Community Pharmacy IT Group (CP ITG) digital priorities list

CP ITG collated views on priorities– into four areas that align with NHSX missions: *Interoperability and security*; *Reducing burden*; *Good use and enhancement of digital*; and *Patient tools*.

This list has also been presented within an infographic format.

> **About CP ITG**: The Group was formed in 2017 by PSNC, NPA, RPS, CCA and AIMp. The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers, NHS Business Services Authority, NHS Digital, NHS England and NHS Improvement and NHSX. Further information on the group can be found on the PSNC website.

1. Interoperability and security
Priority: Ensuring people's health and care info is safely and securely accessed, wherever it is needed.

1a. Records
Community pharmacies require records such as appropriate access to Summary Care Record (SCR) with Additional Information, Local Health and Care Records (LHCRs) and other information. Pharmacy teams also need read and write ability linked to records. The read and write ability, once set-up should be:
- set-up in a structured manner; and
- enable pharmacy teams to auto-view diagnosis to assist pharmacist and patient discussion.

SCR with Additional Information should be the default SCR and patients should be able to continue to opt out of SCR but be reassured by the existing auditability of the system.

1b. Standards
Pharmacy Patient Medication Records (PMR) systems and other pharmacy systems should use standards (e.g. those which Professional Record Standards Body have agreed with stakeholders and published). Standards should include but not be limited to the national standards for the items below.
- Notifications from pharmacy systems to GP systems with flu vaccination data, emergency supply information, Community Pharmacist Consultation Service, New Medicines Service and so on.
- Interoperability with hospital systems enabling receipt of structured discharge information.
- Computable dose standards (dose syntax).
- Appointments, referrals, signposting and medicines statuses standards.
- Growth of PRSB pharmacy information flows datasets.
- A common Local Health and Care Record transmission standard so that system suppliers that have integrated into one LHCR system have ability to easily integrate with another.

2. Reducing burden
Priority: Use of digital technology to reduce the burden on pharmacy teams, so they can focus on patients.

2a. Ease authentication
E.g. single-sign in systems and master log-ons, Smartcard alternatives, single interfaces to gather various info needed etc. System developers should look towards smarter authentication options such as log-in with Athens, log-in with NHSmail and login with NHS Identity.

2b. Ensure future technology is usable
Technology should:
- **Continue to be user-tested** involving CP ITG and pharmacy teams testing new tools or features (dummy or real login credentials should be used so comments are passed to developers for consideration).

- **Support workflow prioritisation** to ease rather than add to workload. Systems should increasingly integrate notifications/emails/appointments, to support the increasing messages and increasing referrals coming into community pharmacy from other sectors (Hospital, GP, NHS111 etc).
- **Enable elimination of paper** (e.g. with Real Time Exemption Checking (RTEC), good practices, more mobile devices, guidance explaining how to access Spine services on mobile devices etc).

3. Good use of digital
Priority: Support technology usage within pharmacy to improve health and care productivity, improve patient safety outcomes and improve cooperation between pharmacies and the health and care system. (including PMRs, Electronic Prescription Service (EPS), and related safety measures).

3a. Further expansion of development and integration of existing and future tools
(or appearance of integration) for Summary Care Record (SCR), EPS etc. (whether the tools are NHS or otherwise). The group's supports priority items:

- **Further EPS enhancement** for medium and long term and ensure views continue to be fed to relevant place (including NHSX). Support making EPS more adaptable so enhancements are easier. Explore how to best make case or quantify patient outcome benefit with EPS enhancement. CP ITG have set out further work within Views on the next generation of EPS.
- **Pharmacy systems that support the goals of the Community Pharmacy Contractual Framework (CPCF) and the five-year framework.** Support for related specifications that pharmacy suppliers could use with the user comments feeding into the development of those.
- **Remote care** including video consultation options should increasingly be offered from community pharmacy teams.
- **Make systems used by pharmacy teams more patient-focussed** with suitable information displayed to maximise the impact of each interaction between a pharmacy team member and a patient. Systems should enable the quick recording of patient's information which patients expect to be recorded or make use of information patients have already recorded elsewhere. Both patients and pharmacy teams should not be expected to re-key information repeatedly.

4. Patient tools
Priority: Enable patients to choose digital tools to access medicines info and pharmacy services directly, so they can receive the best outcomes, recognising the need to also remain inclusive for all patients.

4a. Expansion of suitable patient tools
The group supports:

- **More patient tool usage** (tools of NHS and pharmacy variety, to meet patients' current and future expectation.
- **Patients being able to choose to share information** with health and care organisations such as their pharmacy (e.g. blood glucose levels) that is currently restricted to 'silos'.
- **Patient tools which are usable and inclusive**.
- **More Patient data standards being developed by PRSB and others**.

CP ITG may continue work to develop views on these four digital priority areas and the continued alignment of these with the Five-Year Community Pharmacy Contractual Framework and the CPCF grid.

This list has been developed and collated by CP ITG and incorporates pharmacy team feedback. If you require further information, or you work within a community pharmacy and can suggest further changes, contact it@psnc.org.uk. See also: the summary list; or infographics version.