

Agenda for the Community Pharmacy IT Group (CP ITG) meeting

to be held on 8th June 2022 by videoconference

commencing at 10am and closing by 12.40pm


About CP ITG: The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings are attended by members representing these five organisations and representatives from [pharmacy system suppliers](#), [NHSBSA](#), [NHS Digital](#), [NHSE&I](#), and [NHS Transformation Directorate](#). Further information on the group can be found on the [PSNC website](#).

Members: Matthew Armstrong (Chair), Steve Ash, David Broome (Vice Chair), Darryl Dethick, David Evans, Nick Kaye, Sunil Kochhar, Fin McCaul, Graham Phillips, Darren Powell, George Radford, Ravi Sharma, Craig Spurdle, Iqbal Vorajee and Heidi Wright.

Secretariat: [Dan Ah-Thion](#).

Zoom meeting

Attendees are encouraged to:

- Join early using a webcam to test access; and use a large screen to view the slides.
- Use the 'raise hand' feature to seek the attention of the Chair.
- Use the chat box to share comments, queries and to respond to each other (Note: time constraints will unfortunately prevent all comments from being addressed during the meeting, but comments will be saved to aid the group's work).
- Mute any devices logged into the meeting whilst not speaking (using the Zoom mute button , the device's mute option, or *6 on the phone for toggling mute/unmute).
- Make use of [PSNC's quick reference Zoom guide](#).
- Note: those attending the meeting can extend the invite to colleagues within their organisation so that they can dial-into the meeting at the stage relevant to them.
- Please use the Zoom 'rename' feature so that your display name looks like this: <First name> <Surname> (<organisation>).

Social media: To tweet about the group/meeting (excluding anything confidential) use the hashtag, *#cpitg*

Meeting format: The meeting will be divided into two sections, with a twenty-minute break from 11:10-11:30.

1. **Welcome from Chair** 10.00-10.05am
2. **Apologies for absence from voting members**
At the time of the agenda being finalised, apologies for absence had been received from Graham Phillips, Ravi Sharma and Craig Spurdle.
3. **Minutes of the last meeting**
The minutes of the meeting held on 9th March 2022 were emailed to the group along with this agenda.
4. **Actions and Matters Arising**
Outstanding actions have been carried forward within the workstream updates appendix.

Actions (session 1 of 2)

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| 5. | CPCF IT: Toolkits, and update about DMS MYS API (page 3) (Appendix CP ITG 01/06/22) | 10:05-10:25am |
| 6. | GP Connect update (page 3) (Appendix CP ITG 01/06/22) | 10.25-10.50am |
| 7. | Supplier letter regarding working with NHS to improve pharmacy IT (pages 4-6) (Appendix CP ITG 02/06/22) | 10:50-11.10am |

Break

11:10-11.30

Actions (session 2 of 2)

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| 8. | Impact of technology in pharmacy (page 7) (Appendix CP ITG 03/06/22) | 11.30 -11.50am |
| 9. | Parliamentary call for evidence regarding health IT development (page 7) (Appendix CP ITG 03/06/22) | 11.50-12.00 |
| 10. | Smartcard identity checking process to be digitized (page 8) (Appendix CP ITG 03/06/22) | 12.00-12.10pm |
| 11. | Use of Serious Shortage Protocols (SSPs) within systems and IT related to other Drug Tariff reforms (page 8) (Appendix CP ITG 03/06/22) | 12.10-12.15pm |
| 11. | Electronic Prescription Service (page 9) (Appendix CP ITG 03/06/22) | 12.15-12.35pm |

Report

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|-----|---|---------------|
| 13. | Updates on other CP ITG workstream projects (pages 10-18) (Appendix CP ITG 04/06/22) | |
| 14. | Post-meeting CP ITG communications and messages | 12.35-12.35pm |
| 15. | Any other business and close | 12.35-12.40pm |

Upcoming pharmacy/healthcare IT events

- More listed at: psnc.org.uk/itevents; and
- [digitalhealth.net upcoming webinars and events](https://digitalhealth.net/upcoming-webinars-and-events).

Future meetings

Weds 21st September 2022
Weds 8th March 2023

Weds 16th November 2022
Weds 7th June 2023 (to be confirmed)

Subject	CPCF IT and GP Connect updates
Date/time of meeting	8th June 2022: CPCF update at 10.05-10.25am. GP Connect update at 10.25am-10.50am
Status	Public
Presenters	NHSBSA: Rob Hills / Ben Tindale NHSE&I: Libby Pink NHS Digital GP Connect team: Andy McCarthy
Overview	Further work is planned this year and beyond to keep improving EPS
Proposed action	The group is to be updated and to discuss developments.

[Discharge Medicines Service \(DMS\) Manage Your Service \(MYS\) API](#) (10.05-10.10)

[DMS](#) was introduced as an Essential service last year. NHSE&I and PSNC have been keen for suppliers to be given information on the service, IT implications and dataset requirements. There is an objective to progress the specification work further. Some of this progress may be dependent on NHSE&I, NHSBSA and supplier preparations. PSNC is continuing to push for this work to be completed at the earliest opportunity.

Rob Hills / Ben Tindale from NHSBSA will provide an update.

[CPCF IT: Toolkits](#) (10.10-10.25)

At previous meetings, the group agreed that they supported the CPCF specifications and felt that the group should provide comments on these specifications. NHSE&I has commissioned work to create technical toolkits. These toolkits have recently been published in draft format for: [Blood Pressure Check technical toolkit](#), [Smoking Cessation technical toolkit](#), [Contraception Management technical toolkit](#), [Discharge Medicines Service technical toolkit](#) and [New Medicine Service technical toolkit](#). CP ITG representatives have been notified before the group's June 2022 meeting and the group are encouraged to provide comments onto these toolkits by June 16th 2022.

Libby Pink (NHSE&I Head of Delivery – Community Pharmacy Digital Strategy) will provide an update.

[GP Connect](#) (10.25-10.50)

GP Connect enables GPs and other authorised health care organisations to link in with GP system information. GP Connect enables those authorised to:

- *Access records:* GP Connect lets authorised clinicians access GP patient records in a HTML read-only format or within an editable format;
- *Send Documents:* the tool enables GPs and other healthcare professionals to update a patient record via ITK3, and MESH message; and
- *Appointment Management:* GP connect enables the sharing and management of appointments.

Andy McCarthy (NHS Digital GP Connect team) will provide an update.

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Subject	Supplier letter regarding working with NHS to improve pharmacy IT
Date/time of meeting	8th June 2022: 10.50-11.10am
Status	Public
Presenters	Libby Pink (NHSE&I Head of Delivery for Community Pharmacy Digital Strategy)
Overview	Suppliers wrote to policy makers with suggestions to improve NHS pharmacy IT. Policy makers have since responded to this letter.
Proposed actions	The group is to be updated and to discuss developments.

Supplier letter

System suppliers previously fed back that several projects were ongoing or forthcoming within the NHS (see: [Gantt Chart \(slide\)](#) and [spreadsheet version](#)). A group of system suppliers prepared a [letter addressed to NHSE&I, and other pharmacy IT policy makers](#) to explain the benefit of advanced IT project planning with regards to enhancing pharmacy teams and patients' experiences. The letter was distributed after the CP ITG group's previous meeting and a [copy](#) was published online. NHS policy makers have since provided two replies to the letter (see below). Libby Pink (NHSE&I) will provide an update.

Dear Pharmacy Patient Medical Record System Suppliers,

Re: Initial response to Pharmacy Patient Medical Record System Suppliers

April 2022

We would like to start by thanking you for your collective letter dated the 9 March 2022, received via the CP ITG group and passed on by Dan Ah-Thion. It outlines a number of helpful points. We recognise and welcome the advancements that have been made as stated including the significant uptake in use of the Electronic Prescription Service (EPS), the access to the Summary Care Record (SCR) and Real Time Exemption Checking (RTEC).

We also recognise your continued commitment to the community pharmacy sector and the users of your systems and we share your ambition to ensure community pharmacies are able to provide the best possible care within the NHS and have the best IT to be able to do so to support the Community Pharmacy Contractual Framework and beyond. Working collaboratively remains our intention, although clearly it will not always be possible to provide the lead times that we would all wish for.

The Community Pharmacy Contractual Framework (CPCF) was published in July 2019 and clearly set out how community pharmacy would help support the delivery of the NHS Long Term Plan through the introduction and development of clinical services. In 2020, NHS England and Improvement commissioned the Professional Records Standards Body (PRSB) to review and update the Community Pharmacy Standard to reflect the clinical services included within the CPCF in addition to services that were being piloted. The only exception to this uplift was the Discharge Medicines Service. Compliance against this standard remains critical to the direction of travel and pharmacy contractors' ability to deliver the services in an effective and efficient way.

NHS Digital continue to work with yourselves to assure against core NHS Digital products including but not limited to, the Patient Demographic Service (PDS), the Electronic Prescription Service and the SCR and more recently to support the Community Pharmacy Consultation Service (CPCS). The NHSBSA have also worked with yourselves on the development and introduction of APIs to support payments and the sharing of data and compliance against the RTEC.

Our ambitions for this sector remain high and we continue to have a challenging roadmap to ensure that pharmacy contractors do have the best IT available to them to support the current 5-year CPCF framework but also the 'what's next'. Working collectively we plan to prepare a more detailed response for discussion at the next CPITG where we hope to respond collectively to some of the more individual points within the letter.

Signed on behalf of: NHS England and Improvement Pharmacy Policy team, NHS England and Improvement Transformation Directorate (PODAC), Department of Health (Pharmacy Policy team), NHS Business Services Authority Digital development team and NHS Digital Medicines and PODAC programmes.

Dear System Supplier leads,

June 2022

Further to our letter in April we hope that this subsequent letter provides some of the additional detail as promised, and more importantly that this letter evidences our intention to keep this conversation with you open in order that we can support the ambitions of the sector and ensure we can collectively deliver the digital capabilities required to support the vision set out in the Community Pharmacy Contractual Framework (CPCF) for community pharmacy to play an increased role in the delivery of primary care, delivering more services, in safe and efficient ways, for patients .

Working collectively, the NHS Business Services Authority (BSA), NHS Digital (NHSD), the Department of Health and Social Care (DHSC) Pharmacy Team and both NHS England and NHS Improvement (NHSEI) Transformation Directorate and Pharmacy Team, have defined what we believe to be the 'Top 5' digital priorities for the community pharmacy sector over the next 22 months. This will take us to April 2024, the end of the current transformative five-year CPCF.

For system suppliers that are supporting the Electronic Prescription Service (EPS):

1. Development against the [Electronic Prescription Service API](#) (next generation). EPS is currently the de-facto mechanism by which primary care prescriptions are sent to dispensers so patients can receive their medication. A range of improvements to the service have been identified and a programme has started to design and develop core changes that will modernise the service, allowing innovation for new capabilities and reducing system development time. A new fully FHIR based service is being developed which will improve the user experience for prescribers, dispensers and patients alike. The work will support a further reduction in paper and provide a modern, flexible EPS. We are working with dispensing system suppliers to support their development and will develop central capability to support the live service during the transition to the new infrastructure. We anticipate readiness engagement with system suppliers to commence in Q4 of 2023. For further information please contact interopmeds@nhs.net.

For system suppliers that are offering or want to offer the system functionality to support the delivery of community pharmacy clinical services as per the current CPCF:

2. Compliance with the Professional Records Standards Body (PRSB) [Community Pharmacy Data Standard](#) to enable information about services provided by community pharmacies to be recorded and transferred in a safe and efficient manner to their GP practice. The standard was first published by PRSB in 2018 and uplifted in 2021 to meet the full requirements of the CPCF. Further information regarding supplier conformance is available from the [PRSB](#). NHSD are preparing the technical specification to develop interoperability between community pharmacy and GP systems and expect it to be available to suppliers by September 2022.

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3. Access to patient care records

We are aware that a number of system suppliers have already enabled pharmacy contractor access to patient care records through integration with the Patient Demographic Service (PDS) and 1-click access to the Summary Care Record (SCR).

For the duration of the coronavirus (COVID-19) pandemic, contractors had access to SCR additional information to help support clinical decision making. This access is to continue while permanent policy changes, taking into account issues such as patient safety and data security, are being considered.

The shared vision for community pharmacy to play an increased role in the delivery of primary care was set out in the 5-year deal. As pharmacy services continue to develop and expand, there is consensus that community pharmacists having the ability to view and contribute to the medical records of patients, where appropriate permissions are given, including but not limited to; access to baseline measurements and pathology results, is necessary to achieve this safely and effectively. Options for additional integration and record access include:

- **[GP Connect Access Record](#)**. This provides direct access to a defined community pharmacist, enabling them to see an appropriate view of a patient's GP record either as a read-only document, (as an HTML), or subject to further development, and agreement of standards, pharmacists will be able to retrieve structured information from a patient's GP practice record, see [GP Connect - NHS Digital](#). Further information will be provided regarding this functionality at the Community Pharmacy IT Group (CPITG) meeting on the 8 June.
- **Shared Care Records** (known as 'ShCR', 'Local health and shared care records', 'LHCRs' or simply 'records') include information from multi care settings e.g., General practice and secondary care. National ShCR guidance due out in the summer provides the next steps towards the target for wider implementation of shared care records in 2023/2024.

4. Engagement and development associated with the [Bookings and Referrals Standard \(BaRS\)](#), the strategic interoperability standard for healthcare IT systems. This will enable booking and referral information to be sent between NHS service providers quickly, safely and in a format that is useful to any clinicians. Working with the BaRS programme we are hoping to prioritise the following use cases; NHS 111 and General Practice to pharmacy (22/23) and secondary care to pharmacy (23/24). An initial workshop has been scheduled for **Tuesday 12th July from 10am to 1pm** and all system supplier leads would be very welcome to attend. For further information please contact bookingandreferralstandard@nhs.net.

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5. Payment and Data APIs

The BSA are being commissioned to develop and support application programming interfaces (APIs) for all of the community pharmacy clinical services within the Community Pharmacy Contractual Framework (CPCF). These APIs will support both the payment of service fees along with the provision of additional data to support the future evaluation and commissioning of services. API specifications for COVID and Flu vaccinations, Community Pharmacist Consultation Service (CPCS) and the Smoking Cessation Service (SCS) are already available, and the draft specification for the Discharge Medicines Service (DMS) has just been shared for review. This financial year, the BSA will also develop and issue the API specifications for the Blood Pressure Check Service; the New Medicine Service (NMS) and any future services subject to negotiations. For further information regarding this project please contact rob.hills@nhs.net.

We recognise that this is an incredibly challenging roadmap, and we all want to work with you to ensure this is achievable and will meet the needs of the users, the pharmacy contractors, to provide safe and efficient patient care.

You will have seen that a [Prior Information Notice \(PIN\)](#) was recently issued in relation to CPCF service specific 'technical toolkits' that includes references to some or all of the above. Supplier engagement sessions regarding the technical toolkits and feedback opportunities are being scheduled, with further information available from June. In addition, NHSD have also been commissioned to publish a Future Enterprise Architecture document, based on user needs, for community pharmacy covering a number of the foundation services and providing a picture of the longer-term direction of travel. This will be available this summer on the NHSD webpage.

Work is also underway to look into commercial requirements and opportunities that will support both the needs of the sector and system suppliers now and in the future. Further information will be shared in due course. It remains the policy intent that we will continue to support and develop an open supplier market and your views on how we can go about this are always welcome. It is the case that pharmacy contractors, as commercial businesses, cover the costs of their preferred IT solution(s) and have the freedom to choose the supplier that most meets their specific needs.

We are also looking beyond April 2024, working closely with colleagues and stakeholders on the future strategy for community pharmacy and what digital capabilities and requirements MAY be required to support future services. Examples of potential discovery projects include capabilities to support independent prescribing; access to and the recording of pathology and/or phlebotomy tests, additional referral pathways etc. These areas are speculative at this stage, and need to be informed by wider policy developments, such as the Fuller Stocktake and the transition of commissioning to Integrated Care Systems.

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We recognise your continued commitment to the community pharmacy sector and the users of your systems, and we share your determination to ensure community pharmacies are able to provide the best possible care within the NHS and have the best IT to be able to do so to support the Community Pharmacy Contractual Framework and beyond.

Our aspirations for this sector remain high and we continue to have an ambitious and challenging roadmap to ensure that pharmacy contractors do have the best IT available to them to support the current 5-year CPCF framework but also the 'what's next'.

You will note that we have not mentioned vaccinations within this letter and this is an area where we expect that there may be additional requirements of suppliers providing these services. We are engaging with the vaccination programme and will share more information once this is available.

We trust this letter is received in good faith and look forward to further discussions either via the CPITG or via alternative mechanisms in due course.

Signed on behalf of

NHS England and Improvement (Pharmacy policy team), NHS England and Improvement Transformation Directorate, Department of Health (Pharmacy policy team), NHS Business Services Authority Digital development team and NHS Digital Medicines and PODAC programmes.

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Subject	CP ITG workstreams for group comment: Tech impact, Parliamentary call for evidence, Smartcard identity checking process, IT related to SSPs & Drug Tariff reforms
Date/time of meeting	8th June 2022: 11.30-12.35
Status	Public
Overview and proposed actions	An update will be provided on some of the group's workstreams with the opportunity to comment on these. Comments or feedback that support progress on the priority areas can also be emailed to Dan Ah-Thion (it@psnc.org.uk).

Impact of technology in pharmacy (11:30-11:50)

The aim of this session is to seek CP ITG members' views on the interaction between the use of technologies in community pharmacy and staff experience, patient experience and quality of care.

The session will be presented by Ursa Alad (NHSE&I Head of Community Pharmacy Commissioning and MSc candidate, Digital Health Leadership, Imperial College London) who is conducting a research project on this topic.

CP ITG action:

The group will be asked for their views on the following via the Slido meeting tool:

1. In 1-3 words how would you describe technology in community pharmacy?
2. What impact does technology have on staff?
3. What impact does technology have on patient experience of receiving the care they require?
4. What impact does technology have on patient outcomes?
5. Does your organisation have a budget for technology?
6. Does your organisation have a strategy for technology?

Note from the presenter: Slido collects responses anonymously. Additionally, participation in the verbal discussion session is voluntary and any information used for the study will be anonymised and not attributable to individuals.

Parliamentary call for evidence regarding health IT development (11:50-12:00)

The [Parliamentary Health and Social Care Committee](#) called for evidence relating to changes with digital technology within the NHS. The inquiry is exploring the current use of digital technology and examining how it needs to change in order to deliver an improvement in services and outcomes for patients. The inquiry will consider key aspects of NHS digital transformation such as digitalising health and care records for interoperability so that these can be accessed across primary, secondary and social care. It will also look at legacy IT systems in the NHS and other matters.

[Drafted information has been collated to assist with the preparation of a CP ITG response.](#)

CP ITG action:

The group will be asked to submit their views using the Slido meeting tool:

1. How can the Government communicate the benefits of digital approaches in healthcare to the public and provide assurances as to the security of their data?
2. What progress has been made dealing with the proliferation of legacy IT systems across the NHS?
3. How can the Government effectively foster co-operation between the NHS and the private sector to develop and implement innovation in healthcare?

4. What progress has been made in digitising health and care records for interoperability, such that they can be accessed by professionals across primary, secondary, and social care?

The feedback from the meeting will inform the CP ITG submission. Group members are asked to come prepared with views on the above questions. Other participants may additionally wish to make a submission prior to the 10th June 2022 deadline.

Smartcard identity checking process to be digitized (12.00-12.10)

NHS Digital are exploring improved processes regarding face-to-face authentication checks for pharmacy team members to update their Smartcards. Extra pharmacy team and head office views are needed to support the discovery and business cases for a process which could involve pharmacy teams being given an offer to authenticate themselves via a phone app.

CP ITG action:

NHS Digital Access Control team will provide an update.

IT related to Serious Shortage Protocols (SSPs) and other Drug Tariff reforms (12.10-12.15)

SSPs: SSPs are for use in the event of a serious shortage of a medicine. SSPs give community pharmacies the ability to dispense less, give a different strength or pharmaceutical form, provide an alternative generic product, or provide an alternative product following appropriate discussions with the patient.

The NHS Business Services Authority (NHSBSA) is continuing to identify a significant percentage of SSP claim messages that do not meet the endorsing requirements. That is usually because one or more of the below apply:

- Invalid or incorrect SSP reference number endorsed – For example SSP 000, SSP (missing reference number), SSP 028 (incorrect number), SSP 05 (two instead of three digits).
- Incorrect item endorsed.
- SSP claims for prescribed items without an active SSP.
- Claims for supplies made in accordance with an expired SSP.

Drug Tariff reforms: DHSC has proposed and consulted on reforms to community pharmacy drug reimbursement and previously published its [response](#). The eight proposals relate to changes to:

- the discount deduction scale;
- the way drug prices in non-Part VIII A are set;
- the way Category A prices are set;
- how medicine margin is distributed in Category M drugs;
- how Category C prices are set for drugs with multiple suppliers;
- the Drug Tariff in relation to inclusion of non-medicinal products within;
- the arrangements for reimbursement and procurement of 'specials'; and
- the reimbursement of generically prescribed drugs and appliances dispensed as 'specials'.

System suppliers have fed back that some of these reforms are associated with IT change.

Hormone replacement therapy (HRT): Maria Caulfield, the Conservative MP for Lewes [stated](#) that there is an intention for *“an annual prescription prepayment certificate (PPC) for HRT items, which is due to be implemented from April 2023. This certificate will allow individuals to access the annual licensed HRT treatments they require for the cost of two single prescription items at £18.70.”*

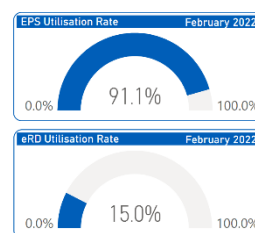
CP ITG action:

A request has been made for the group to explore holding some workshops. Suppliers will be asked to comment about their level of interest with workshop meetings on:

1. implementation of SSPs;
2. future Drug Tariff reforms; and
3. Hormone replacement therapy (HRT) PPC.

NHSBSA and DHSC may be invited to these meetings.

Electronic Prescription Service (EPS) (12:15-12:35)



- NHS Digital EPS and eRD utilisation rate statistics (for the February 2022 dispensing month) are set out on the right.
- NHS Digital’s EPS team are continuing with their assurance work for EPS prescribing and dispensing systems.
- NHS Digital EPS (Next Generation work) (update to be provided at the meeting):
 - Discovery and user research taking place around potential for limited prescription tracking for patients using the NHS App.
 - Secondary care system suppliers are developing against the prescribing API, and more suppliers are engaged – both prescribing and dispensing systems.
 - Development of APIs for dispensing and prescribing system suppliers.
 - Prioritisation of technical developments and potential EPS enhancement continues – considering the value/benefits and technical feasibility.
- NHS Digital would like to talk to pharmacy team members about their experience using EPS. User feedback is essential to inform future improvements and the next generation of the system. Please could pharmacy EPS users within the group take part and provide views, by signing up at https://feedback.digital.nhs.uk/jfe/form/SV_eu4jQRNbJooQxoO. This may involve a short telephone interview.
- NHSBSA conducted a survey concerning pharmacy teams’ use of Real Time Exemption Checking (RTEC) during May 2022. The results of this survey will be analysed, and the outcomes will be shared with the CP ITG in due course.
- [PSNC encouraged pharmacy teams to consider whether Smartcards required renewal](#). If not renewed, Smartcards expire after two years for information governance reasons. When the renewal date for a Smartcard approaches, the member of the pharmacy team will be prompted to renew every time they login. Community pharmacy team members to check their Smartcards are working regularly and renew them well in advance of their expiry date. Doing so early will mean there is more time to resolve any technical or other issues that may occur during the renewal process. Pharmacy team members can renew their card via the [Care Identity Service \(CIS\) online Smartcard software portal](#). A large number of Smartcards are due to pass their expiry date in June 2022; 140,000 Smartcards are due for renewal on 27th June 2022. If a Smartcard passes its expiry date without renewal, additional steps will be needed to get the Smartcard working again, therefore, it is advised to renew any Smartcards before their expiry date.

CP ITG action:

Dawn Friend (EPS Product Specialist), Fintan Grant (Associate Director, Interoperable Medicines), Rebecca Jarratt (Programme Head, EPS Next Generation), all from NHS Digital, will update the group. The group is to discuss developments.

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Subject	For report: Updates on other CP ITG work streams
Date/time of meeting	8th June 2022
Status	Public
Overview	This appendix provides a progress report on other work plan areas which will not be covered in detail during the meeting due to time constraints. The group members are asked to consider the reports, take appropriate actions on the next steps and provide comments on these by emailing Dan Ah-Thion (it@psnc.org.uk) before or after the meeting, or by commenting during the 'any other business' section of the meeting, if time. The group is also asked to send concerns about any of the next steps proposed before the meeting to it@psnc.org.uk . If no objections are received, the group will move forward under the assumption that the members agree.

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Supporting the development of interoperability/integration

Relevant webpages include: [/interoperability](#) and [/dosesyntax](#)

NHS Profile Manager

- Currently, community pharmacy contractors use two different NHS systems to ensure their pharmacy details are up to date in the Directory of Services (DoS) and on the NHS website: the NHS website profile editor and the DoS profile updater.
- A new tool, [NHS Profile Manager](#) is scheduled to replace both the DoS Updater and the NHS website editor imminently. During late 2021 and early 2022, NHS Digital reviewed all of the existing users of the NHS website profile editor and any users who are not using an email address ending with nhs.net received email instructions on how to update their login details.
- PSNC has participated within the NHS Profile Manager steering group since June 2022 and related sub-groups to support the project, preparatory work and rollout.
- A CP ITG sub group attended two demo meetings, both of which have been recorded and posted online: [CP ITG Profile Manager Demo and meeting video 1](#) (December 2021); and [Demo and meeting video 2](#) (February 2022). The group also discussed the [future enhancements with NHS Profile Manager team](#).

Next steps:

- In February, PSNC published [communications](#) about progress with the launch and further communications are expected before or just after the group's June 2022 meeting. The group are encouraged to support the cascade of messages.
- Multiples head office staff that use NHS Profile Manager should create a personal NHSmail account if they have not already done so. Advice is available within the '*NHSmail personal accounts: creation and linking*' section of PSNC's [NHSmail](#) webpage.
- NHS Digital will also be working with pharmacy multiples regarding the NHS website and DoS Application programming interface (API).
- If the group wishes to discuss [potential enhancements on the wishlist](#), please contact it@psnc.org.uk.

Shared Care Records (ShCR) update

- LPCs and/or local contractors that want to gain pharmacy access to such records should:

- identify their ShCR project team from the [List of records systems](#) (this list was recently updated);
- read case studies such as [Dorset Care Record ShCR pharmacy access case study](#) and the [East London Patient Record \(eLPR\) pharmacy case study](#);
- contact the ShCR project team and local partners to find out how to get involved;
- Make use of the '[Planning pharmacy access briefing](#)' and [ShCRs webpage](#); and
- review the previous [PSNC/RPS ShCRs/SCR letter to NHS orgs about records access](#).
- PSNC continues to work with the NHS Transformation Directorate and other relevant stakeholders on the actions set out within the [Shared Care Record \(ShCR/LHCR\) NHS Transformation Directorate and pharmacy outputs](#) and [actions](#) documents. LPCs, ShCR project teams and other parties supporting ShCR pharmacy deployment are encouraged to contact it@psnc.org.uk with any technical ShCR information so that supplier and IT support helpdesks can authorize multiple ShCR domains simultaneously.
- CP ITG representatives including PSNC, CCA, NPA and supplier reps attended several events hosted by the Professional Record Standards Body (PRSB) regarding Accelerating shared care records (March 2022), Driving standards (June 2022), two Core info standard workshops (June 2022) to support the ShCR agenda and discuss with PRSB which parts of ShCR would be relevant for community pharmacy.

Records

- [SCR AI changes to continue beyond COVID-19 legislation](#). PSNC and the Community Pharmacy IT Group have campaigned for pharmacy teams' access to SCR AI to be extended beyond the pandemic by sharing case study information. PSNC and the Royal Pharmaceutical Society both wrote to the relevant authorities within the NHS to share the significant evidence highlighting how SCR AI access for pharmacy teams improves patient safety. NHSE&I is considering a permanent policy change. If you have any examples of how SCR with AI has enhanced patient care, in comparison to the normal SCR access, please contact it@psnc.org.uk, as such examples could be used to support the case for permanent access to SCR with AI and other health records for pharmacy.
- The [UK Health Secretary called for 90% of NHS trusts to use electronic patient records \(EPR\) by 2023](#).
- The supplier, [accuRx launched a national patient-centred record viewing system](#).
- A [poll indicated growing acceptance of technology in NHS](#): Nearly two thirds (61%) of patients reported that they are comfortable with GP appointments over the phone or via video calls, which was one of the changes introduced to maintain social distancing and stop the spread of Coronavirus during the pandemic. Three in five (60%) patients are satisfied with their local engagement with the NHS (for example, a consultation with their GP) since the outset of the pandemic, and 69% of patients rated the performance of the NHS since the pandemic as either good or excellent.
- [Twenty-five of the least digitally mature NHS trusts are to be prioritised for future investment in electronic patient records \(EPRs\)](#).

Standards and interoperability

- [NHS Digital introduced interactive maps to their NHS Service Finder online search tool](#). PSNC fed comments into the project team regarding the feature ahead of launch.
- [NHS Transformation Directorate published a draft standards and interoperability strategy](#) with the aim of driving interoperability across the NHS and social care. A [consultation response was submitted from CP ITG to NHS Transformation Directorate's about interoperability](#) drawing from the group's meeting session about interoperability priorities during November 2021.
- At a previous meeting, the group agreed to support the capability for anonymised data to be accessible, so that pharmacy teams' interventions can start to be auditable, and the value of

community pharmacy can be better demonstrated. If PMR systems were to be adapted to allow such data sharing, it would require the development of a roadmap and a standard approach to data provision, which may benefit from use of SNOMED CT clinical terms. A PSNC-drafted dataset was prepared and a dataset for the Community Pharmacist Consultation Service (CPCS) could be added. If you would like to help with this work, please contact it@psnc.org.uk.

- NHS Digital outlined how [ISO 13407 the user centric design standard could help suppliers](#).
- [NHS Digital blogged about how they were making it easier for their APIs to be used](#).
- [NHS Digital blogged about how their effort to put user needs at the centre of our API documentation](#). The proposed work with suppliers should include: user research (including sessions to watch how suppliers could find and use standards); web page feedback; a well-managed support mailbox managed by the project team; Interactive backlog; and regular surveys.

[Booking, referrals and appointments \(with IT\)](#)

- [PSNC has encouraged pharmacy teams to support the development of the new NHS Booking and Referral Standard and take part in user research](#). NHS Digital is inviting community pharmacy teams to share views relating to the new Booking and Referral Standard (BaRS). This will ensure that the tool supports the needs of pharmacy team members and their patients. BaRS is an interoperability standard for healthcare IT systems which should enable booking and referral information to be sent to or from care providers quickly, safely and in a format useful to clinicians. If you would like to take part or have any questions, please contact it@psnc.org.uk or bookingandreferralstandard@nhs.net.
- PSNC has updated its webpage: [Booking, referrals and appointments \(with IT within pharmacy\)](#).

[Recommended minimum transfer dataset for pharmacies switching from one patient medication record \(PMR\) system to another](#)

- The group previously supported developing a recommended minimum dataset for cases where a pharmacy contractor has switched from one PMR system to another. A previous draft iteration version was supported by the group. For the sake of continuity of patient care, it is critical for some patient information to be transferred from the old to the new system.
- A [drafted dataset has been prepared](#) incorporating the comments from previous group meetings and suppliers. An [associated specification document](#) has also been prepared. The dataset does not include all the records within pharmacy systems but is intended to be a starting point as to strengthen data quality. Suppliers recently requested changes, including:
 - arranging the data into tables instead of within a data block (via JavaScript Object Notation (JSON) format); and
 - categorising the data by Medicines, Patient, Prescriber and Prescribing Organisation.
- A working group of supplier representatives met during May 2022 to discuss the detail of the proposed documents. This work is also identifying areas where PMRs may wish to consider future proofing by exploring opportunities to align the way data is stored within the local PMR to various national standards.

Next steps:

- A further meeting to finish working through the documents will be held in June 2022.

1b	Supporting NHSmail Relevant webpage(s) include: /NHSmail
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- PSNC has published a new [factsheet about using shared NHSmail inbox within the Outlook mobile app](#) for community pharmacy teams.
- The [Virtual Visits tool](#) provides pharmacy contractors with an appointments system so that they can notify patients and better manage appointments. Pharmacy teams can also use the Virtual Visits tool to conduct face to face or virtual patient consultations (audio or video).
- The Virtual Visits tool works in conjunction with NHSmail Microsoft Teams and the Microsoft Booking platform. To participate in the pilot, you must have an active personal NHSmail account, access to a shared NHSmail inbox, MS Teams installed on a computer or tablet and a computer or device with a webcam.

1c	Supporting maintenance and demonstration of data security and information governance arrangements
	Relevant webpage(s) include: /ds

Data Security and Protection Toolkit (DSPTK)

- PSNC has issued communications and guidance relating to the completion of this year's Toolkit.
- PSNC has again worked closely with NHS Digital and contractor testers to keep the workload manageable but the data security protections appropriate. The key differences this year include the addition of new mandatory questions and improvements to the wording of all the questions.
- PSNC updated its [Data security and information governance hub](#) during April 2022 to support Toolkit completion and published new guidance for the 2021/22 Toolkit submission including:
 - [Toolkit completion: Five steps to complete the Toolkit \(overview\)](#)
 - [Toolkit completion: Question-by-question guidance \(mandatory questions\)](#)
- PSNC's data security templates have all been updated: psnc.org.uk/dstemplates.
- A training option was revised: [Pharmacy data security \(for induction or refreshment\)](#).
- PSNC has also hosted meetings with the PMR suppliers and NHS Digital, to help the PMR suppliers with their preparation of PMR-specific guidance for contractors.
- PSNC and NHS Digital jointly presented a webinar. Around 500 people registered to attend the webinar on the night. [The webinar is now available on demand](#).

Next steps:

- Signpost community pharmacy teams to the guidance and the Toolkit. If you would like to feed into the development of the proposed 2022/2023 question set, please email it@psnc.org.uk.

Internet Explorer support coming to an end, Care Identity Service and NHS Credential Management (particularly relevant for pharmacy IT support)

- [Microsoft announced a long time ago support for Internet Explorer \(IE\) 11 is to be withdrawn from June 2022](#).
- PSNC, and NHS Digital teams met to discuss the impact on the community pharmacy sector.
- [NHS Credential Management \(CM\)](#), is a new component from NHS Digital that supports the move away from IE (whether the browser itself or related IE plugins within other internet browsers). CM is standalone installation, which facilitates communication between the Identity Agent and modern browsers, removing the dependency on Java Applets and IE11.
- NHS Credential Management also replaces current card management system operations within the NHS Care Identity Service (CIS) user registration service.
- NHS Spine user tools such as SCRa and EPS Prescription Tracker are now CM compatible. By removing the requirement for applets and unsupported browsers, CM facilitates improved

security and performance. CM is a required installation as part of the transition to CIS2 Authentication.

- CIS1 is anticipated to shift into a sunset phase, with a deprecation date of September 2023. It is anticipated [CIS2](#) benefits could include potentially enabling the move away from reliance only on physical Smartcards. Pharmacy system suppliers are currently engaged with the NHS CIS2 team, but if a system supplier requires further information they should contact nhscareidentityauthentication@nhs.net and may also flag issues at their catch-ups with NHS Digital / EPS team / NHSBSA.
- IT support may consider installation of NHS Credential Management onto community pharmacy machines where necessary. It is not recommended that contractors install components onto their machines without liaising with their IT support.

Other data security updates

- [PSNC reported on the National Cyber Security Centre \(NCSC\) urging organisations to bolster their cyber security resilience in response to the malicious cyber incidents in and around Ukraine.](#)
- The [National Data Guardian \(NDG\) published 'The right to privacy; digital data'](#).
- [NDG published the minutes](#) from their panel meeting. These minutes indicate that there will be guidance for exit from the Control of patient information (COPI) notice – scheduled for the end of June 2022.
- [Microsoft announced Windows 11 plans](#). Many Windows 10 users are currently eligible for a free upgrade to Windows 11, provided that the computer meets the strict minimum system requirements (e.g. 64-bit processor and 4GB RAM). Pharmacy contractors are advised not to update their machines without the agreement of or supervision from their IT support. Read more: [CP ITG: Windows briefing](#).
- The IT supplier, [Specops explored the human side and the technology side of why passwords can be seen as the weakest link in an organisation's network](#).

2a

Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices

Relevant webpages include: [/itworkflow](#)

- NHS Digital previously added the multi-site 'FFFFF' Smartcard code and SCR rights onto Smartcards with the pharmacist or pharmacy technician role, because of the COVID-19 pandemic. This initiative was supported by PSNC and NHSE&I. [NHS Digital previously confirmed to PSNC that assignment codes are further extended](#) until 31st March 2022. This has been further extended. PSNC is in discussions with NHS Digital about the benefits of this innovation irrespective of the pandemic and the benefit with disentangling this from the [Control of patient information \(COPI\) notice](#).

Paperless

- The group previously identified going paperless as a priority – within its *Digital Priority List* and *Views on the next generation of EPS* shortlists. However, pharmacy teams continue to report considerable use of paper and printing for reasons such as enabling prescription information to move around the dispensary given limited space for PMR terminals. Following work with the group and the paperless sub-group the '[Going paperless](#)' webpage is now available.
- Since the April 2022 dispensing month, the [NHSBSA Manage Your Service \(MYS\) system has been the route for monthly FP34C submissions instead of the legacy paper submission method](#). This has also enabled speedier payments to be made to those contractors who submit promptly.

Data

- PSNC published a new webpage: [Keeping your pharmacy profile information up-to-date](#). When information about pharmacies changes, there are multiple profiles to be updated (aside from NHS website and DoS). Regular updates and corrections will help ensure that others will be able to contact or visit the pharmacy as needed.
- PSNC updated its webpage about the [NHS Parent Organisation Code \(POC\)](#). POC is the pharmacy's unique identifying code for the parent organisation. Every pharmacy contractor has a POC even if there is one pharmacy within the organisation. There is a process to make corrections if required.
- The NHS Transformation Directorate, NHS Digital, PSNC and others are supporting an initiative to rationalise central lists of pharmacy data used within NHS systems and datasets. This will help align data, reduce pharmacy workload, and improve accuracy and data quality. The workstream is also helping to identify future NHS Profile Manager enhancements, some of which are being added to the roadmap.

3a Supporting the development of pharmacy systems

Relevant webpages include: [/systems](#)

- The group previously published its "Use and development of pharmacy systems - Suggested features list v1.0". Feedback has led to this being updated. The updated list will be published at the June 2022 meeting. See: "[CP ITG- Use and development of pharmacy systems - Suggested features - comments.docx](#)."

3b Supporting Electronic Prescription Service and its enhancements

Relevant webpages include: [/eps](#), [/rtec](#) and [/itfuture](#)

Real Time Exemption Checking (RTEC)

- NHSBSA has led the RTEC project since January 2020. The CP ITG and PSNC have been supportive of its continued roll-out. Read more on RTEC and its phases at: [RTEC](#). Feedback from RTEC users (PSL/EMIS/Cegedim/Titan/Lloyds/RxWeb systems) has continued to be positive.
- The NHSBSA, DWP and the RTEC steering group plan has allowed the expansion of the DWP RTEC functionality to additional pharmacy contractors since the last meeting – from 100 to more than 4,000 sites – a forty-fold increase. The RTEC team and suppliers have been supporting the ongoing rollout.

4a Consider the development of apps, wearables and technologies in healthcare

Relevant webpages include: [/apps](#)

NHS App

- The NHS App team are working on [further features](#) including:
 - *Personal Health Records (PHRs)* integration with the NHS App.
 - *Notifications and messages* direct to the NHS App: a pilot with 7 GP practices was concluded successfully with positive feedback from citizens, GPs and communication service providers. Messages could include reminders for referral appointments or online consultations.

- *NHS account*: personalisation. Since April 2022, the project team have given users access to log in to their NHS account direct from the NHS website.
- *Access to GP health records*. From late 2022, patients with online accounts such as through the NHS App will be able to read new entries in their health record. This applies to patients whose practices use the TPP and EMIS systems.
- NHS Digital has said that analysis supports its view that [the NHS App is creating an environmental benefit in reducing the number of care journeys to doctors' surgeries](#) (this was also reported by [Management in Practice](#)).
- [NHS App team blogged about developments](#) including progress with the messaging service.

Patient apps and tools

- [Gloucestershire CCG is helping thousands test for chronic kidney disease using their smartphones.](#)
- [AstraZeneca plans to launch companion apps for patients across different therapeutic areas](#), including initially asthma, chronic obstructive pulmonary disease and heart failure.
- [NHS England announced plans to develop a £240million 'Federated Data Platform' \(FDP\).](#)
- [A Trust in Surrey launched a new digital tool for pre-operation assessments](#), which enables two-way file sharing between the trust and the patient.
- The online [Find your NHS Number service was used 4.6million times in its first year.](#)
- [Babylon Health selected Google Cloud to join its hybrid-cloud infrastructure.](#)
- [The Lancet reviewed ISO standards for health apps.](#)
- A survey suggested [51% of Clinicians Worry That Telehealth Hinders Ability to Show Empathy.](#)
- A new report, [Using genomics and drug prescribing](#) identified a number of barriers towards wider adoption of pharmacogenomic tests, including making the most of research evidence, poor availability of tests, health professional education and engagement, and making pharmacogenomic information readily available, for example through electronic systems.

Remote consultations

- [NHSE&I published Remote Consultations Guide for Pharmacy.](#) The group fed comments into the guide's development. PSNC along with others also supported its development. [PSNC has promoted the guidance.](#) Remote consultations have played a critical role during the NHS response to the COVID-19 pandemic. The new guide includes information on:
 - the different types of remote consultation;
 - when these should be considered as an option;
 - how to test and update your processes; and
 - how to conduct remote consultations.

5a	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: /itfuture

IT policy: priorities, reports and the future

- Health Tech Newspaper examined the [organisational changes needed within health and care to release benefits](#) from digital technology.
- [Digital, Data and Technology Profession](#) (part of the Civil Service) published [The digital, data and technology playbook](#). This looks at an integrated approach to improving technology usage within public services. This includes commercial collaboration, IT structure and resilient cyber security.
- The TEC Action Alliance plans to work with local government, the NHS and integrated care systems, along with umbrella bodies in the disability rights, health, social care and housing

sectors, looking at [how technology can be harnessed to support the delivery of personalised, affordable and high quality care.](#)

- [Dr Pritesh Mistry, Policy Fellow for Digital Technologies at the King's Fund opined about the present and future of digital tech within NHS.](#)
- Digitalhealth.net published reports:
 - [Why cybersecurity could serve as an important tool for digital transformation;](#)
 - [Virtual Care: How the pandemic changed healthcare;](#) and
 - [How technology will allow connection and collaboration within Integrated Care Systems.](#)
- [A London Trust explained the benefits with trusts using a digital maturity tracking model through the Healthcare Information and Management Systems Society \(HIMSS\)](#) “a global standard for measuring digital maturity”. Results “scanning your patients, you’re scanning your prescriptions, you’re checking your medication, you’ve got good cyber security – all of that means you are going to deliver better, safer, faster care”.

IT policy: NHS organisational changes

- [Simon Bolton has said it is the job of him and his colleagues to ensure that the ongoing merger of NHS Digital, NHSX, Health Education England \(HEE\) and Innovation, Research, and Life Sciences \(IRLS\) into NHSE&I is done “with as little impact as possible”.](#)
- [Matthew Gould left NHSE&I, the former CEO of NHSX has left NHSE&I.](#)
- [NHSE&I chief clinical information officer, Simon Eccles stepped down after four years in the role.](#)
- [NHS Digital’s director of research and clinical trials, Michael Chapman, explained about the organisation’s development of a trusted research environment \(TRE\) in the NHS.](#)

IT policy: global case studies

- [Using basic data effectively can improve healthcare and public services.](#) Betanews.com makes the case that the digitization of public services is at the very top of government agendas across Europe, but sometimes the lack of accessible and reliable data, such as core information about organisations and individuals, may create challenges for digital administration.
- European Commission proposal for a [Regulation of the European Parliament and of the Council on the European Health Data Space.](#)
- [The launch of a proposal on the EU Health Data Space was outlined,](#) this forms the cornerstone of wider European ambitions on digital health and has been prepared during the last few years.
- [UK is ‘behind the best countries’ in making all government services digital first, Government Digital Service \(GDS\) boss admits.](#) They said “*The best digital nations in the world have adapted e.g. Singapore, Denmark, Estonia, South Korea, have pivoted and put things mobile first and they have made them hyper personalised for people. We need to really look at these trends: mobile and hyper personalisation.*”
- Digitalhealth.net reported that [China and the UK are facing similar digital health obstacles and opportunities.](#)
- Medical Economics Journal explored [How US digital health was reshaping patient care in USA.](#)

IT policy (general)

- CP ITG published its [Pharmacy IT quarterly round-up](#) after the group's previous meeting.
- [CPCS IT contracting arrangements changed from 1st April 2022.](#)
- PSNC reported that [NHSE&I made Discharge Medicines Service \(DMS\) funding available to Clinical Commissioning Groups \(CCGs\).](#) This was so that all acute, community and mental health NHS trusts in England could have the opportunity to support IT solutions or software licenses for DMS.
- [The Health and Care Bill became law](#) and included measures which are targeted at supporting data sharing between health and social care.

- [The NHS has signed a £25m contract with PA Consulting to support the technology and data systems that underpin national vaccination programmes](#). Of particular importance is ensuring that IT systems “continue to link national and local booking systems”, according to the contract.
- [NHS England and NHS Improvement is asking all Integrated Care Systems \(ICSs\) to extend or introduce the virtual ward model](#). Virtual wards have begun to emerge around the country, particularly in Leicester where the University Hospitals of Leicester NHS Trust opened a second virtual COVID ward in February 2021 and became one of the first trusts in the UK to create a virtual ward for patients with atrial fibrillation in March of this year.
- [Tomaz Gornik, CEO of Better, explored why we should try to rethink the architecture of health IT in order to unlock the potential of a more patient-centric approach to care](#).
- A communications technology expert discussed [the fragmented processes patients sometimes have to use to contact health care organisations, and potential solutions](#).

Innovation

- The [NHS Innovation Accelerator \(NIA\) will provide support to 10 innovators](#) so that they can introduce their solutions over the next three years.
- The [Amazon Web Services \(AWS\) Healthcare Accelerator has announced the first 12 innovators](#) who will be joining the UK cohort of its programme.

Inclusion

- [Health disparities against minority ethnic groups could increase with AI](#).
- Putting patients first: [championing good practice in combatting digital health inequalities](#).

Digital capabilities

- A new [eLearning programme](#) has been released for [health and care staff, to help support the better understanding of the principles of sharing information](#).
- [NHSE&I Transformation Directorate hosted an event to explore what an effective learning network to support digital services should look like for the community pharmacy sector](#).
- The Organisation for the Review of Care and Health Apps (ORCHA) published a digital health training programme for NHS staff. This has been made available on the [NHS learning hub](#) and on the [orcha-academy.com](#) website.
- A study of patients at practices using digital and online tools was published: [Access to and delivery of general practice services](#).
- The [NHS Knowledge and Library Hub launched](#) in early 2022.
- Digitalhealth.net published an on-demand webinar: [NHS Digital Academy overview](#).
- [NHS Providers blogged about their Digital Boards programme and its successes and failures](#). The programme is intended to educate boards about technology to reduce the risk of them making ‘bad’ technology decisions.
- [NHS Providers has published the fifth part of its Digital Boards programme](#) which looks at how to increase board members’ confidence in delivering digital strategies and to help them avoid common pitfalls.

Oth Other

- It is proposed that the group’s Terms of Reference be further updated by the end of July 2022 ([Terms of Reference with proposed track changes](#)). If you would like to comment on these, please contact it@psnc.org.uk. The main changes relate to terminology and the participation of the voting members.

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