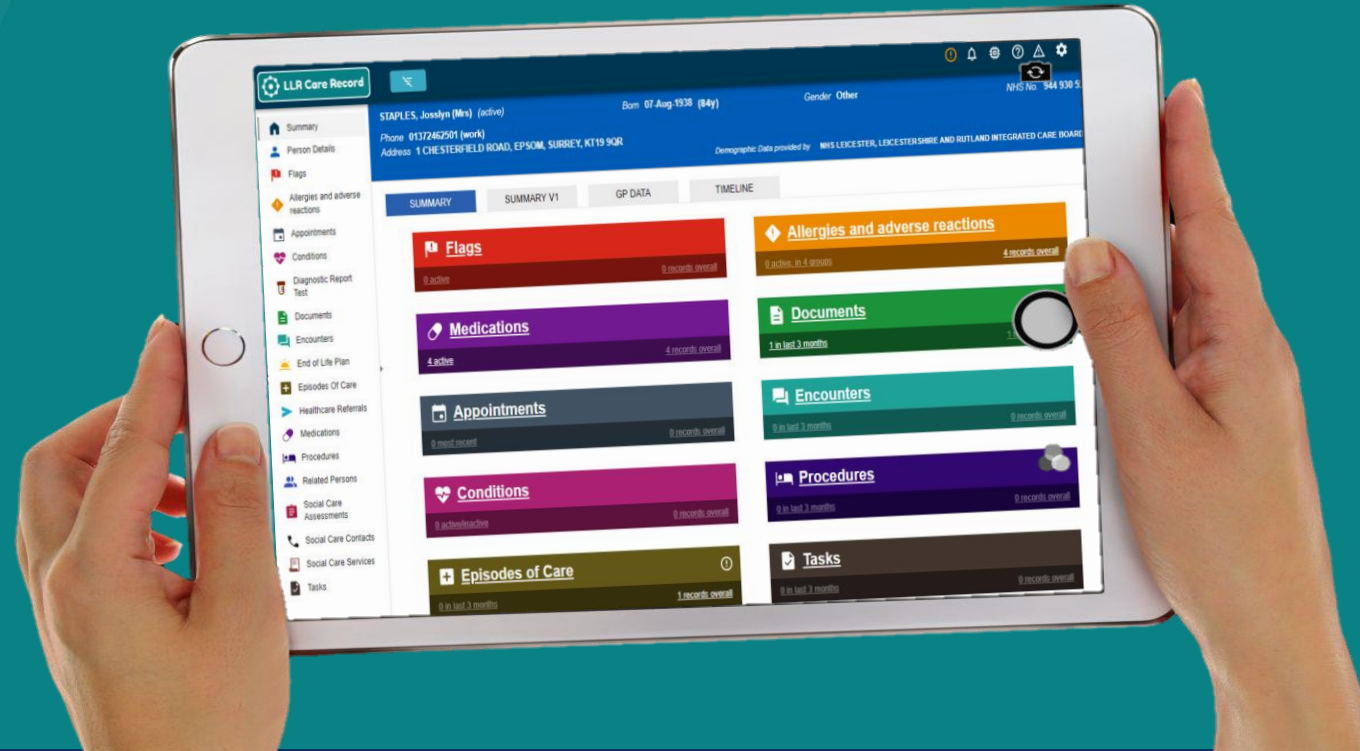


Joining up health and social care in Leicester, Leicestershire and Rutland

The LLR Care Record

LLR Community Pharmacy
Briefing

LPC, Benefits and Insights Group
(BIG), and LLR CR Programme
Team



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1a. FAQs

How long will the early adopter pilot run for?

3 months from February 2024. Following this, a decision will be made regarding whether to extend the pilot program (with or without modifications), pause the pilot, or commence a wider rollout.

Will GP practices be aware that Community Pharmacy are piloting the LLR Care Record?

The LLR Care Record Programme team attended the January 2024 GPIT meeting to raise awareness, highlighting the benefits to GPs of Community Pharmacies being able to access information, including reducing calls and supporting the primary care recovery plan. Well received.

Will the public be aware of the LLR Care Record?

We've launched various campaigns and can provide posters and leaflets for your premises.

Many people may not be aware of LLR Care Record yet, so you have an important role in familiarising people with this as part of offering enhanced services to them.

Where can we access additional help and resources?

Via the [LPC's LLR Care Record resources page](#) for ease of reference by all Community Pharmacies.

Via the “Help” icon in the LLR Care Record.

A 1-hour training session will be delivered, covering everything you need to know to get started.

How long will it take for a patient's opt-out request to be granted?

We inform the public that the process may take up to 28 days, in line with other requested changes.

We're updating the opt-out leaflet to reflect this, and we also convey this information directly to people when they request to opt out.

1b. FAQs

Can guidance be offered to staff on main likely uses for LLR Care Record to give them confidence?

Please see [Section 4 - Usage Scenarios](#)

Can the dropdown list of reasons for using the LLR Care Record be tailored locally?

Yes, a new list has been created to reflect how LLR Community Pharmacies plan to use the LLR Care Record.

By choosing accurately from the list, you are helping us to better understand and meet your information needs, and to understand the likely benefits to you of having access to the LLR Care Record.

Is there an Information Sharing Agreement (ISA) to sign?

Yes. It has already been signed by the other partners, including UHL, LPT and the Local Authorities.

In the ISA, pharmacies must identify which of their branches are in scope.

Access to LLR Care Record via PharmOutcomes is enabled using your ODS code so we cannot break access down below this level.

Can records be printed out for patients?

No, this is not permitted.

If a person requires a printed copy of their vaccination record, for example, they should continue to approach their GP for this.

1c. FAQs

Are generic accounts in PharmOutcomes permitted when accessing a record?

Pharmacies are under a contract with PharmOutcomes, which states they are prohibited from using generic accounts for auditing purposes – all access must be traceable to individuals. Therefore, Community Pharmacies are to set up individual users.

Individual access is a pre-condition for LLR Care Record access.

How do I create new users on PharmOutcomes?

Please visit this link here which contains a user guide on [how to create new users on PharmOutcomes](#).

If needed, PharmOutcomes can provide support in user account management, including the set-up of the same user across multiple branches.

How do I amend existing users on PharmOutcomes?

Please visit this link here which contains a user guide on [how to amend existing users on PharmOutcomes](#).

Where can I view the PharmOutcomes End User Licence Agreement?

The End User Licence Agreement (EULA) can be found [here](#).

2. Liability and indemnity

What is the situation on liability? Is there a need for specific indemnity?

- Early indications are that existing indemnity arrangements cover LLR Care Record use as long as the patient is aware of the access. This awareness is not recorded during the access sequence.
- LLR Care Record users would routinely inform patients at a generic level that information sharing will take place to support their care, and LLR Care Record use falls within this.
- The LLR Care Record changes **how**, not **what** you share.
- Access to health and care information for direct care is an allowed purpose in the GDPR – i.e. not reliant on explicit consent, although awareness is good practice (common law duty of confidentiality).
- By using the LLR CR, you are confirming that you have a legitimate direct care reason to consult the person's record.

The LLR Care Record has its own Standard Operating Procedure (SOP) and LLR Care Record usage is governed by a common Information Sharing Agreement

- A generic SOP has been agreed for the LLR Care Record as a whole, confirming key principles and assumptions.
- This complements the LLR Care Record Information Sharing Agreement (signed by each organisation using the LLR Care Record) and other assurance arrangements.
- The SOP can be referred to and used to inform updates to your local SOPs as required to ensure patients are suitably and consistently informed.
- As with all clinical information sharing, a balance must be struck between the risk of accessing information and the risk of not accessing it.

3. Information Sharing Agreement (ISA)

Read the ISA



Include ODS codes



Digitally sign



Email to lpt.llrcarerecord@nhs.net
(Please submit from a named email account if you are unable to digitally sign)

4. Usage Scenarios

Immunisation safety

You want to schedule a flu vaccination at the pharmacy, but the patient is unsure if they've already received one from their GP. You need to verify their flu vaccination status.

Checking adverse reactions (safety)

A parent is collecting meds for their 8-year-old child who hasn't taken Pen V solution before. You inquire if the child is sensitive to penicillin. Parent is unsure and mentions a past rash but can't recall if it was from this antibiotic. You check the records to confirm.

Why a medication has been prescribed (including supporting antimicrobial resistance policy)

Patient has been prescribed an off-label use medicine.

Checking progress of a patient's query

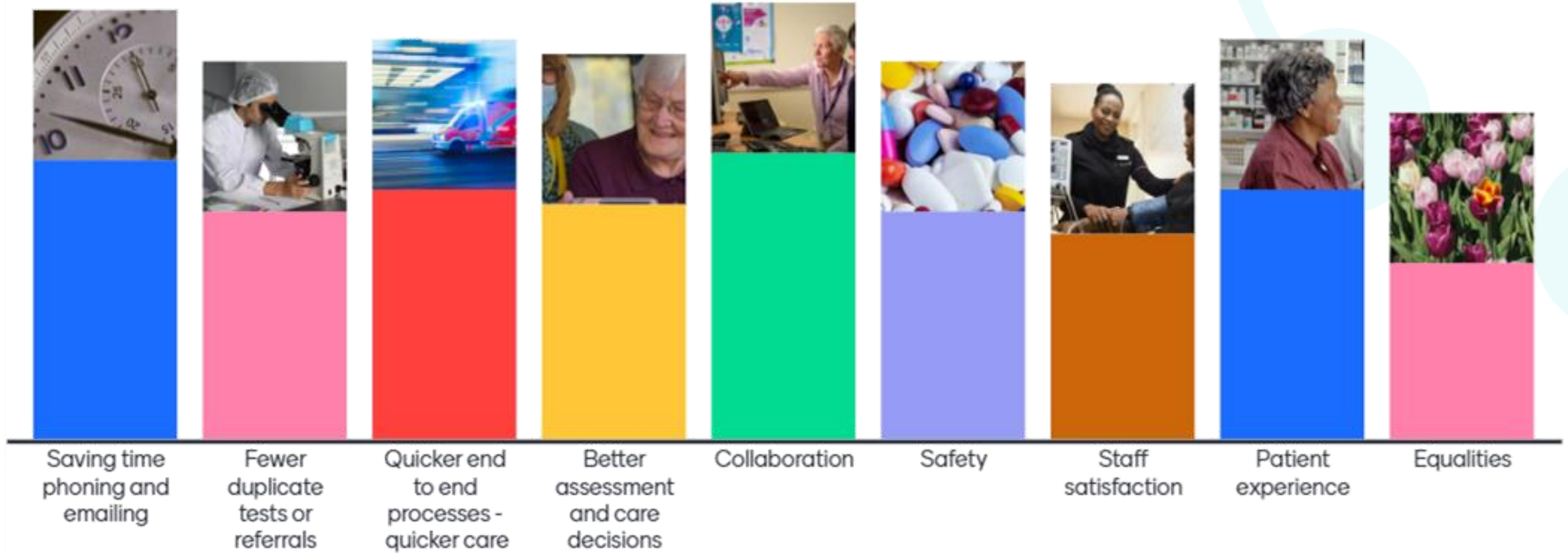
The patient has a back injury and had received POM analgesics before but can't remember who the GP is referring them to.

You look up the referral details and offer personalised advice.

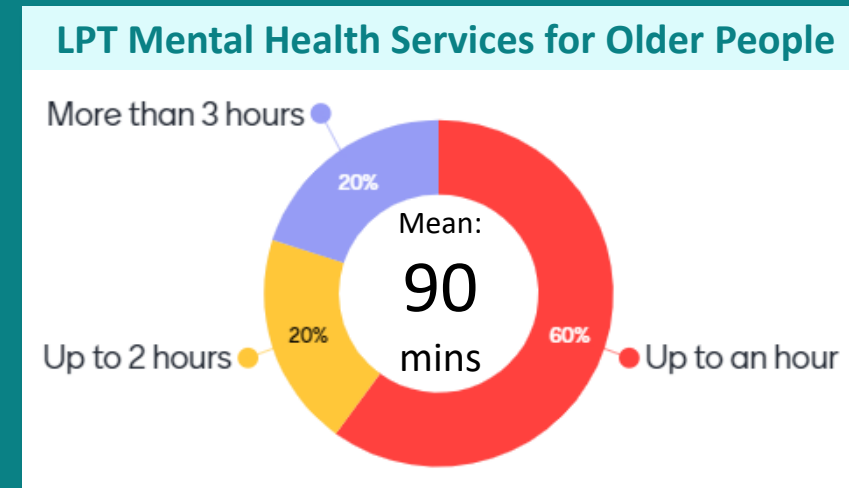
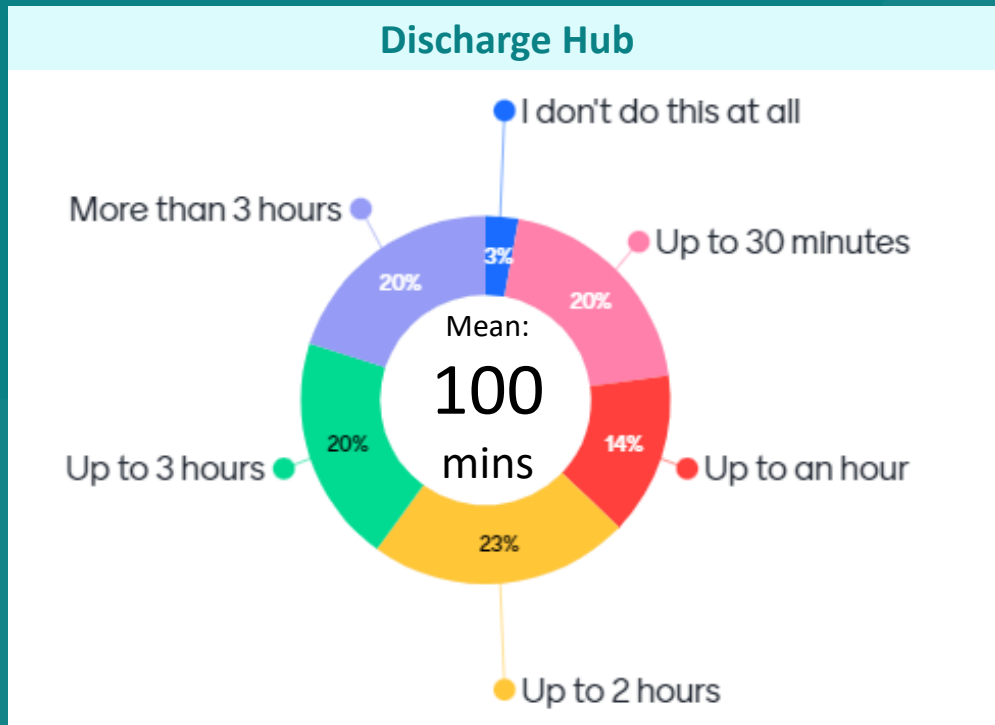
Other

Prescription clarifications
Supporting Pharmacy
First services
Hospital activity including virtual ward admissions (hospital at home)

5. Anticipated benefits



We asked these services “how long do you spend on a typical day seeking information from other professionals or teams?”



Worthwhile time savings



20 minutes per working day saved obtaining information



2 working weeks per person per year freed up for more productive uses

Public Benefits



Reduced repetition of complex history



Better and quicker care



Safer care



Care preferences known



Less 'just in case' follow up



Improved dialogue – comms needs known



Information security

Approach to capturing actual benefits



Pre-survey

After training.

Baselines of time spent seeking information

Anticipated reasons to use the Care Record.

Anticipated benefits.



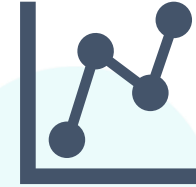
Post-surveys

How often is LLR CR being accessed?

How much time is it saving?

Are there other benefits?

Examples/stories illustrating what has changed



Quantification

Time saving calculations based on time saving and staff cost assumptions combined with usage data.

PharmOutcomes captures reasons to access LLR CR.

Most uses will signify improvements to safety.



Thank you

LLR Care Record Programme

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