

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

to be held on 6th March 2018

at the NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

commencing at 11am, closing at 3pm

Members

Matthew Armstrong, David Broome (Vice Chair), Sibby Buckle, Richard Dean (Chair), David Evans, Colin Kendrick, Sunil Kochhar, Andrew Lane, Phil Maslin, Fin McCaul, Coll Michaels, Craig Spurdle, Robbie Turner, Iqbal Vorajee and Heidi Wright.

Apologies for absence

At the time of setting the agenda, apologies for absence from members had been received from Colin Kendrick, Coll Michaels and Heidi Wright.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 5th December 2018 are to be considered at the March meeting.

CP ITG Work Plan items

Below we set out progress and actions required on the work plan areas. The group is asked to consider the reports, to address any actions required and to comment on the proposed next steps.

1 Supporting the development of PMR systems

This group will help with consideration of usability for pharmacies. This can then support further work by the group with NHS Digital, PMR system suppliers and contractors to develop a roadmap for development of PMR systems. Work should also include looking at PMR contracts, to see how they can reflect agreed best practice or providing guidance to contractors, if changes to standard contracts cannot be agreed. The group should support PMR systems by helping to identify useful future development options.

Relevant webpages include: psnc.org.uk/systems

Report:

- The group agreed at its December 2017 meeting to identify volunteer “superusers” for each of the PMR systems. The “superusers” identified so far have begun work with Dan Ah-Thion to develop a list of features wanted in PMR systems.
- A Google group has just been set up - the Community Pharmacy Digital Group (CPDG) – for community pharmacy team members with an interest in IT. This group has been created as a way of collecting the views of interested team pharmacy members, including the superusers referenced above, on IT matters, which can inform the work of the CP ITG and its work with others. Pharmacy staff with an interest are encouraged to join the Google group by signing-up at psnc.org.uk/cpdg or contacting Dan Ah-Thion.
- An online feedback form for IT requests and PMR system comments has just been published at psnc.org.uk/itfeedback for pharmacy teams to use to assist the collection of information to inform work on this and other work plan items.
- Valproate warnings within PMR systems were discussed with system suppliers at the December meeting. Andrew Coates from NHS Digital is following this up with each of the system suppliers, most of whom have a pop-up window message.

CP ITG Action:

- Continue to identify IT superuser candidates and to refer them to Dan Ah-Thion.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- The list of commonly wanted features for PMR systems will continue to be developed with input from the superusers and others.
- A “Pharmacy PMR survey” which will build on the previous NHS Digital EPS user survey is being developed; any members who wish to assist with this work should contact Dan Ah-Thion.

2 Connectivity, business continuity arrangements and dealing with outages

This would include supporting the transition from N3 to Health and Social Care Network (HSCN), in terms of the sector starting to get the benefits of the new HSCN model. Also ensuring the technical architecture of pharmacy connectivity does not prevent access to key NHS web-based resources, e.g. the Leeds Care Record. Pharmacy and system supplier input should be incorporated into HSCN migration plans.

Relevant webpages include: psnc.org.uk/itcontingency; and psnc.org.uk/connectivity

Report:

- Work is ongoing to explore outage options, e.g. blue light service level agreements (SLAs), aggregator fix response time options, 3G backup setup times etc.
- The aggregator QuintilesIMS (previously IMS Health) has been exploring the nww link authorisation process (for individual links or auto-access), and the scope and requirements for wider access by pharmacy without link-by-link authorisation.
- NHS Digital, PSNC and Royal Pharmaceutical Society (RPS) have developed draft business continuity guidelines which are currently being considered by the Joint GP IT Committee.

CP ITG Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Dan to provide a verbal update regarding QuintilesIMS investigations into the nww issue.
- Continue development of a draft ‘Continuity options for each PMR supplier’ which will be discussed at a future meeting of the group and involve offerings associated with PMR suppliers’ aggregators. Input from the PMR suppliers into this work is necessary and Dan Ah-Thion could contact a relevant contact at each of the suppliers.
- NHS Digital, PSNC and Royal Pharmaceutical Society (RPS) have developed draft business continuity guidelines that requires endorsement by the Joint GP IT Committee.

3 Supporting EPS and its enhancements

Including Controlled Drugs, real-time exemption checking, Phase 4 pilot, improving the efficiency of eRD (electronic Repeat Dispensing) work flows in PMR systems, development of standard descriptors across PMR systems for the different stages of a script’s EPS journey and other issues identified in the EPS issues log.

Relevant webpages include: psnc.org.uk/eps

General EPS matters

Report:

- The EPS log has been updated (see psnc.org.uk/epslog) and PSNC continues to welcome feedback from CP ITG members and community pharmacy team members.
- The EPS Controlled Drugs (CDs) pilot is expected to begin after Easter with Vision.
- PSNC's response to the Pregabalin/Gabapentin consultation has been submitted, incorporating feedback from NHS Digital's EPS team and PMR suppliers. Due to the risk of split scripts, the consultation response argued that the items should not be rescheduled as Schedule 3 unless EPS CDs are fully deployed. The NPA also responded.
- Functionality for one-off nominations within EPS was an enhancement requested by many pharmacy staff within the EPS enhancements survey. An urgent care clinical system (Adastra) has now tested the concept within the EPS in urgent care pilot.
- A second integrated urgent care provider has started EPS as part of the EPS in urgent care pilot. Derbyshire Health United has joined London Central & West Unscheduled Care Collaborative who started piloting the system upgrade in December.
- Real-time prescription charge exemption checking proposals were discussed at the group's December meeting. As of January 2018, three system suppliers were taking part with early testing (Positive Solutions, EMIS and ClanWilliam). The project is considering whether the data flow could be directly between the pharmacy and NHS BSA, so as well as providing information on exemptions, it may be possible for it to act as an enabler for future projects between the two parties. At present an end to end proof of concept is expected in Spring, with a view to piloting in summer. A verbal update will be provided at the meeting.
- An EPS/eRD implementation group hosted by NHS Digital and including the NHSBSA and PSNC is working on ways to promote the use of eRD. The available eRD guidance is being examined and refreshed where required.
- NHS Digital are exploring access to the EPS Tracker for urgent care prescribers.

CP ITG Action:

- Share any feedback on eRD or examples of useful local implementation materials with Dan Ah-Thion.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Further analysis of the EPS enhancement survey results will be undertaken by NHS Digital and PSNC and the findings will be shared with the group in due course.
- The PSNC Regulations team is examining whether there is a regulatory requirement for capturing a signature when a Schedule 2 or 3 CD is collected.

Clinically Urgent Prescriptions

Report:

- Following the initial workshop on this topic, NHS Digital shared with PSNC and the RPS a copy of a letter sent to the GPC and RCGP. This letter and the response from PSNC to NHS Digital is set out in [Appendix CPITG 01/03/18](#).
- A second workshop exploring clinical urgency of EPS prescriptions was organised on 19th February by NHS Digital. This followed the first workshop on the topic held during November 2017. Attendees at that event concluded that the matter was primarily a professional one and a technical solution alone was not the right approach. A follow up workshop for national pharmacy and general practice bodies has been organised for 7th March. A verbal update on the 19th February workshop will be provided by David Broome.

CP ITG Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- The pharmacy bodies will continue to work with NHS Digital to identify the best options for identifying clinically urgent prescriptions.

EPS phase 4

Report:

- The Department of Health and Social Care (DHSC) and NHS England have commenced discussions with PSNC on interim arrangements for 2018/19. These include a move to pilot and then roll out phase 4 of EPS (this is not technically an interim arrangement). A reminder of what phase 4 entails is set out in [Appendix CPITG 01/03/18](#).

CP ITG Action:

- Discuss the practical implications of the roll out of phase 4, to inform PSNC's discussions with DHSC and NHS England.

Next Steps:

- PSNC will continue to discuss the roll out of phase 4 with DHSC and NHS England and further information will be shared with the group as soon as possible.

Amendment of the EPS prescription item limit

Report:

- NHS Digital has previously suggested that the current EPS prescription item limit of four items could be reviewed; this would potentially address some of the issues with split prescriptions. With proposals to roll out EPS phase 4 now being discussed, it is a timely moment to consider whether this may be appropriate and what the optimal item limit would be. A paper describing some of the points to be considered is set out in [Appendix CPITG 02/03/18](#).

CP ITG Action:

- Discuss the practical implications of changing the EPS prescription item limit and what the optimal item limit would be.

Next Steps:

- PSNC will discuss this issue with DHSC and NHS England.

4

Seeking a standard process for importing PMR data into a new PMR system

The lack of a standard approach means there are clinical (including patient safety), ethical and legal risks related to the potential for data to be inappropriately transposed.

Report:

- The CP ITG agreed at its December 2017 meeting to explore a standard data process for transitioning pharmacy contractors from one system to another to improve the continuity of care. Martin Jones is chairing a joint project amongst all the PMR suppliers to standardise patient data export and import (single patient or bulk) to ensure a consistent approach across the industry. Martin Jones will provide a verbal update at the meeting.

CP ITG Action:

- None.

Next Steps:

- The PMR suppliers will continue to explore this issue and a report on progress will be provided to the next CP ITG meeting.

5 Seeking the development of interoperability/integration where appropriate

This could be between different community pharmacy systems (e.g. PMRs and Services Support platforms) and between community pharmacy systems and other health and care record systems. This would necessitate community pharmacy systems supporting the recording of interventions/services in a coded manner (using SNOMED CT) with a clear aspiration for computable dose instructions across all systems including EPS.

Relevant webpages include: psnc.org.uk/interoperability and psnc.org.uk/dosesyntax

Report:

- The group discussed the previous challenges with progressing development of a Standard Dosage Syntax at its December 2017 meeting. Gary Warner subsequently emailed group members on 5th December 2017 to highlight some previous work on this matter undertaken in Scotland - The [NHS Scotland Dose Syntax Recommendation](#) – which was published in 2015. Gary suggested that the CP ITG might be able to help move this issue forward in England by re-articulating the purpose and benefits of progressing work on this matter. NHS Scotland, INTEROPen and others working on the topic are now using the term “Computable dose instructions”. Further progress made on this matter is described in the footnote below¹.
- NHS Digital, the Professional Record Standards Body (PRSB) and the RPS are continuing to work on interoperability of community pharmacy and other health IT systems. If possible, a verbal update will be provided at the meeting.

CP ITG Action:

- PRSB are seeking community pharmacists to participate in some of their projects, including attending workshops during 2018 to consider how records standards apply to community pharmacy. Group members or pharmacists interested in participating in this work can contact Dan Ah-Thion. Read more [here](#).

¹ In summary: **a.** In 2017 NHS England commissioned INTEROPen and Professional Record Standards Body (PRSB) to collect together Fast Healthcare Interoperability Resources (FHIR) implementations of Medication profiles used in 'GP Connect' to automate messaging across Transfers of Care, because medication reconciliation work is a high burden on clinicians.

b. As of February 2018, Computable Dose Syntax was not yet formally started as a project within England, but related work on medication messaging is intended to be forwards-compatible with any future Computable Dose Syntax. The work done has evolved into a full set of models that can be seen at the *openEHR CKM* tool at http://openehr.org/ckm/#showProject_1013.30.27. These models have gone beyond the scope of the original community prescribing 'dose syntax' into full inpatient and outpatient prescribing models but are now being used inside real hospital and community prescribing systems in various parts of the world, based on an approach developed by NHS Scotland work in the 'Dundee project'.

c. Structured dose/timing has been left out of scope of the first FHIR profile collections. Supplier commitments are needed for work to progress and the FHIR versions of dosage/timing require additional testing compared to the openEHR (Electronic Health Record) models referred to earlier.

Next Steps:

- Continue development of a draft 'Case for Computable Dose Instructions' which will be discussed at a future meeting of the group. Group members who would like to help develop this document should contact Dan Ah-Thion.

6 Developing a wider IT roadmap

To support useful and usable IT beyond PMR systems and EPS.

Report:

- PSNC has published an online feedback form (psnc.org.uk/itfeedback) for pharmacy teams to use to identify IT developments that they would like to see. This feedback will be used to inform the CP ITG's work with NHS Digital and PMR suppliers.
- The “superusers” referenced in work plan item 1 will also be asked to take part in the development of a wider IT roadmap.
- Dan Ah-Thion has started to draft a wider IT roadmap, which also links to other sources of information on IT developments and issues such as PSNC’s EPS log.

CP ITG Action:

- Share the above online form link with relevant colleagues and networks to help increase the feedback about community pharmacy IT.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Dan Ah-Thion will continue to develop a draft IT roadmap, which will be discussed at a future meeting of the group. Group members who would like to help develop this document should contact Dan Ah-Thion.
- A “Pharmacy IT infrastructure survey” which will build on the previous NHS Digital user survey is being developed; any members who wish to assist with this work should contact Dan Ah-Thion.

7 Supporting cyber security and Information Governance

Supporting the use of minimum hardware specifications and the development of a revised Information Governance Toolkit for community pharmacy, NHS Digital training resources and developing guidance and resources for pharmacy teams on cyber security and information governance (including GDPR and handling patient requests for access to their data).

Relevant webpages include: psnc.org.uk/ig

IG toolkit

Report:

- CP ITG members were previously invited to test the revised IG toolkit and NHS Digital have now visited several contractors to collect additional feedback including David Broome, David Evans and Rowlands.
- The comments received on the draft IG toolkit from group members have been collated and shared with NHS Digital. The key comments received were that whilst the principles were right, the workload should not be more than last year’s version, questions should be written in a way that will be widely understood by pharmacy staff, a pharmacy-specific profile is needed, and selection of system supplier could be considered so that some questions can be filtered within the toolkit.
- PSNC is discussing the collated comments with NHS Digital and NHS England.

CP ITG Action:

- None.

Next Steps:

- PSNC will continue discussions with NHS Digital and NHS England. The revised IG toolkit is currently scheduled for release during April 2018.

General Data Protection Regulation (GDPR)

Report:

- The GDPR Working Party (PSNC, NPA, RPS, Company Chemists' Association (CCA) and Association of Independent Multiple Pharmacies (AIMp)) are preparing a joint guidance document for community pharmacy.

CP ITG Action:

- If CP ITG members want to feed into this work or comment on the current draft version of the guidance document, they can do this by contacting Gordon.Hockey@psnc.org.uk or John Palmer.

Next Steps:

- The joint guidance is currently scheduled for publication around the end of March 2018. Gordon Hockey and John Palmer, acting for the GDPR Working Party, are liaising with the Information Governance Alliance and the Information Commissioner's Office about the draft document.

Cybersecurity

Report:

- Recent cybersecurity threats have included Spectre, Meltdown, and WiFi Krack.
- Accenture conducted a global survey about citizen attitudes and experiences of cybersecurity within health sectors. The key findings were not as some CP ITG would have expected, but they were shared with group members by email on 15th January 2018.
- NHS England requested that PSNC work with system suppliers to provide updated information about cybersecurity arrangements as an alternative to community pharmacies being contacted directly. Dan Ah-Thion contacted pharmacy system suppliers during February 2018 for an update.
- NHS Digital published [guidance on cloud computing](#) for health and social care during January 2018.

CP ITG Action:

- None.

Next Steps:

- CP ITG members will continue to promote good cybersecurity practices, such as those outlined within [PSNC Briefing: Ten steps to help improve data and cyber security within your pharmacy](#).

NHS Digital's National Data Opt Out Programme

Report:

- Information on the National Data Opt Out Programme is set out in [Appendix CPITG 04/03/18](#) and members of the NHS Digital team leading work on the opt out will attend the meeting to provide a briefing on the programme.

CP ITG Action:

- The group is asked to consider the implications of the opt out programme for community pharmacy, in particular whether:
 - there are any data flows within community pharmacy, which relate to named patient or citizen data being used for planning or research purposes (i.e. not where consent is given for use of the data or where there is a legal obligation to share data); and
 - the intended approach for community pharmacy outlined by NHS Digital is right.

Next Steps:

- PSNC will work with NHS Digital to develop appropriate communications messages on the programme for community pharmacy teams.

8 Promote the ability to collate fully anonymised appropriate patient interaction data from all systems

To support the evaluation and further development of pharmacy services. Ensure that appropriate consent models continue to remain in place.

Report:

- The CP ITG agreed at its December 2017 meeting to begin exploring the capability for anonymised data to be accessible so that the important interactions of pharmacy teams begin to be auditable, and the value of community pharmacy can be further demonstrated.
- Dan Ah-Thion, has discussed the issue with a PMR supplier and a verbal update will be provided at the meeting.

CP ITG Action:

- Pharmacy system suppliers are asked to consider how the approach within Public Health England's [Everyday Interactions](#) document could be integrated into community pharmacy IT systems to record their interactions with patients and allow the extraction of collated anonymised data to support the assessment of outcomes from pharmacy activity.
- Group members that would like to support work to scope the data capture and collation requirements of pharmacy teams are asked to contact Dan Ah-Thion.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- A document outlining the data capture and collation requirements of pharmacy teams will be drafted by Dan Ah-Thion and will be considered at a future meeting of the group.

9 Supporting Electronic referral solutions

Supporting the development of electronic referral solutions, for referral into and from community pharmacy. This would include coordination / consolidation of electronic hospital discharge processes, so a best practice approach is achieved which can be adopted across the country.

Report:

- NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme, with Professional Record Standards Body (PRSB), PSNC and the RPS are undertaking further discovery work.
- NHS Digital is undertaking work to explore the way in which pharmacies and GPs communicate at present, as well as solutions which involve NHSmail and Interoperability Toolkit (ITK) structured messaging.
- NHS Digital are working with the Professional Record Standards Body (PRSB) to develop a standard for electronic flu vaccine notifications and may wish to explore how to work with system

suppliers to integrate this into existing pharmacy systems.

CP ITG Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- NHS Digital and partners will continue work on this matter and an update will be provided at the next meeting of the group.

10 Supporting NHSmail

Work with NHS Digital to ensure completion of the rollout of NHSmail, promote its use by contractors and seek to improve usability, e.g. NHSmail migration of individual accounts to new nomenclature and the use of email address aliases to provide a user-friendly email address for day-to-day use.

Relevant webpages include: psnc.org.uk/NHSmail

Report:

- CP ITG members have supported the ongoing NHSmail roll-out, including sharing information with LPCs and contractors, about the process and escalation routes where there have been problems. More than 95% of community pharmacies now have access to a shared NHSmail premises level account.
- PSNC is seeking further information from the NHSmail team about what technical requirements are required so that NHSmail can be used on pharmacy smartphones.
- NHS Digital is working with NHS England and PSNC on its plan to identify legacy NHSmail accounts being used by community pharmacies, that can be replaced by “new-style” pharmacy ‘shared mailbox systems’ in which each pharmacy staff member will get their own login credentials which can login to both the central ‘shared pharmacy mailbox’ and the individual’s mailbox.
- Contractors report that the long NHSmail addresses are tricky to dictate over the phone and they are consequently not very user friendly. The use of email aliases (a shorter email address which is part of the contractor’s email account, alongside the main primary email address) could help to improve the usability of NHSmail. At PSNC’s request, the NHSmail team have considered some alias options for all pharmacies, such as ODScode@nhs.net. Information governance leads have suggested that such an approach could result in a mistyped email being sent to the wrong pharmacy, which could result in information governance breaches or other problems. Other options for aliases have therefore been proposed:

- ODScode.[first 3-4 digits of the pharmacy postcode (outcode)]@nhs.net
- [Pharmacy name or part of it].[ODScode]@nhs.net

An alternative option is for pharmacies to request bespoke aliases via the NHSmail Pharmacy Admin team; there is an ability to do this already, but it has not been highlighted to all contractors.

CP ITG Action:

- Provide feedback on the most appropriate email alias options for NHSmail (see above).
- Suggest improvements to NHSmail functionality which could be proposed to NHS Digital.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- PSNC will continue to work with NHS Digital on NHSmail aliases and transition of legacy NHSmail accounts.
- The list of suggested improvements to NHSmail functionality will be developed and will subsequently be shared with NHS Digital. Further suggested items for inclusion should be sent to Dan Ah-Thion.

11 Tackling issues related to the practical use of pharmacy IT

e.g. frequency of forced password changes, use of alternative credentials (alternatives to Smartcards) for users and changes to support improved patient safety.

Relevant webpages include: psnc.org.uk/smartcards

Report:

- Two new Smartcard factsheets were published in January 2018. These include reference to an ability to register to self-unlock Smartcards (an NHSmail address required). The factsheets can be found at:
 - [PSNC Briefing 006/18: Better managing Smartcards](#)
 - [PSNC Briefing 005/18: Dealing with Smartcards - Quick reference guide](#)
- Shanel Raichura (EMIS) previously asked Daniel Ah-Thion and the CP ITG about current guidance for website usage, e.g. is YouTube okay for training videos and DropBox okay for storing some work files. Shanel queried whether there were security issues to consider. A variety of cybersecurity and IG guidance documents recommend appropriate internet usage policies, e.g. avoiding known use of unsafe sites.

Shanel had also highlighted traffic usage risks about too much internet usage. The expansion of the NHS WiFi programme (non-HSCN/N3) to community pharmacy would help to reduce the N3/HSCN traffic for internet usage not relating to sensitive data. Dan Ah-Thion raised the matter with NHS Digital's Health and Social Care Network team, who responded:

"Effectively we don't advise HSCN customers on how to use their circuits (aside from Connection Agreement details), but they must ensure that they have purchased a circuit that has adequate capacity to be able to deliver their requirements, and that they have been through the correct governance procedures in relation to any confidentiality issues that may arise from the transmission of the files in question."

The HSCN 'Connection Agreement' which may be signed by pharmacy system supplier aggregators also mentions the topic².

- CP ITG and PSNC have sent a letter to NHS Digital regarding frequent requests for password resets associated with national NHS Digital systems, such as NHSmail. The 2016 guidance from the National Cyber Security Centre (NCSC) states that "Regular password changing harms rather than improves security, so avoid placing this burden on users." A copy of the letter and the response received from NHS Digital is set out in [Appendix CPITG 05/03/18](#). This NCSC guidance is also relevant for other systems not controlled by NHS Digital, for example the NHSBSA's portal used by contractors; PSNC is raising the issue with the NHSBSA.
- Pharmacy professionals with an NHSmail account, can now use the self-service password management facility to reset their NHSmail password. Setting up self-service takes a few minutes. The self-service facility is not available for locked accounts (accounts are unlocked by contacting the NHSmail helpdesk on 0333 200 1133).

CP ITG Action:

- Share any knowledge of shared whitelists used within pharmacy or more widely by health and care providers. If there are existing shared whitelists, these might be relevant for community

² The HSCN Connection Agreement says "...6.11 Because there is sometimes a business need to access a variety of content from a range of services, the HSCN network does not impose any restrictions on categories of sites or services that HSCN Consumers can access through the HSCN, except that:

6.11.1 for internet access, a standard set of controls are in place to prevent data from being shared with known malware resources (for example, places on the internet with which malware may try to communicate with). The purpose of this restriction is to limit the impact on the HSCN community should a malware attack take place, and as such the list of blocked sites may change from time to time; and

6.11.2 HSCN Consumers may agree access restrictions on internet access or general network access (for example, blocks on categories of internet sites) with their CN-SP, but that is a solely a matter between the HSCN Consumers and their CN-SP..."

pharmacy as well. Some community pharmacies are reporting that common websites are frequently blocked, e.g. the NHS Digital website.

- Suggest additional issues related to the practical use of pharmacy IT that can be considered for examination.

Next Steps:

- As appropriate following the discussion at the meeting.

12	Consider the development of apps and wearables in healthcare
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<i>Consider the development of guidance and a principles documents for new apps covering, appropriate usage and security for data, promotion of all pharmacies equally etc.</i>

Relevant webpages include: psnc.org.uk/apps
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Report:

- Dan Ah-Thion has invited a representative from NHS Digital's Domain A (apps etc.) to attend a future meeting of the group and they have agreed in principle to this.
- PSNC has received several reports from LPCs and pharmacy contractors about apps which may effectively support the direction of prescriptions or restrict patient choice in other ways. This matter has been raised with DHSC, NHS England and NHS Digital and discussions are ongoing.

CP ITG Action:

- Share any information on apps which restrict patient choice of dispenser with Dan Ah-Thion.

Next Steps:

- PSNC will continue discussions with DHSC, NHS England and NHS Digital and an update on the issue will be provided at a future meeting.

13	WiFi
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<i>Explore use of WiFi within pharmacies and develop guidance if necessary. Consider whether NHS funding for WiFi should be sought.</i>

Report:

- John Palmer is drafting guidance on WiFi.
- PSNC discussed the topic with the Director of the NHS Digital WiFi programme in November 2017. The programme is current commissioned to roll-out WiFi across GP practices and secondary care.

CP ITG Action:

- PMR system suppliers are asked to comment on their current experience of the use of WiFi in community pharmacies: E.g. What are dispensing system supplier offerings for staff, visiting staff, and patients/customers?

Next Steps:

- PSNC and other CP ITG members should continue to raise the issue at relevant meetings with NHS Digital and others.
- A draft "Case for Community Pharmacy WiFi" is being prepared, which will be discussed at a future meeting of the group. Group members who would like to help develop this document should contact Dan Ah-Thion.

14 Supporting Digital literacy

Collate a central list of IT training opportunities available for all pharmacies and consider other ways to work with Pharmacy Digital Forum (PhDF), RPS, Health Education England and Faculty of Health Informatics to help boost the digital literacy of pharmacy staff.

Relevant webpages include: psnc.org.uk/digitaltraining

Report:

- Health Education England (HEE) sought to inform their plans to improve digital capability amongst pharmacy teams and other healthcare professionals and have invited digital enthusiasts and wider health and care staff to provide input.
- CP ITG (Richard Dean), PSNC, Pharmacy Digital Forum (PhDF) and RPS (Sibby Buckle, Robbie Turner, Stephen Goundrey-Smith), have sent a letter to HEE highlighting key priority areas for community pharmacy. A copy of the letter is set out in [Appendix CPITG 06/03/18](#).
- A list of IT and digital-related training courses is being prepared by PSNC and RPS; a draft is set out in [Appendix CPITG 07/03/18](#). The list includes information on RPS accreditation of training providers/courses.

CP ITG Action:

- Advise on any additional training opportunities, particularly relating to system supplier training webpages, that are not already included in the above list.
- Suggest additional issues related to supporting digital literacy that can be considered for future actions.

Next Steps:

- As appropriate following the discussion at the meeting.
- Amandeep of HEE, based in London WC1B, would like to spend a day visiting pharmacies to observe and interview pharmacy technicians and pharmacists about their digital capabilities and how they can build on these. Anyone interested to contact j.palmer@npa.co.uk.

Any other business

Falsified Medicines Directive (FMD)

Report

- John Palmer distributed “The Way Forward” FMD document to CP ITG members on 7th December 2018. This was published online on 31st January 2018 on the [FMD Source website](#).

CP ITG Action:

- On behalf of the FMD group, the chairman agreed to use this meeting to seek the fullest possible response from every PMR supplier about their plans to implement FMD solutions ready for 9th February 2019. All suppliers are asked to come prepared to provide a progress update on the work they have undertaken so far and what their product is expected to look like.

Next Steps:

- The UK CP FMD Working Group will continue to lead work on this topic.

Communications following this meeting

CP ITG Action:

- The group is asked to consider whether any communications should be issued following the meeting and in the future, whether the agenda papers (including this one) and minutes should be published (subject to the deletion of any confidential content).

Next Steps:

- As appropriate, following the decision of the group.

Horizon scanning and topics for discussion at future meetings

Members are asked to identify any new digital developments of which the group should be aware and to suggest topics which could be discussed at future meetings.

Future meetings

Future meetings of the group:

- 5th June 2018;
- 4th September 2018;
- 28th November 2018: and
- 5th March 2019.

Correspondence regarding flagging of clinically urgent prescriptions



1 Trevelyan Square
Boar Lane
Leeds LS1 6AE
0300 303 5678

Dr Richard Vautrey
Chair
BMA General Practitioners Committee

4 December 2017

Dear Richard

NHS Digital recently received a Regulation 28 letter following the death of an individual who did not receive his GP provided prescription for antibiotics and was subsequently admitted to hospital with sepsis and died.

There were numerous factors involved in the case including:

- It was an urgent prescription, but the meaning of that is in some dispute
- The prescription was not highlighted to the pharmacy
- Pharmacists have difficulty finding urgent prescriptions among the repeat prescriptions and they are not highlighted
- This prescription was lost
- The patient relied on a home delivery system to get his medications and could not collect them himself and this is not part of the standard community pharmacist contract.

The coroner has asked NHS Digital to consider introducing a flag for urgent prescriptions within EPS so that it can be set by the prescriber and transmitted via the Spine and downloaded onto pharmacy systems where it would be visible in the list view so that urgent prescriptions can be identified by the pharmacist within their pharmacy systems so that they can take action within a desired time frame. As Medical Director in NHS Digital I have made the case to the NHS Chief Clinical Information Officer, but recognise that even if successful a change in technology and practice of this size will take considerable time to implement.

The purpose of this letter is to seek your support on mitigating actions you can take to hopefully prevent such a recurrence?

For most GP prescribers the normal way to communicate clinical urgency is to speak to the pharmacist usually by phone or directly and provide information about the patient; the medication/s that need to be dispensed; who will collect the medication or whether it will need to be delivered and how they will receive the prescription (patient/carer, fax/post or collect from surgery). The GP may delegate this to a member of his staff. This communication is normally in response to the need for the delivery of medicines, but can also be in relation to early notice to order a special medicine as these can have a longer lead in time.

This case would indicate the following factors are high risk and therefore should be accompanied by a telephone call:

- When the prescriber views the prescription as urgent and
- When the patient relies on a home delivery for the medication to get into their hands as this is outside the contractual obligations of a community pharmacist and/or
- When the prescription is issued within normal working hours as the urgent prescription will not be visible within the large numbers of repeat prescriptions and/or
- When there is any doubt about the prescription will be collected in the desired time frame by the patient or representative in the case of a vulnerable patient.

I hope you feel such a request is reasonable and in the best interests of patient care and safety.

Kind regards,

Martin



Prof Martin Severs
Medical Director and Caldicott Guardian



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Prof Martin Severs
Medical Director and Caldicott Guardian
NHS Digital

Alastair Buxton
Director of NHS Services
0203 1220 825
alastair.buxton@psnc.org.uk

16 February 2018

Dear Martin

Identifying the clinical urgency of prescriptions

Thank you for sending PSNC a copy of your letters to Dr Richard Vautrey and Prof Helen Stokes-Lampard regarding NHS Digital's initial response to the Regulation 28 letter received following the death of an individual who did not receive a prescription for antibiotics.

As you will be aware, this is a matter that was discussed at a meeting late last year by representatives of primary care providers, including PSNC, and a further workshop with "front line" professionals is shortly to take place.

We have spent time considering this issue and we believe that the current system of flagging clinical urgency to community pharmacists by direct contact from the prescriber is still appropriate; I understand that was also the view expressed by the majority of practitioners at the meeting held late last year. We note that this approach only needs to be taken relatively infrequently, when the prescriber knows that the patient or their representative will not be presenting in the pharmacy in order to promptly obtain their medicine, for example following a home visit or telephone consultation with the patient, where they are housebound. Most urgently required prescriptions will be collected by the patient or their representative and if the urgency needs to be communicated to the community pharmacist, that will be done directly by the patient or their representative.

We will be interested to consider the outcomes of the discussions at the forthcoming "front line" professionals workshop, however at this time, we would view any proposals to add clinical urgency flags to EPS prescriptions with caution, as we believe it may lead to prescribers adopting a "fire and forget" approach where scripts are flagged and issued without any other communication with the pharmacy. This could present a number of new risks, for example where an urgent prescription is issued and the patient has an EPS nomination in place, but their nominated pharmacy has already closed for the weekend. This type of scenario would be avoided by direct contact between the prescriber/prescriber's practice and the pharmacy, ahead of the script being issued.



Pharmacy contractors have also reported to us that the prescribing via EPS of new, generally non-urgent medication to patients is increasingly occurring, but the patient is not aware of the new prescription, resulting in delayed collection from the pharmacy and commencement of new therapy. This points to a need for a review of general practice communication not only with pharmacies, but also in some circumstances with patients and their carers, and it is another area where the issuing of guidance to prescribers may be beneficial.

We believe adding clinical urgency flag functionality to EPS could also lead to inappropriate use of flagging, where there is not a genuine clinical urgency or other unintended consequences, which could likewise potentially increase risk, such as a significant number of prescriptions being flagged as urgent, which results in difficulty for pharmacists identifying the prescriptions where it is unlikely that the patient will be collecting the item from the pharmacy and additional action by the pharmacy may be necessary.

We look forward to further discussions on this important matter with NHS Digital and primary care colleagues over the next few weeks.

Yours sincerely

Alastair Buxton
Director of NHS Services

EPS Phase 4

Background

The Electronic Prescription Service (EPS) was originally envisioned as a sequence of phases:

EPS phase	Status
EPS Release One - Phase 1	Completed
EPS Release One - Phase 2	Completed
EPS Release Two - Phase 3	Current Phase
EPS Release Two - Phase 4	Proposed next phase
EPS Release Three	Possible future EPS release with further improvements

During Phase 4, electronic prescriptions will become the default route for all prescriptions³.

In May 2015, ahead of a planned pilot of Phase 4, NHS Digital and NHS England agreed to several prerequisites (detailed below) that would need to be in place before Phase 4 could move to full rollout.

Phase 4 pilot

At the October 2016 meeting of the PSNC Committee, a proposal from NHS Digital to pilot Phase 4 was considered and accepted. The pilot start date was delayed whilst regulatory issues were further considered.

Prerequisites for full deployment of Phase 4

The key prerequisites and progress to date is detailed below.

Prerequisites	NHS Digital progress/status
<i>Pharmacy training events for EPS to be conducted.</i> NHS Digital committed to hosting system-specific pharmacy training events throughout the country	<i>Completed.</i> NHS Digital have finished hosting these events. PSNC is working with system suppliers to prepare system-specific webinar material which will be made available to pharmacy teams in due course.
<i>The Prescription Tracker tool to include a new contingency mode.</i>	<i>Completed.</i> NHS Digital have added the new business continuity feature to the online EPS Prescription Tracker tool. This mode allows pharmacy staff to view outstanding prescription medicines information if there is N3/HSCN access, but the pharmacy system is experiencing downtime.
<i>Schedule 2 and 3 Controlled Drugs to be EPS-enabled.</i>	<i>Not yet completed. NHS Digital is preparing to pilot the "Tactical Fix" shortly.</i> Initially up to 15 GP practices with the <i>Vision</i> GP system will gain the ability to prescribe CDs with the project aiming to demonstrate that EPS CD prescribing capability can be rolled out more widely. The tactical fix to GP systems allows words and figures to be included.
<i>EPS workload and costs to be explored.</i>	<i>Completed.</i> NHS Digital, PSNC and others supported an independent study conducted in 2016 by PwC. The study found that EPS and paper prescriptions took the same amount of time to process. A summary of the study's findings and suggestions for pharmacy teams and

³ Unless the patient asked for a paper prescription. Existing nominations would remain valid and further nominations could continue to be collected. Patients without nominations already in place would be provided with a paper or electronic token.

	contractors on how to get the most out of EPS have been published here .
<p><i>Pharmacy system supplier EPS contracts established, and EPS service model recommendations introduced.</i></p> <p>NHS Digital were committed to reviewing the service model and implementing recommendations. NHS Digital were also committed to working with system suppliers towards comprehensive system supplier contracts to boost service levels, resilience and allow future change requests.</p>	
<p><i>Phase 4 pilot and associated investigative work to be completed successfully.</i></p>	<p><i>Pilot cannot yet be scheduled.</i></p> <p>Once the Phase 4 pilot begins, it will be associated with an NHS Digital work package to explore several EPS issues, such as minimum connection speeds, identified in PSNC's EPS issues log (psnc.org.uk/epslog).</p>

EPS prescription item limits

At its January 2018 meeting, PSNC considered the practical issues related to increasing the EPS item limit. The key points raised were:

Pros

- Lower risk of split prescription issues.
- Fewer patient signatures needed.
- Fewer prescriptions tokens would need to be printed.

Cons

- Could increase the number of items that are awaiting payment, where a single item on the script has an owing.

Further considerations

- Can forms and items be separated, or a mechanism to claim for some items, and return some to the Spine but claim for the remainder. Can at least expensive items be claimed separately?
- Change requirements for system suppliers and timescales for this.
- PMR screen visibility – would all items be able to be displayed properly?

Patient data 'Opt-out' system and pharmacy data flows

Background





NHS Digital plan to release a data opt-out system for patients on 25th May 2018. This will allow patients to request an opt-out for their identifiable data being used for:

- *research purposes* - such as finding ways to improve treatments; and
- *planning purposes* - such as data use to improve delivery of health services.

What is the Opt-out and implications? / Data flows

The table below illustrates what the patient opt-out relates to. Separate opt-outs for research and planning were considered but this would have added complexity for patients and others.

NHS Digital have prepared the online portal as detailed in [Your Data, Better Security, Better Choice, Better Care](#). Anonymised data can still be used for both planning and research.

When does the national data opt out apply?		
	<p>Data shared for planning and research purposes <i>Research</i> – finding ways to improve treatments and identify causes of and cures for illnesses <i>Planning</i> – to improve and enable the efficient and safe provision of health and care services This identifies patients personally</p>	<p>✓ Applies to opt-out</p>
	<p>Data shared for an individual's care & treatment E.g. where data is shared between the health and care professionals in a pharmacy and in a GP practice This identifies patients personally</p>	<p>✗ exempt from opt-out</p>
	<p>Legal requirement / public interest / consent E.g. There is a mandatory legal requirement such as a court order, to protect the greater interests of the public or there is explicit consent This identifies patients personally</p>	<p>✗ exempt from opt-out</p>
	<p>Data is anonymised The data shared is anonymized, e.g. compliant with the Information Commissioners Office (ICO) Anonymisation: managing data protection risk code of practice This does not identify patients personally</p>	<p>✗ exempt from opt-out</p>

Pharmacy use of named patient data usually relates to current/future direct care, particularly in relation to data use for NHS purposes.

Further information is available at the NHS Digital Opt-out page: <https://digital.nhs.uk/national-data-opt-out>

Use of the opt-out system

There will be two methods for patients wishing to opt-out:

1. Online (preferred). Identity verification needed via email address or mobile. Patients must enter their NHS number into the portal, amongst other data. Patients can find their NHS number on prescriptions and elsewhere.
2. Phone NHS Digital.

The opt-out is not instant, but it is hoped it will apply from March 2020, even if patients set the opt-out on the day of the portal release. This allows relevant parties to prepare and have time to make amendments to dataflow processes if required.

Legacy opt-out systems

Patients have been able to set legacy care.data-related opt-outs at GP practices for some time, either:

- Type 1 opt-out: Certain data not to be shared beyond GP practice.
- Type 2 opt-out: Certain data not to be shared beyond healthcare professionals and NHS Digital.

Type 1 opt-outs continue until 2020, but then will be reviewed. Type 2 opt-outs will transfer to the new opt-out system. Transition of type 2 opt-outs to the new opt-out will be communicated to those patients who have set a type 2 opt-out, probably by letter.

Communications plan for healthcare staff and patients

- Before the release date moved from March to May 2018, NHS Digital originally envisioned their comms plan would start shortly and focus on opt-out only. NHS Digital now have a little extra time to consider the extent to which they will coordinate with planned 'pro data sharing' comms and other IG comms going out to health and care workers, including the revised IG toolkit and upcoming pharmacy GDPR guidance.
- NHS Digital want to ensure that communications to health and care workers does not result in the incorrect advice being given to patients, resulting in a higher than expected number of opt-outs impacting on research.

Letter to NHS Digital regarding password reset requests

Sean Walsh
Interim Director of Operations & Assurance
Services and Senior Information Risk Owner (SIRO)
NHS Digital
(by email)

Alastair Buxton
Director of NHS Services
PSNC
14th February 2018

Dear Sean

NHS Digital's approach to forcing password changes for national systems

We are writing to you as NHS Digital's SIRO, on behalf of the Community Pharmacy IT Group, which brings together representatives of community pharmacy owners and pharmacists to work together to support the development of IT systems and use within the sector.

As you will be aware, community pharmacists and their teams are significant users of many NHS Digital's national IT systems, including NHSmail and EPS. One of the regular pieces of feedback on such systems that we receive from community pharmacists and their teams is that the routine enforced password changes rules that apply to some systems, such as NHSmail, are burdensome.

We are writing to highlight this feedback to you and to ask why NHS Digital has chosen not to adopt the 2016 guidance from the National Cyber Security Centre on simplifying approaches to use of passwords. As you are no doubt aware, this [guidance](#) states that "Regular password changing harms rather than improves security, so avoid placing this burden on users."

We look forward to your response on this matter.

Yours sincerely

Alastair Buxton
Director of NHS Services
PSNC

Richard Dean
Chairman
Community Pharmacy IT Group

cc Richard Ashcroft, NHS Digital
Libby Pink, NHS Digital



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Alastair Buxton
Director of NHS Services
Pharmaceutical Services Negotiation Committee
14 Hosier Lane
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EC1A 9LQ

19 February 2018

Dear Alastair

Thank you for your letter dated 14 February 2018.

I understand the issues you raise with forced password resets and I am familiar with the NCSC guidance first published in 2016. Our desire is to move towards alignment with this guidance for our systems and services, such as NHS Mail, and we have developed an improved password policy. This policy now states that, where appropriate technical controls exist, our services should move towards passphrases of three unrelated words without the need for enforced periodic password resets.

It is, however, not a simple case of 'turn off password resets' or 'use a passphrase'; we need to ensure we have the systems and infrastructure to ensure any change in policy is well enforced. Further, we need to ensure we understand the change or increase in residual risk that any change in password policy would result in.

Therefore, without the necessary technical controls to ensure that passwords are sufficiently strong to avoid relatively simple brute force attacks, regular resets help reduce the risk of a password being discovered. Commonly used phrases, dictionary attacks and social engineering can become easier if you change policy to pass phrases without having the correct technical controls in place to ensure that:

- single words aren't repeated (passpasspass)
- usernames aren't included in the password
- obvious passphrases held in attack tables can't be used (onetwothree)

Our Data Security Centre, responsible for the creation of this policy and the security assurance of our systems and services, will be working with system owners moving forward to enable this clearer approach to password usage wherever possible.

Yours sincerely

Rob Shaw
Senior Information Risk Owner (SIRO)

Information and technology
for better health and care

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Letter to Health Education England regarding pharmacy digital literacy

James Freedman
Chief Information Officer (CIO)
Health Education England

26 February 2018

Dear James

We follow with interest the important Health Education England work to identify the priority areas associated with developing a more digital-ready health and care workforce.

We have recently reviewed the responses submitted to HEE's online workshop during December 2017 and we have also sought further comments about digital training needs from community pharmacy staff and their local representatives.

From this we note that pharmacy staff have said they would benefit from training opportunities in relation to:

- systems and usability: 'clickability', identifying system issues and developing the skills to help system suppliers to develop useful system improvements;
- use of office applications such as Microsoft Office and Open Office;
- basic desktop IT skills for those that could benefit from it;
- learning about the opportunities from mobile device technology within the workplace;
- data and cyber security; and
- information on data standards;

There was also demand for:

1. Availability of endorsed, free of charge online on-demand training on the topics referenced above.
2. A list of endorsed training materials, pharmacy-specific where relevant.
3. Support to develop the skills of the most digitally literate individuals, so the sector has a route to development of subject experts.
4. Education that emphasises awareness of the strategic value of data and systems to their service.
5. Inclusion of more learning on digital issues within graduate and post-graduate curriculums.

We hope this assist your prioritisation efforts, and we'd be pleased to further discuss our findings.

Your sincerely

Alastair Buxton
Director of NHS Services
Pharmaceutical Services Negotiating Services (PSNC)

Daniel Ah-Thion
Community Pharmacy IT Lead
PSNC

Richard Dean
Chair of Community Pharmacy IT Group (CP ITG)

Sibby Buckle
Chair of Pharmacy Digital Forum (PhDF)
Vice Chair of English Pharmacy Board of Royal Pharmaceutical Society

Cc Susan Kennedy, Amandeep Doll.

IT and digital-related training courses that maybe relevant for community pharmacy staff

This list is to include internet links to webinars, e-learning and courses relating to community pharmacy 'digital' matters. It focuses on training opportunities that are relevant, and ideally free or related to membership of a pharmacy organisation. Where possible these will be accredited by relevant organisations.

Pharmacy systems (including Electronic Prescription Service (EPS), Electronic Repeat Dispensing (eRD) and PMRs):

- [EPS/eRD training](#)
- [eRD e-learning](#) (North of England Commissioning Support and NHS Digital):
- [PMR system suppliers](#):
- PMR system-specific training options: [to be added]

General training about use of pharmacy-facing apps:

- [Apps guide](#), 6th edition (Centre for Pharmacy Postgraduate Education (CPPE))

General training about pharmacy work with patient-facing tools, apps, wearables and services:

- [to be added]

Communications across healthcare using IT: Social media, email and NHSmail:

- [Webinar: 'Making the most of social media'](#) (PSNC)

NHS infrastructure: e.g. central NHS Spine, dm+d, Patient Demographics Service (NHS PDS) etc.:

- [to be added]

Standards and Inter-operability:

- [E-learning Health Informatics](#) (NHS Digital)

IG, cyber and data security, Smartcards:

- [e-Learning: IG and cybersecurity training tool](#) (NHS Digital)

Electronic Health Records (EHRs) and Summary Care Record (SCR):

- [SCR training including online webinars](#)
- [e-Learning: SCR](#) (NHS England)

Other / various / general / Microsoft Office:

- [IT Skills Pathway](#)
- [Digital literacy](#) (Health Education England)

Useful free training re digital (but not pharmacy specific):

- [to be added]

Pharmacy training: general

- [Buttercups](#)
- [E-learning modules](#) (Training matters for Professional Assistants)
- [E-learning for healthcare](#) (Health Education England)

Notes

[Information about Royal Pharmaceutical Society \(RPS\) accreditation](#)