets were not required; however, on checking, her last blood tests showed her thyroid hormone levels were on the lower side of normal and recommended that she should see her GP to review the dose of her levothyroxine treatment. Her dose was increased and her symptoms resolved.

The pharmacist checked a new prescription for clopidogrel and rivaroxaban post discharge to ensure patient safety. This concurred with the consultant's recommendations to the GP and meant accurate information could be given to the patient on managing this combination of meds without having to contact either the GP or the consultant to query the interaction and confirm intentions.

In NHS Tayside a clinical portal is being piloted in a small number of community pharmacies, with explicit patient consent, giving access to...

BACKGROUND – clinical portal content

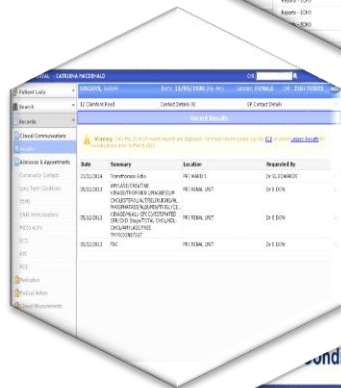
Clinical communications



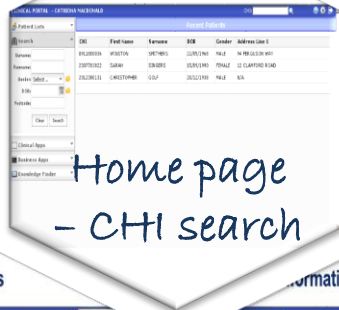
Admissions & appointments



Results



Home page – CHI search



Emergency care summary



Long Term Conditions



Key Information Summary




AIM – pharmacist portal access logs

The screenshot shows the NHS Tayside Clinical Portal interface. At the top, it says 'CLINICAL PORTAL - CATRIONA MACDONALD'. On the right, there is a search bar for 'CHI:' which is circled in orange. On the left, there is a 'Patient Lists' sidebar with a 'Search' section, also circled in orange. This search section includes fields for Surname, Forename, Gender (a dropdown menu), DOB, and Postcode, along with 'Clear' and 'Search' buttons. The main area displays a table of 'Recent Patients' with columns for CHI, First Name, Surname, DOB, Gender, and Address Line 1. The table contains three rows of patient data.

CHI	First Name	Surname	DOB	Gender	Address Line 1
0911800036	WINSTON	SMI			94 FERGUSON WAY
2307783822	SARAH	SIN			12 CLAMFORD ROAD
2012380131	CHRISTOPHER	GOL			N/A

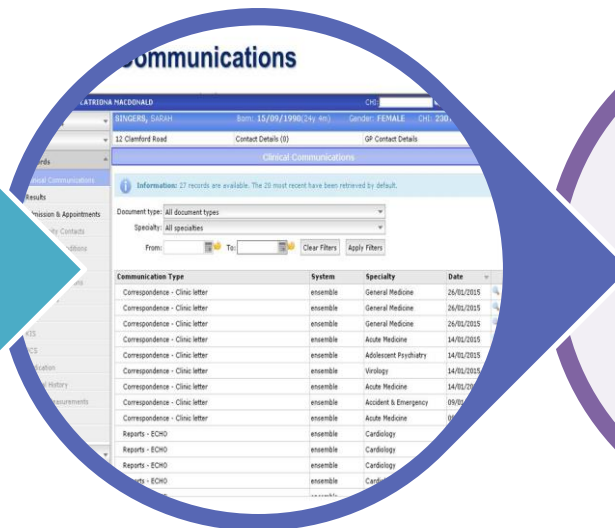
Overlaid on the screenshot are several grey boxes with white text:

- A large box in the center says "Explore the experiences".
- A box on the left says "NHS Tayside".
- A box on the right says "Community pharmacists".
- A box at the bottom center says "web-based clinical portal access".



information
governance
training

started
April 2015



clinical portal
access enabled

patient
consent
when and why
accessed?
info needs met?

portal
access log

content
analysis

n=18/21 portal logs returned



2 unavailable

(mat. leave; job change)



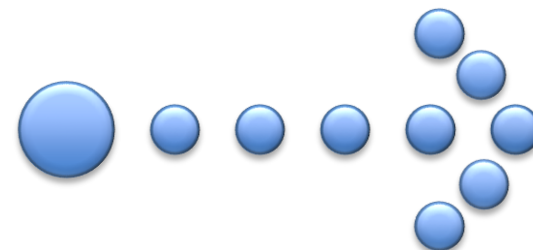
1 not had reason to access



3 ran GP Practice clinics
with clinical portal access



Portal
access
logs



RESULTS #1. confirm patients' Rx (n=48)

done appropriate, accessed to check response.
 JS/15 PL. Pt telephoned to say hospital had discontinued
 3 drugs he didn't require them from the
 R. We had waiting to dispense. Accessed to
 double check, but no correspondence yet!
 9/05/15 JM Check pregabalin indication
 return brand/generic.
 23/5/15 PC Holiday - front eye drops can't
 tolerate same in other eyes -
 same can't use some eye drops.
 Can't tell me what meds she's on!
 2-6-15 DW check diagnosis so normal
 quetiapine dosage regimen
 (not in EC, meds section 'locked').
 10/15 EM
 10/15 - CI
 0/15 GR
 1/15 JA

Clinical Communications

CLINICAL PORTAL - CATRIONA MACDONALD

Patient Lists: SINGERS, SARAH Born: 15/09/1990 (24y 4m) Gender: FEMALE CHI: 2307783822

Search: 12 Clamford Road Contact Details (0) GP Contact Details

Records: Clinical Communications

Information: 27 records are available. The 20 most recent have been retrieved by default.

Document type: All document types
Specialty: All specialties
From: [] To: [] Clear Filters Apply Filters

Communication Type	System	Specialty	Date
Correspondence - Clinic letter	ensemble	General Medicine	26/01/2015
Correspondence - Clinic letter	ensemble	General Medicine	26/01/2015
Correspondence - Clinic letter	ensemble	General Medicine	26/01/2015
Correspondence - Clinic letter	ensemble	Acute Medicine	14/01/2015
Correspondence - Clinic letter	ensemble	Adolescent Psychiatry	14/01/2015
Correspondence - Clinic letter	ensemble	Virology	14/01/2015
Correspondence - Clinic letter	ensemble	Acute Medicine	14/01/2015
Correspondence - Clinic letter	ensemble	Accident & Emergency	09/01/2015
Correspondence - Clinic letter	ensemble	Acute Medicine	09/01/2015
Reports - ECHO	ensemble	Cardiology	20/08/2014
Reports - ECHO	ensemble	Cardiology	20/08/2014
Reports - ECHO	ensemble	Cardiology	20/08/2014
Reports - ECHO	ensemble	Cardiology	20/08/2014

Saturday 21st March
 Accessed portal to check patient from Falkirk's meds on repeat as had come up here without gabapentin, rivaroxaban and co-dydramol. Wrote 7 days CPUS to give meds until patient went home.

Handwritten notes on lined paper:

6/6/15 ANOTHER HOSP. DISCHARGE FOR BTE DROPS, PATIENT RUN OUT BUT I WAS NOT SURE THEY HAD CORRECT DOSE (EVERY 2HRS), CHECKED ON PHONE, DISCHARGE SAYS 2HRLY, SO DID CPUS FOR MORE.

10/1/15 MEDICATION REQUEST BUT NOT ON CURRENT REPEAT FORM, CHECKED ON LINE AND COULD SEE THAT IT WAS, GAVE A CPUS R.

10/1/15 MEDICATION REQUEST FOR ADVANCE CONFUSION WITH S... MEDICATION IT W... 16/6/15 MEDICATION LETTER NONE SE 6/6/15 PATIENT DROPS, 4 CPUS ISSU

Screenshot of Clinical Portal - CATRIONA MACDONALD:

Patient: SINGERS, SARAH, Born: 15/09/1990 (24y 4m), Gender: FEMALE, CHI: 2307789822
 Address: 12 Clamford Road, Contact Details (0), GP Contact Details

Recent Results:

Date	Summary	Location	Requested By
21/11/2014	Transthoracic Echo	PRI WARD 5	Dr SL EDWARDS
05/12/2013	AMYLASE/CREATINE KINASE/TROPONIN I/MAGNESIUM CHOLESTEROL/ALT/BILIRUBIN/ALPHOSPHATASE/ALBUMIN/TRIGLYCE KINASE/ANALC/FFCO/ESTIMATED GFR/CKD Stage/TOTAL CHOL/HDL-CHOL/AMYLASE/FREE THYROXINE/ACT	PRI RENAL UNIT	Dr E DOW
05/12/2013	AMYLASE/CREATINE KINASE/TROPONIN I/MAGNESIUM CHOLESTEROL/ALT/BILIRUBIN/ALPHOSPHATASE/ALBUMIN/TRIGLYCE KINASE/ANALC/FFCO/ESTIMATED GFR/CKD Stage/TOTAL CHOL/HDL-CHOL/AMYLASE/FREE THYROXINE/ACT	PRI RENAL UNIT	Dr E DOW
05/12/2013	FBC	PRI RENAL UNIT	Dr E DOW

Saturday 21st February
 Accessed patient's records to check when lady's last TSH levels taken as lady exhibiting symptoms of low thyroid levels. Shared info with patient and she will discuss with GP next week. Results showed TSH level of 0.52 which is lower side of normal range.

RESULTS #3. check repeat meds (n=23)

wed. 18/3/15
 my PLT training) checked portal for a patient who'd ordered tramadol and zopiclone 10% gel for management of pain relief. Issued an emergency supply using PGD. cons.

wed. 18/3/15 checked portal for dermatology referral letter + whether doublet Rx had been done. No Rx issued but as patient's skin so bad and surgery told body Rx would be done. I called OOH for GP to review case. GP concerned. I advanced Bandet x30g.

Sat. 21/3/15

Sat 24/3/15

Accessed portal to check patient from [elsewhere in Scotland] meds on repeat as had come up here without...Wrote 7 days CPUS [community pharmacy urgent supply] to give meds until patient went home.

ECS – Emergency Care Summary

CLINICAL PORTAL – CATRIONA MACDONALD CHI: [redacted]

Patient Lists SMITHERS, WINSTON Born: 22/05/1968 (45y, 8m) Gender: MALE CHI: 09118000

Search 94 FERGUSON WAY Contact Details (0) No GP details available

Records

- Clinical Communications
- Results
- Admission & Appointments
- Community Contacts
- Long Term Conditions
- TSMS
- Child Immunisations
- MDIS ACPs
- ECS**
- KIS
- PCS
- Medication
- Medical History
- Clinical Measurements
- Lifestyle
- Allergies

Clinical Apps

- Business Apps
- Finance

Emergency Care Summary

Last updated: 29/08/2010 14:40

There is a problem with this ECS record, the information may be incomplete. Please confirm with the ECS live website or use an alternative information source.

Allergies/Adverse Drug Reactions

Date Recorded	Description	Comments
	Allergy XYZ	

Current Drugs and Doses - Acute Medication (within 30 days)

Origin...	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date
Hospital	Co-Codamol	800MG	R/S00 1-2	Up to 4 daily as required.	03/12/2013	03/12/2013

Current Drugs and Doses - Repeat Medication

Origin...	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescriptive Date	Dispensed Date	Cancel Date
	Statins	40MG	40MG	Three times daily with food.	26/11/2003	03/04/2008	03/04/2009	27/04/2009
	Diclofenac	400MG	50MG	Three times daily with food.	26/11/2003	03/04/2008	03/04/2009	

Additional Drugs Available At Home

Date Recorded	Description	Comment
08/11/2005	No further drugs at home.	None.

RESULTS #4. hospital discharge (n=21)

Saturday 4th July
 Young lady with sinus pain and had run out of Avamys. Was able to check her repeat meds and when she last received it. She was not our customer and was able to loan her the spray until the prescription was received.

10th July
 Run out of a new medication. Able to give a borrow of quetiapine 25mg as recently added to repeat, but not on repeat presented. On ECS.

11th July
 Checking item not ordered in months still on repeat as only takes when required. GP script still not here and patient out of medication. Borrow given to ensure continuous supply.

Saturday 19th July
 Checking sleeping pill still on repeat as no medication and patient very agitated as not slept in days and requesting a borrow. Borrow given to see him over the weekend.

17th July
 Patient confused whether a medication was an add in or replacement. Was able to confirm it was a replacement and to stop the original medication.

Tuesday 15th September
 The pack was being made up when her husband came in to tell us much had changed and we required info on these changes to medication. Used her discharge summary to co-ordinate with the surgery to sort out a pack in time for her running out of meds for that night.

Admissions & Appointments

CLINICAL PORTAL - CATRIONA MACDONALD

Patient Lists: SINGERS, SARAH Born: 15/09/1990(24y 4m) Gender: FEMALE CHI: 230778

Search: 12 Clamford Road Contact Details (0) GP Contact Details

Records: Admissions & Appointments

Clinical Communications

Results

Admission & Appointments

Community Contacts

Long Term Conditions

TSMS

Child Immunisations

MIDIS ACPs

ECS

KIS

PCS

Medication

Medical History

Clinical Measurements

Lifestyle

Allergies

Clinical Apps

Business Apps

Home

Current Admission

Hospital: Ninewells Hospital
 Ward: Ninewells Ward 1
 Date Admitted: 02/04/2014 15:25
 To current location: 02/04/2014 15:50

Future Appointments

No future appointments.

Last Out-of-hours Contact

No out-of-hours contact found

Historic Admissions & Appointments

Showing: Max 5 records per speciality. All records.

Type	Clinic	Date	Outcome
Rheumatology			
Appointment	Osteoporosis Clinic Pri	02/12/2014 09:40	
Appointment	Osteoporosis Clinic Pri	01/10/2013 09:40	
Appointment	Osteoporosis Clinic Pri	03/09/2013 11:40	
Endocrinology & Diabetes			
Appointment	Diabetic Nurse Led Clinic	04/11/2014 09:50	
Appointment	Diabetic Nurse Led Clinic	06/05/2014 10:10	
Appointment	Diabetic Nurse Led Clinic	01/04/2014 09:30	Med/Therap Tr'Ment Commenced-Fa
Appointment	Diabetic Nurse Led Clinic	04/03/2014 09:30	Med/Therap Tr'Ment Commenced-Fa

RESULTS #5. blister pack status (n=14)

2914 discharged from NW on Sunday
discharge available

2914 Accessed to find out if venalink patient was in hospital - admitted earlier that day.

2914 Used to check on venalink patients that had been in hospital for some time
 • - 1 deceased
 - Palliative care
 - 1 unknown?

115 Checking discharge for venalink patient as surgery (Miss Packer) would not send ave. discharge

115 Checking disc

315 Checking if ve

1215 Checking ven

2215 Checking recd in a care h
head sugges

316 Check if ven

Long Term Conditions

CLINICAL PORTAL - CATRIONA MACDONALD CHI: []

Patient Lists: GOLF, CHRISTOPHER Born: 20/12/1938(76y, 1m) Gender: MALE CHI: 24

Search: Unknown Address Contact Details (1) No GP details available

Records: Child Protection Message

Long Term Conditions

Diabetes Summary

HBA1C Results:	1 mmol/mol	Date Taken:	01/12/2009
Blood Glucose:		Date Taken:	
Diabetes Type:	Type 1	Diagnosis Date:	

Stroke Summary

Latest Diagnosis:	Stroke - Ischaemic	Date Diagnosis Given:	29/10/2007
CT/MRI Results:	Abnormal	CT/MRI Date Taken:	30/10/2007

CHD Summary

No CHD records exist for this patient

COPD Summary

No COPD records exist for this patient

ECHO Summary

ECHO Performed Latest Date: 04/07/2014

Conclusion Comments:
this is a test. this is a test. this is a test.

Wednesday 25th February
 Venalink being prepared for dementia patient. No donezepil here for patient. Accessed records to check if prescription had been generated from Kingsway care centre. No evidence of prescription – now contacting care centre by phone.

ECS – Emergency Care Summary

CLINICAL PORTAL - CATRIONA MACDONALD

Patient Lists: SMITHERS, WINSTON Born: 22/05/1968(46y 8m) Gender: MALE CHI: [redacted]

Search: 94 FERGUSON WAY Contact Details (0) No GP details available

Records: Emergency Care Summary

Last updated: 29/08/2010 14:40

There is a problem with this ECS record, the information may be incomplete. Please confirm with the ECS live website or use an alternative information source.

Allergies/Adverse Drug Reactions

Date Recorded	Description	Comments
	Allergy XYZ	

Current Drugs and Doses - Acute Medication (within 30 days)

Origin...	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Medication Star Date	Prescription Date
Hospital	Co-Codamol	800MG	8/500 1-2	Up to 4 daily as required.	03/12/2013		03/12/2013	

Current Drugs and Doses - Repeat Medication

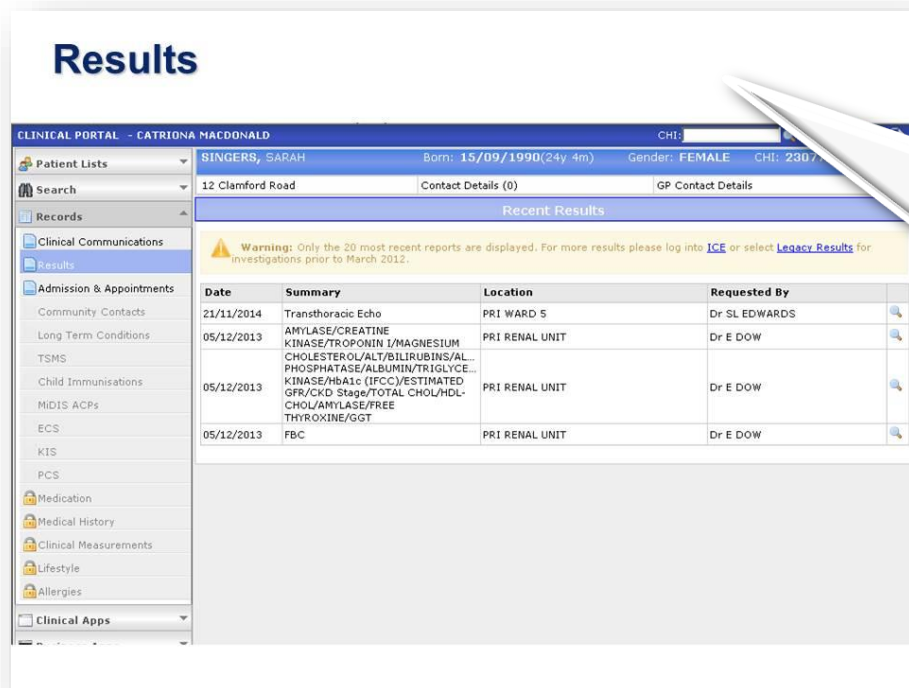
Origin...	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescriptio Date	Dispensed Date	Cancel Date
	Statins	40MG	40MG	Three times daily with food.	26/11/2003	03/04/2008	03/04/2009	27/04/2009
	Diclofenac	400MG	50MG	Three times daily with food.	26/11/2003	03/04/2008	03/04/2009	

Additional Drugs Available At Home

Date Recorded	Description	Comment
08/11/2005	No further drugs at home.	None.

Monday 28th December
 Patient ran out of medication. Usual pharmacy closed and hadn't delivered MDS tray. Used portal to determine current medication and issue CPUS for 5 items into a tray to ensure patient could manage. Without portal, would have had to refer to NHS24, as had no medication to show doses etc.

RESULTS #7. portal not helpful (n=16)



Results

CLINICAL PORTAL - CATRIONA MACDONALD

Patient Lists: SINGERS, SARAH Born: 15/09/1990(24y 4m) Gender: FEMALE CHI: 2307

Search: 12 Clamford Road Contact Details (0) GP Contact Details

Recent Results

Warning: Only the 20 most recent reports are displayed. For more results please log into [ICE](#) or select [Legacy Results](#) for investigations prior to March 2012.

Date	Summary	Location	Requested By
21/11/2014	Transthoracic Echo	PRI WARD 5	Dr SL EDWARDS
05/12/2013	AMYLASE/CREATINE KINASE/TROPONIN I/MAGNESIUM CHOLESTEROL/ALT/BILIRUBIN/ALPHOSPHATASE/ALBUMIN/TRIGLYCE...	PRI RENAL UNIT	Dr E DOW
05/12/2013	KINASE/HbA1c (IFCC)/ESTIMATED GFR/CKD Stage/TOTAL CHOL/HDL-CHOL/AMYLASE/FREE THYROXINE/GGT	PRI RENAL UNIT	Dr E DOW
05/12/2013	FBC	PRI RENAL UNIT	Dr E DOW

‘unusual indication,’ or
 ‘no evidence of
 prescription,’ or
 ‘no update on portal’
 so traditional offline routes
 were followed
 (contact GP practice, other
 pharmacy, central hub)

CONCLUSIONS & further research

No technical issues were raised

Community pharmacists' information needs were largely met avoiding need to contact:

- Other community pharmacies
- Central Information Hub
- GP Practice



ACKNOWLEDGEMENTS

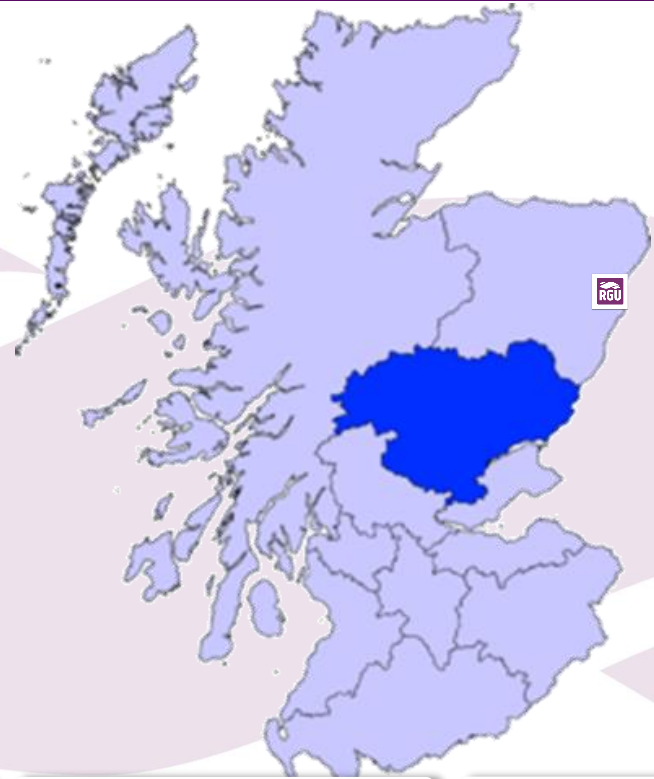
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Anisa Ahmed, Megan Armstrong,
Chris Bland and Amy McNellis
for transcription

Research
Assistant,
Andrew MacLure,
for data
verification &
analysis



Thanks to all
participating
pharmacists

Katie MacLure
Derek Stewart



David Coulson
Diane Robertson
Gordon Thomson
Tobias Dreischulte
Catriona MacDonald

