

Written evidence submitted by Professor Sue Latter, Professor of Health Services research at School of Health Services, University of Southampton (DHS0002)

Dear Sir / Madam

Thank you for your invitation to submit evidence to the HSCC Expert Panel evaluation of the progress the Government has made against its commitment in the area of digitalisation of the NHS.

The evidence submitted specifically concerns **Policy Area 1: Commitment 3 Roll out integrated health and care records to all people, providing a functioning single health care record that people, their carers and care teams can all safely access, enabled by a combination of nationally held summary data and links to locally held records, including shared care records.**

I submit my evidence as Chief Investigator of a recently completed (2022) National Institute for Health Research funded study: Patient and carer access to medicines at end-of-life: the ActMed mixed-methods study.

The study found evidence that this commitment has not been fully realised in the context of multidisciplinary teams of healthcare professionals providing care to people in their homes in the last 12 months of life (palliative and end-of-life care). We found evidence that:

Healthcare professionals experienced a lack of access to each other's patient records, which prevented them from prescribing medicines as swiftly to patients as they would have if access had been shared. Lack of access was particularly prevalent amongst specialist community palliative care nurses, who were often employed outside of the NHS system, by hospices.

Community pharmacists' access to patient records is currently limited to the Summary Care Record, and we found evidence that this also prevented them fulfilling their potential role in helping patients access medicines in the last year of life. Community pharmacists were often unaware of patients' palliative care status and other details of their health and medicines.

A further finding was that specialist community nurses, generalist community nurses and community pharmacists who were independent prescribers (V300 qualification) often lacked access to electronic prescribing systems (EPS), thus inhibiting their ability to prescribe at all, or prescribe swiftly and directly to patients.

Further details of the study, the Policy Brief and publications can be found below.

NIHR Journals Library Report <https://www.journalslibrary.nihr.ac.uk/hsdr/FIQE5189#/full-report>

ActMed Policy Brief <https://www.southampton.ac.uk/~assets/doc/publicpolicy/85438%20-%20A4%204pp%20Policy%20Brief%20-%20ActMed.pdf?>

Publication of online survey <https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-020-00649-3>

Publication of case studies of palliative care service delivery models
<https://www.sciencedirect.com/science/article/pii/S0020748922001043>

Yours faithfully

Dr Sue Latter
Professor of Health Services Reseach.

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