

**Agenda and papers for the Community Pharmacy IT Group (CP ITG) meeting
to be held on 4th September 2018
at the NPA, 38-42 St Peter's Street, St Albans, AL1 3NP
commencing at 11am and closing at 3pm**

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 and NHS Digital. Further information on the group can be found on the [PSNC website](#).

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

Secretariat: Dan Ah-Thion and John Palmer.

Apologies for absence

Matt Armstrong and Craig Spurdle.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 5th June 2018 have been emailed out to the group. They will be approved at the September meeting.

CP ITG Work Plan items

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

1 Supporting the development of patient medication record (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:

- PMR superusers further commented on the 'list of commonly suggested PMR features'.

CP ITG Action:

- The group are asked to: review [Appendix CPITG 01/09/18](#), propose amendments and discuss whether they will endorse it.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- PMR superusers will continue to feed into 'the list of commonly suggested PMR features'; group members are asked to continue to identify volunteer 'superusers' to 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:

- Dan Ah-Thion visited the office of pharmacy system supplier [aggregator](#), IQVIA (previously QuintilesIMS) office in August 2018 to discuss the project to enable community pharmacy staff to be able to access NHS 'nww' websites. IQVIA continue to work through the technical blockers.
- Pharmaceutical Services Negotiating Services (PSNC) issued summer guidance: '[Change of pharmacy circumstance checklist: ODS codes and planning required should your ODS code change](#)'. It focuses on mitigating IT/Electronic Prescription Service (EPS) impacts where such changes (ownership, location, ODS code etc) are planned. PSNC recommends that pharmacy contractors planning such changes work through the checklist and give the local NHS England team an absolute minimum of one month's notice of the planned date for the change. The full transition period for these scenarios lasts for at least one month.
- PSNC's regulations and IT teams are providing additional comments for NHS Digital's Connection Agreement Leads regarding the Health and Social Care Network '[Connection Agreement](#)'.
- John Palmer has set out information about the community pharmacy contractor process for requesting to join the power/utility Priority Service Register within [Appendix CPITG 02/09/18](#).

CP ITG Action:

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

Next Steps:

- PSNC to finalise a briefing for pharmacy contractors that will explore technical business continuity options. PMR suppliers that have not yet done so, are asked to email Dan Ah-Thion with relevant information by 11th September 2018.
- EMIS Health to share GP and CP practice service level agreement information with John Palmer.
- The National Pharmacy Association (NPA) are expected to issue a news story about signing up for addition onto the power/utility Priority Service Register. CP ITG members are asked to help further publicise information set out within [Appendix CPITG 02/09/18](#).

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

EPS Phase 4

A verbal update will be provided at the meeting.

Next Steps:

- PSNC will undertake further discussions on the changes to the regulations and the roll out of Phase 4 with Department of Health and Social Care (DHSC) and NHS England. NHS Digital will also work closely with PSNC and other community pharmacy stakeholders before and during the Phase 4 pilot. The pilot will not occur before October 2018.
- Any community pharmacy contractors that would like to comment on the NHS Digital drafted Phase 4 communications are asked to contact Dan Ah-Thion.

eRD (Electronic Repeat Dispensing)

Report:

- The EPS/eRD utilisation group (NHS Business Services Authority (NHS BSA), PSNC, NHS Digital and NHS England) will develop further strategies and campaigns for promotion of EPS/eRD. Four sub-groups were formed during August 2018 to support the utilisations group's work in relation to four workstreams: site-level support; statistics and data; development of practical guidance group; and ad hoc campaigns and comms alignment. The utilisation group is selecting several geographical areas to trial coordinated communications campaigns promoting EPS/eRD amongst EPS users - during autumn/winter 2018.

CP ITG Action:

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

Next Steps:

- Further GP representation for the EPS/eRD implementation group is being sought. If you know of GP practices that may be interested in participating, please put them in touch with Dan Ah-Thion.
- Dan Ah-Thion to further develop the 'eRD suggested features list' based on feedback from pharmacy contractors and the group.
- The available eRD guidance is being refreshed where required by PSNC, NHS Digital and NHS BSA.

Real-time prescription charge exemption checking project

Report:

- The exemption checking process changes are intended to enable pharmacy teams to have exemption information 'to hand' rather than them needing to ask patients for evidence of exemption. Exemptions are intended to be on boarded in three phases.¹ Further details are outlined within the CP ITG June 2018 papers.
- Three system suppliers continue to progress with their testing (Positive Solutions, EMIS and Clanwilliam) for this project. The planned next steps are: an end-to-end proof of concept, with a view to full piloting in 2018 and phase one of roll-out after.
- Other system suppliers are encouraged to contact Andrew Coates (NHS Digital) to seek opportunities to participate with the next stages of the project.
- A verbal update will be provided at the meeting by NHS Digital.

CP ITG Action:

- NHS Digital is developing its Real-time exemption checking pilot plan and asks for the group's views about this project in relation to the pilot and workflow:
 1. Which pharmacy team staff members will need to best understand real-time exemption checking functionality?
 2. What are the likely questions which pilot pharmacy team members may want to ask about the pilot before the piloting starts?
 3. What are the core concerns, questions and assumptions that need to be addressed within pilot communication materials?
 4. What format of communication materials do you think should be used to support pharmacy pilot sites?
 5. What do you think should be looked at during the pilot?

¹ (a) Maternity, medical, pre-payment, low income scheme and HMRC exemptions; (b) All Department for Work and Pensions (DWP) exemptions, including Universal Credits when they become available; (c) Possibility of onboarding the Education and Ministry of Defence exemptions explored.

6. How best can NHS Digital support pharmacies to ensure that the service is implemented smoothly and can be utilised effectively?

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

Next Steps:

- PSNC will continue to work with NHS Digital, DHSC and NHS England on the planning for this change in process within pharmacies. The group will also be updated at its next meeting.

EPS Controlled Drugs (CDs)

A verbal update will be provided at the meeting.

General EPS matters

Report:

- NHS Digital is continuing to support the rollout of EPS within urgent care prescribing systems (Advanced Adastr, IC24, TPP and EMIS) and to their users.
- The EPS log will next be updated during October 2018 (see psnc.org.uk/epslog) and PSNC continues to welcome feedback from CP ITG members and community pharmacy team members.
- NHS Digital are continuing discussions with pharmacy and general practice representative organisations on guidance for prescribers on the issuing of clinically urgent prescriptions.
- NHS Digital's supplier event "EPS: Developing a vision for the future" is due on 30th August 2018. Dan Ah-Thion can attend this for CP ITG.

CP ITG Action:

- The group are asked to comment about the Confidential Appendix regarding EPS process and guidance.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- NHS Digital plans to further analyse EPS enhancement survey results and will share their findings with the CP ITG once completed.

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 PMR 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. The drafted dataset was due to be reviewed by Cegedim's technical architect.
- Martin Jones will provide a verbal update at the meeting.

Next Steps:

- The PMR suppliers will continue to explore this issue and a report on progress will be made at 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

Summary Care Record (SCR) and other electronic health records (EHRs)

Report:

- NHS Digital has launched a [survey to assess the benefits and disadvantages of 'Additional Information'](#) being available for those healthcare staff who view Summary Care Records (SCR). An increasing number of patients now have an SCR with additional information. The survey close date is 21st September 2018.
- NHS England, PSNC, Royal Pharmaceutical Society (RPS) and NHS Digital are working together to consider what can be done to increase use of SCR by pharmacy teams. RPS has launched a [survey for community pharmacists and pharmacy technicians to share their views and experiences on accessing SCR](#). This survey is due to close 10th September 2018.
- *Digital Health* reports that:
 - [Sustainability and transformation partnerships \(STPs\) are to be allocated a share of £413 million to bolster provider digitisation](#) in three annual phases across 2018-2021.
 - Projects that STPs apply to invest in will have to address specified priorities one of which is the “sharing of health and social care information”.
 - The money for each year “cannot be rolled over”, and STPs have between 1st September and 5th October to submit their final investment proposals.
- Local Pharmaceutical Committees (LPCs), pharmacy contractors and others working with STPs on electronic health record projects may consider PSNC’s [electronic health records project considerations briefing](#).

Next Steps:

- PSNC, RPS and others will continue work with NHS England and NHS Digital to increase SCR use.

General interoperability matters

Report:

- NHS Digital Integrating Pharmacy Across Care Settings (IPACS) team have invited suppliers to take part in integration opportunities relating to:
 - incorporating a Patient Demographic Service (PDS) link into the system to ensure standard and consistent data;
 - providing easier access to Summary Care Records (SCR) by enabling one-click access;
 - enabling community pharmacy teams to send/receive Interoperability Toolkit (ITK2) messages to/from other care settings; and
 - providing a link to the Directory of Services (DoS) to enable the pharmacy to obtain the information required to send to send Interoperability Toolkit (ITK2) messages.Those objectives align with the group’s agreed work plan objectives regarding interoperability and support for greater digital ‘referral into and from community pharmacy’.
- *Digital Health* reports on the [new centrally funded £450m framework for IT systems for GP practices from next year](#). A full tender for inclusion in the framework is scheduled for publication towards the end of 2018, with the framework scheduled to go live during summer 2019.
- NHS Digital are also working with portal suppliers Sonar and PharmOutcomes to improve the digital confirmations to GP practices of flu vaccinations. Participants in this work can provide a brief verbal update at the meeting, should they so wish. In the longer term, it is hoped that other

clinical information can be shared in a similar manner, either from pharmacy to general practice or vice versa.

- NHS Digital and Professional Record Standards Body (PRSB) continue work on standard datasets for transfer of community pharmacy information (starting with vaccinations, emergency supply and the Digital Minor Illness Referral Services (DMIRS) – currently a pilot being tested out in the North East) to support interoperability of community pharmacy and other health IT systems.
- NHS Digital have published a [Personal Health Records \(PHRs\) toolkit to support local NHS organisations](#) to develop PHRs. PHRs may help patients build an online health record for use by them and those caring for them.

CP ITG Action:

- PMR suppliers are asked to provide updates regarding their participation with the newly announced integration opportunity - recognising that the proposed timescales are challenging.

Next Steps:

- PRSB continue to [seek community pharmacists](#) to take part in upcoming workshops and discussions to consider how records standards apply to community pharmacy. PSNC will continue to explore information sharing datasets further with PRSB, NHS Digital IPACS team and RPS.
- PRSB will hold a workshop to look at draft Digital Minor Illness Referral Services (DMIRS) draft standards on 22nd October 2018.
- Dan Ah-Thion and Stephen Goundrey-Smith (RPS) are maintaining a small mailing list for pharmacy team members with an interest with datasets. Contact Dan Ah-Thion if you know someone that might wish to participate in this or PRSB opportunities.
- NHS Digital terminology team are commenting on the work to identify the most common dose frequencies used in primary and secondary care – to support more computable dose instructions. If you are aware of available sample or full datasets of ‘commonly prescribed dose frequencies’ that will support the related work, then please contact Dan Ah-Thion.

6	Developing a wider IT roadmap
<i>To support useful and usable IT beyond PMR systems and EPS.</i>	

Report:

- The CP ITG’s drafted wider IT roadmap (beyond EPS/PMRs) requires further development.

CP ITG Action:

- The group are asked to re-look at their [work plan](#) (including before the meeting), and at the meeting to collectively brainstorm additional specific IT features/developments/functionalities that can be considered for adding onto the drafted ‘*Pharmacy IT roadmap: what IT can enable pharmacy to deliver the best service possible?*’ in relation to each of the following categories below. Example questions are included in the table below to encourage discussion.

Categories	Example questions for consideration
Usability / efficiency	<ul style="list-style-type: none"> a) Aside from PMR systems and EPS, what are the core IT systems used by pharmacy teams that will benefit from enhanced usability? E.g. stock control, electronic point of sale (EPOS) etc? b) What are the mechanisms for testing usability of those systems? c) What might enable pharmacy teams to have more usable systems? d) How might the email Community Pharmacy Digital Group (CPDG) be expanded to include more members? How might the pharmacy staff within that group take part in more piloting opportunities? e) Anything else?

Interoperability / integration / compatibility / standards / health record sharing	<p>f) What is the key information that should be structured so that it can be more efficiently communicated amongst: pharmacy team members, other clinicians and patients?</p> <p>g) Which IT systems should better inter-operate to improve efficiency and reduce duplicate data entry?</p> <p>h) Anything else?</p>
Electronic referrals solutions	<p>i) What should the primary incoming and outgoing digital referrals be?</p> <p>j) Anything else?</p>
Apps and wearables	<p>k) What is required so that pharmacy teams are better positioned to appropriately: <ul style="list-style-type: none"> o develop health app expertise and recommend certain apps to patients; and o access useful app data that supports clinical decision making. </p> <p>l) What are the primary health app categories that may be relevant for pharmacy teams? E.g. exercise, diabetes, mental wellbeing?</p> <p>m) Consider what other work the group could undertake (potentially in partnership with the Pharmacy Digital Forum) to help pharmacy contractors embrace the use of apps and wearables, maximising their value for patients and the sector.</p> <p>n) Anything else?</p>
Connectivity and resilience	<p>o) Which systems should be assessed to determine and improve resilience?</p> <p>p) Are there opportunities to assess the benefits of mobile devices – particularly those ‘connected’ to Health and Social Care Network (HSCN)?</p> <p>q) Anything else?²</p>
Agility for change	<p>r) How can pharmacy teams procure IT that is more easily updated, enhanced and future-proofed?</p> <p>s) Anything else?</p>
Security / information governance / auditability	<p>t) What support from NHS Digital cybersecurity team or other organisations would be helpful to ensure that community pharmacy has a high degree of security regarding its IT arrangements? <ul style="list-style-type: none"> o E.g. should the CareCERT notification support system include option for user-friendly messages for those health care staff that are less technical? </p> <p>u) Anything else?</p>
Falsified Medicines Directive (FMD)³	<p>v) How might FMD fit within a ‘wider IT roadmap’?</p> <p>w) Anything else?</p>
Anything else	<p>x) Other suggestions?</p>

- Review the proposed next steps and suggest additional activities

Next Steps:

- Group members should continue to encourage pharmacy team members to provide IT ideas at psnc.org.uk/itfeedback.
- The ‘CP ITG Pharmacy IT infrastructure survey’ is being developed for release this year. 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

² WiFi is expected to be largely out of scope for the discussion because this has been discussed by the group during its June 2018 meeting.

³ Falsified Medicines Directive (FMD) work is led by the Community Pharmacy UK FMD Working Group (FMDWG).

Report:

- Patients have been able to set their [data opt-out preference](#) since 25th May 2018, and all health and care organisations will be required to uphold this by March 2020. Community pharmacy teams were sent a pack of materials during July that could be used to help inform patients of the new system - contractors can order a limited number of [additional copies](#).

CP ITG Action:

- The group is asked to provide input regarding the estimated %-level of compliance that community pharmacy has against NHS Digital's suggested system settings – known as the [Warranted Environment Specification \(WES\)](#).
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- PMR suppliers, PSNC, NPA and NHS Digital agreed to explore whether new Data and Security Protection (DSP) toolkit technical questions could be auto-populated based on PMR supplier input (e.g. anti-virus information). PMR suppliers who have not already are asked to review the questions identified as potentially relevant and pass comments to Dan Ah-Thion by 11th September 2018. Dan will collate responses and progress the project with NHS Digital.
- PSNC will continue discussions on DSP toolkit arrangements with NHS Digital and NHS England. The 2018/19 DSP toolkit has been available for completion from 1st April 2018, but further pharmacy-related enhancements are expected. PSNC and others will promote completion of the toolkit by pharmacy contractors in due course, following announcements within PSNC news.
- CP ITG members are asked to continue to promote use of the [joint GDPR guidance](#) and good cybersecurity practices, such as those outlined within [PSNC Briefing: Ten steps to help improve data and cyber security within your pharmacy](#). NHS Digital cybersecurity team are reviewing on an updated draft version of this pharmacy guidance.

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 group agreed at a previous meeting to explore 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. 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 clinical terms (CT). PMR suppliers agreed at the March meeting to connect a relevant contact from their organisation with Dan Ah-Thion. During August 2018, further PMR suppliers nominated individuals to take part in discussions enabling Dan Ah-Thion to send out invites for a telecon discussion.

CP ITG Action:

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

Next Steps:

- A standard approach to data provision starting with Medicines Use Reviews (MURs), New Medicine Service (NMS) and flu vaccinations is to be pursued. A sub-group including PSNC and PMR representatives will discuss how to progress the project during an October 2018 telecon.

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 IPACS programme with the PRSB are working with others on discovery work to support the development of electronic referral systems. This includes solutions which involve NHSmail and Interoperability Toolkit (ITK) structured messaging.

CP ITG Action:

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

Next Steps:

- NHS Digital and partners will continue work on these matters.

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:

- NHSmail users have been invited via email to complete a [survey regarding future NHSmail development](#). It is due to run until mid-September 2018.

CP ITG Action:

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

Next Steps:

- PSNC will continue discussions with NHS Digital on various matters, including NHSmail aliases.
- Suggestions to make NHSmail more usable can be emailed to Dan Ah-Thion who will add these to the 'NHSmail commonly suggested features list' for sharing with NHS Digital e.g. recent requests for NHSmail to enable the option to display the 'shared' mailbox by default upon login instead of the personal mailbox.

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:

- As part of a programme of work by NHS Digital to improve its services, the NHS Choices website will now be referred to as the NHS website going forward. NHS Digital has issued [guidance](#) on how to remove references to NHS Choices from pharmacy contractor's materials.

CP ITG Action:

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

Next Steps:

- PMR suppliers agreed at the last meeting to share whitelists with Dan Ah-Thion so that a 'joint' CP ITG whitelist could be considered. PMR suppliers who have not yet done this are asked to do so by the end of 11th September 2018.

13 WiFi

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

Report:

- The NHS Digital WiFi programme is currently commissioned to roll-out patient WiFi across GP practices and secondary care.
- Community pharmacy contractors may take up commercial WiFi opportunities.
- John Palmer's WiFi guidance for contractors/CP ITG is set out at [Appendix CPITG 03/09/18](#).

CP ITG Action:

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

Next Steps:

- The group will continue to support the further expansion of WiFi and to consider how to use and publicise the guidance and information outlined within [Appendix CPITG 03/09/18](#).

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:

- The CP ITG continues to work in coordination with Pharmacy Digital Forum to provide pharmacy inputs into NHS Digital and Health Education England (HEE) digital capabilities work:
 - NHS Digital have initiated a project to support the Digital capabilities of pharmacy undergraduates. The project will be led by Mo Murhaba (NHS Digital) and run until April 2019. Further information is available from Dan Ah-Thion on request.
 - Dan Ah-Thion and Stephen Goundrey-Smith spoke with HEE during August 2018 and have arranged for bi-monthly calls to take place so that there is a route for the pharmacy sector to understand more about the HEE plans and seek opportunities for pharmacy input to be incorporated.
 - The group is informed that after the September meeting, this work plan item will be re-named 'Supporting digital capabilities' to align with HEE's re-named programme (from 'Digital Literacy' to 'Digital Capabilities'). HEE user research determined that the terminology 'digital literacy' was less understood amongst clinicians.

CP ITG Action:

- The group is asked to suggest pharmacy team members or other individuals that can take part with the pharmacy digital capabilities sub-group work.

Next Steps:

- Stephen Goundrey-Smith and Dan Ah-Thion are seeking individuals to join a 'Pharmacy digital capabilities' sub-group. Invitations are expected to be sent to representatives from pharmacy schools, pharmacy training providers, NHS Digital and HEE. If you know any community

pharmacists that would like to take part, please contact Dan Ah-Thion. The group support that work planned by NHS Digital and HEE and promote of the alignment of the various workplans.

- As appropriate following the discussion at the meeting.

12 Consider the development of apps and wearables in healthcare

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.

Relevant webpages include: psnc.org.uk/apps

Report:

- Updates on NHS England's 'Empower the person' digital agenda, and NHS App development were emailed out to the group. Key points about the NHS App include that it is expected to:
 - provide opportunities and challenges for existing/future third party health app developers;
 - interoperate with appropriately endorsed apps;
 - signpost to the growing NHS beta [apps library](#);
 - assist management of long term conditions e.g. signposting to relevant or local apps or care providers;
 - in the future, include a link for GP video consultation options;
 - enable patient access of their health record;
 - be tested in autumn/winter, and have its 'version 1' go live early during 2019; and
 - continue to develop during the coming years.
- *Pulse* reported on a [proposed offering](#) for a digital provider to offer GP practices free video consultation software 'in exchange for communication with NHS patients'.

CP ITG Action:

- The group is asked to comment on the NHS App information outlined within the NHS App slide-set file and provide input as to how community pharmacy can better support patients with the help of the NHS App e.g.:
 - Should the NHS App one day allow patients to change EPS nomination?
 - Any other comments about how the NHS App could support community pharmacy care of patients and how the community pharmacy sector could support the NHS App?

Next Steps:

- NHS App team indicated that they would like to attend the group's 28th November 2018 meeting.
- Further feedback about the NHS App should be fed by email to Dan Ah-Thion so that he can feed this into the NHS Digital App team – including during a "Empower the Person Roundtable" event (19th September 2018). Alastair Buxton will also attend that event.
- PSNC will meet with colleagues from the NHS apps library assessment framework team to discuss whether some new questions in the framework could help to ensure that new pharmacy apps will ensure patient choice of pharmacy remains free and genuine.

Any other business

Upcoming pharmacy/healthcare IT events

- Pharmacy Show (annual), 7th-8th October 2018, Birmingham
- Pharmacy Digital Forum (quarterly), 11th October 2018, London
- ehi LIVE (annual), 30th-31st October 2018: Birmingham

Future meetings

28th November 2018; 5th March 2019; 4th June 2019; and 3rd September 2019.

Using community pharmacy systems and supporting their development: Commonly suggested features

This briefing is for pharmacy system suppliers and pharmacy contractors, to assist their support for the use of and development of pharmacy systems. It includes a regularly updated list of the most commonly reported pharmacy system features reported into pharmacy body helpdesks. The briefing also provides some background for pharmacy contractors as to how they can best use their Patient Medical Record (PMR) systems, feed back to their system suppliers if required, and understand more about how their PMR partners will consider future changes.

Background

Pharmacy contractor responsibilities

Pharmacy contractors and teams should ensure they are aware of and making best use of the PMR features which are already present. Pharmacy contractors should ensure they are aware that:

- PMR suppliers are likely to primarily rely on direct feedback from their users to help shape their PMR development roadmap plans;
- PMR training opportunities should be used to optimise uses and benefits from systems; and
- contractors should ensure the hardware and software within the pharmacy is appropriate, is as advised by PMR suppliers (e.g. as per NHS Digital's recommended standard settings - the [Warranted Environment Specification \(WES\)](#)) and that any updates promoted by suppliers are applied.

Regarding future system development and this document

PMR suppliers already comply with NHS Digital minimum specifications^[1]. Pharmacy staff reported to PSNC and other pharmacy organisations a desire to support their PMR partners to develop their systems in a way that supports the community pharmacy sector in the present and for the future.

This list below will be regularly updated and pharmacy team members, and PMR suppliers are encouraged to make suggestions for changes to future updates.

List of frequently requested features (updated September 2018)

Pharmacy team members commonly requested the PMR features listed below to support their work delivering efficient services but recognised that:

- PMR suppliers have finite time and finite development resources and therefore have to carefully consider which changes are feasible.
- PMR suppliers will continue to follow their own long-term development roadmaps and making quick/complex/unexpected changes won't always be viable.
- Variation amongst the systems can help to ensure there is innovation and healthy competition.
- Some of the requested features listed below cannot yet be developed by PMR suppliers until there are suitable IT standards, or technical changes to underlying NHS IT. The [Community Pharmacy IT Group \(CP ITG\)](#) will need to continue to support those NHS IT changes necessary to support progress. CP ITG will provide feedback for NHS Digital and other relevant stakeholders.

^[1] Electronic Prescription Service Release 2 (EPS R2) systems suppliers have already successfully met those standards outlined within NHS Digital EPS specifications. Those specs explain what systems must do, as well as make some recommendations about what can be done.

The most commonly requested features – by category - were:

Usability

- Can be user-tested** on an ongoing basis to support development of the system e.g. they can be user-tested for clickability to minimise clicks and to ensure the user interface is intuitive for users
- Can be speedy** to use
- Can be touch-screen compatible**
- Can be used on secure mobile devices** within the pharmacy
- Can provide a customisable dashboard/user interface**

Clinical

- Can record:**
 - patient conditions** e.g. asthma, high blood pressure, diabetes etc.
 - in an auditable way** (i.e. author and date)
 - clinical observation and other data** including lung capacity (FEV1/FVC ratio), body mass index (BMI), smoking status, blood pressure, international normalised ratio (INR) and other blood measures etc
 - allergies** to medicines or other things
 - interventions**
 - clinical assessments**
 - discharge notes (if received) electronically**
 - signposting**
- Can allow easy printing/digital-sharing of materials targeted for patients based on the clinical information held** e.g. option for anti-smoking or diet sheets to be auto-shared for relevant patients
- Can enable the pharmacist to clinically authorise repeats** because a further clinical check is not required until the medicines for that patient are changed – to free pharmacist time for other care
- Can send structured clinical messages to other healthcare providers** (e.g. GP practices, care homes and secondary care)
- Can issue medicine interaction warnings and other warnings** (e.g. Sodium Valproate has risks associated with taking during pregnancy) for pharmacy staff via pop-up messages, printing of warning labels etc.
- Can share or print patient information leaflets**

Interoperability

- Can allow full transfer of patient records if the system is to be changed** to support safe care
 - The Patient transfer record can include:** allergy and intolerance status (these can be separated because they are different), discharge summaries, acute vs repeat medicines lists, Medicine Use Reviews (MURs), and New Medicine Services (NMS)
- Can share anonymised service data with PSNC and other appropriate organisations for purpose of evaluating the impact and outcomes of pharmacy services** (e.g. MUR, NMS, and flu vaccination)
- Can use coded (SNOMED clinical terms (CT)) dose instructions** (e.g. commonly used dose frequencies) to be recommended by CP ITG in due course
- Can print patient dose instructions in a user-friendly manner** e.g. ONE tablet to be taken as directed FOUR TIMES a day

- **Can comply with NHS Digital pharmacy 2018 interoperability specifications⁴ i.e.:**
 - **Can access Summary Care Record (SCR)⁵ information speedily** (via 'OneClick' or message integration) reducing the need for pharmacy staff to require Smartcard re-authorisation or 'clunkier' SCR access
 - **Can provide a link to the Directory of Services (DoS) to enable the pharmacy to obtain the information required to send Interoperability Toolkit (ITK2) messages**
 - **Can enable community pharmacies to receive Interoperability Toolkit (ITK2)⁶ messages from other care settings** e.g. to support the secure transfer of information from community pharmacy to urgent care
 - **Can enable community pharmacies to send Interoperability Toolkit (ITK2) messages to other care settings** e.g. to support the secure transfer of information from urgent care to community pharmacy. Messages from pharmacy to primary care may include interventions and counselling notifications
- **Can be compatible with other software and systems e.g.:**
 - **Via API-led connectivity⁷** to allow easier interoperability
 - **Can be directly or indirectly be compatible with GP systems** so structured clinical information can be shared with GP colleagues
 - **Can support the provision of services** and recording of clinical data (for example support for MUR, NMS, flu vaccination etc.)
 - **Can integrate or interoperate with:**
 - **NHSmail** and can notify pharmacy staff of new NHSmail e.g. audible or screen alert
 - **electronic point of sale (EPOS) systems**
 - **patient apps** including data input by the patient into their app e.g. 'dose taken at [time]'
 - **stock control system**
 - **electronic referral system (eRS)**
 - **'Refer to pharmacy'**
 - **service portal supplier systems**
 - **controlled drug registers**
 - **local health and care records**
 - **patient messaging systems**
 - **all Smartcard software** e.g. *Gemalto* middleware, *Oberthur* middleware and the Smartcard Care Identity Service (CIS)
 - **dispensing robots**

Resilience

- **Should use arrangements to ensure down-time is minimal**
- **Can have availability percentage service levels independently assessed and published** e.g. by NHS Digital
- **Can publish service level agreement (SLAs) options involved** if there is a connection or broadband problem and explain the SLA options and offerings of the selected third party
- **Can clearly explain the compensation process online or within contracts** in case an outage significantly impacts a pharmacy's operation (e.g. discounts against future monthly payments)

⁴ NHS Digital Integrating Pharmacy Across Care Settings (IPACS) shared specifications with PMR suppliers during July 2018.

⁵ SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in a patient's direct care, with their consent.

⁶ The ITK aims to standardise interoperability within both health and care. It is a set of common specifications, frameworks and implementation guides to support interoperability within local organisations and across local health and social care communities.

⁷ API-led connectivity is a methodical way to connect data to applications through reusable and purposeful APIs.

Connectivity

- Can have contract provisions that ensure connection speeds will improve over time** e.g. at minimum, in-line with the national average improvements over time
- Can have a business continuity offering for connectivity** e.g. a 4G dongle offering in case the local connection fails

Supporting accurate reimbursement for dispensed prescriptions

- Can enable 'claim amend'** of an EPS prescription after it has been sent for pricing
- Can confirm those EPS prescriptions which have been sent to the Spine** to reassure contractors that the Pricing Authority receives each EPS prescription
 - Can notify pharmacy staff about those prescriptions which were not successfully sent to the Spine** (to reduce need for manual reconciliation)
- Can alert pharmacy staff of EPS prescriptions approaching their 180-day expiry period** (e.g. warnings about numbers of old scripts approaching 180-day limit)
- Can enable efficient checking of endorsements** so the pharmacy team member that reviews this can easily satisfy themselves that other pharmacy staff have made electronic endorsements correctly
- Can alert pharmacy staff before allowing submission of non-Part VIII prescription items that are missing required information/price endorsement** to reduce the risk that the NHS BSA need to contact the pharmacy team for clarification
- Can alert pharmacy staff if multiple flavours are dispensed but the GP assorted flavours (AF) endorsement is missing**
- Can reconcile against pricing data to the pack level** e.g. by integrating with pricing software.

Feedback/reporting

- Can use a feedback system so pharmacy staff can report issues or ideas** via phone or online and in each case a helpdesk reference number should be provided
- Can be supported by a helpdesk** open during usual office hours but ideally longer to more closely match typical pharmacy hours
- Can be supported by transparent response times** for dealing with problems when they occur e.g. standard ticket response times
- Can be supported by a transparent helpdesk escalation process** if staff cannot resolve their question with the first-line support

Sorting prescriptions easily

- Can filter/sort prescription information on-screen effectively** e.g. prescriptions by:
 - newest and by oldest
 - patient name (and grouping to reduce some of 'split script' risk)
 - Release 1 and Release 2
 - dispensed from those that are awaiting collection
 - endorsed and ready to claim
 - those with actions outstanding
 - monitored dosage systems (MDS)
 - controlled drugs

- Can warn if there are multiple prescriptions** for the same patient at the time of processing one of that patient's prescriptions

Ready for change

- Can be agile enough** so that enhancements can be developed to support the development of the community pharmacy sector offering

Monthly submission reconciliation

- Can generate a report to support the monthly submission form (FP34C) completion** i.e. enabling report to consider the EPS five-day window system
- Can generate reports for high value or unusual items**

Dealing with problems

- Can automatically and securely back-up data on a regular basis**
- Can ensure regular back-ups are taken** (e.g. daily) and alerting pharmacy staff if back-ups are not made within a defined time (e.g. disk/USB/cloud)
- Can alert pharmacy staff when the system is down** e.g. when connectivity to the internet is lost or the local system is unable to connect to the central NHS Spine or message broker
- Can support transition after system down-time** via supporting efficient reconciliation of records on the PMR and downloaded electronic prescriptions once connectivity is restored

Training opportunities

- Can be associated with training at start of system use and when local GP practices start to use EPS or eRD**
- Can be associated with ongoing training opportunities** delivered through factsheets, videos and on-screen help
 - Can be explained with mini 'how-to' videos that are freely accessible online**, so any pharmacy team members or locum staff can watch at home or at work without the burden of requesting or remembering an additional login

Efficient working

- Can recall an EPS dispense message** in case adjustment is required
- Can alternate between paper and EPS** modules speedily
- Can display patient medication history on-screen clearly** to support pharmacy staff in efficiently reviewing the relevant history (see also interoperability section: SCR one-click)
- Can communicate information from the right-hand side** of the prescription:
 - Can 'remember' if the pharmacist changed the instructions for the last prescription for the patient to support automatically converting the GP's abbreviated message to a suggested alternative
 - Can organise repeat medicines into alphabetical order so a comparison can be performed against the prescribing system's alphabetical list
- Can enable patients to electronically sign their name** e.g. via a touchscreen mobile device

- Can enable display of a 'delivery patient' flag** to advise pharmacy staff where home delivery is required
- Can integrate EPS with other business processes** e.g. can integrate with monitored dosage systems (MDS)
- Can enable generation of a nominated patients list** for management purposes that have recently received prescriptions via nomination
- Can allow outstanding actions to be recorded/filtered/displayed** e.g. follow-up phone call is required for patient
- Can automatically print out an MUR label or otherwise highlight targeted medicines** for use for highlighting those patients who have not had an MUR within a year
- Can provide spell-check facilities for dose instructions** but should not auto-correct without user confirmation or action (to avoid the risk of spurious auto-correction)

Fair and transparent contracts

- Can explain its upgrade costs clearly** (one-off and ongoing)
- Can be contracted for a fair length**, i.e. an option for one year or less that is not cost-prohibitive compared with a longer contract (e.g. two or three years)
- Can have its contract transparently communicate** hardware commitments
- Should not have an unreasonable penalty clause for early termination** of the contract e.g. one-month's software costs for a software only contract
- Can have its contract aligned with related contracts**, i.e. if multiple existing contracts for hardware, support, software and Health and Social Care Network (HSCN)/N3 connection the timing will be aligned
- Can have a contract with flexibility for upgrades** e.g. the speed of the connection or service level agreement (SLA) 'time-to-fix' can be improved without an excessive charge or wait
- Can have contract offerings published** so they can easily be compared against alternative offerings
- Can be associated with hardware replacement:**
 - Can be associated with transparent replacement options

Associated with benefits

- Can be associated with N3/HSCN connection and connectivity benefits** e.g.:
 - security/protective software/processes which protect pharmacy data and systems;
 - internet telephone options to replace or sit alongside the typical landline option;
 - a line of non-HSCN broadband for online usage not involving sensitive data transmission;
 - use of secure mobile devices within the pharmacy connected to HSCN;
 - back-up 3G/4G or dual connection to protect business continuity if the local internet connection is lost; and
 - wide area network (WAN) – i.e. a shared connection across multiple pharmacy branches.
- Can be associated with other benefits/extras**

Security and accuracy of information

- Can be increasingly compliant with GDPR principles** - recognising GDPR is a journey
- Can have all uses of data explained within a published privacy notice**

- Can have technical questions within the Data and Security Protection (IG) toolkit auto-populated**
- Can align with best practice standards** equivalent or in alignment with recognised standards such as [ISO27001](#)⁸
- Can align patient information held within the system with Patient Demographic Services (PDS) and other available information** to ensure the information is accurate
 - Can inform the pharmacy team about the death of a pharmacy-registered patient** after the death date has been updated on the Patient Demographics Service (PDS)
- Can have anti-virus updates applied automatically** and auto-flagging of terminals which may be inadvertently missing virus updates

Auditability

- Can use authentication technology to allow usable and secure access to systems**, using alternatives to Smartcard such as speedy 'user selection', key fob, two-factor or multi-factor authentication

Falsified Medicines Directive (FMD)⁹

- Can allow FMD 'verification scan' of medicine packs**
- Can support stock control and warn pharmacy staff about expired packs of medicine within the pharmacy** if staff have already performed the FMD 'verification scan' for that pack
- Can enable the FMD 'decommissioning scan' of medicine packs to be performed efficiently** e.g. an aggregated bag label barcode
- Can 'un-decommission' a medicine pack** within the 10-day window
- Can support 'scanning for accuracy'**

Exemption category processes

- Can be ready for real-time exemption checking**
- Can support exemption category processing** (before the real-time exemption checking system is in place):
 - Can support accurate recording of exemption type** when it is obtained at the point of hand-out
 - Can prevent submission before exemption status altered** preventing prescriptions being submitted with 'paid' status by accident if they should have been marked exempt
 - Can use exemption expiry dates** so that prescriptions will not be marked 'exempt' indefinitely in error
 - Can report exemption category summaries** to support the manager checking that staff have entered exemption information and monthly submission form (FP34C) completion

[\[Click here to return to agenda\]](#)

⁸ [International Organization for Standardization's \(ISO's\) information security management system standard 27001.](#)

⁹ PMR suppliers are in the process of developing FMD functionality.

How long can your community pharmacy operate without electricity or other utilities?

Given that access to electricity and utilities is crucial, and interruptions are so damaging, learn how to put your pharmacy on the Priority Services Register (PSR) today. The PSR is run by the UK's electricity, water and gas supply companies. By getting listed on the PSR you may then receive: advance notification of planned maintenance, help during outages, and priority reconnection in the event of an outage.

To register, see your utility bills to learn of the process, or find your gas/electricity suppliers by entering your postcode at [this website](#), then search their website for "PSR" and/or "Priority Service Register" and complete their online form. The form seems to be the same regardless of which company you register with.

Whilst you are completing the online form you:

- Can add two contacts, one of whom should be your store operations manager.
- Can add an email address, so you can receive maintenance emails (e.g. warning of a maintenance planned power outage).
- Probably need to tick the form categories: medical equipment->refrigerated medicines AND also chronic/serious illness.
- Should put the word 'pharmacy' in at least one field.
- Should tick the information-sharing box so that your details will be shared between utility companies for this purpose.

In the longer term, UK power networks say they are working with the other utility companies to refine the registration process to cope with essential services registration. An NPA representative has offered to attend their Partnership Forum to help this work.

Community pharmacies are required to have documented plans and procedures to support business continuity in the event of power failures, system failures, natural disasters and other disruptions as part of their Information Governance (IG) toolkit (soon to be the Data security and protection toolkit). Registering for the Priority Services Register goes some way towards this.

You may also wish to consider Uninterruptable Power Supplies (UPSs) and even a generator; while bearing in mind how long you need to keep running before you would need to close.

Update your SOPs to reflect any extra protection.

Note the UK wide number to phone in the event of a power cut is: 105

Appendix CPITG 02/09/18 article by John Palmer

[\[Click here to return to agenda\]](#)

WiFi in community pharmacy

This paper provides information for those pharmacy contractors considering their WiFi arrangements for patients and staff. Providing WiFi in community pharmacy has significant costs and risks, as well as benefits and opportunities. You may wish to write a business case on which to base your WiFi procurement decision.

Benefits

Pharmacy staff could use WiFi for corporate laptops, corporate tablets or corporate phones. This may enable patient medication record (PMR) system access in a consulting room, or ease congestion at a fixed PMR terminal. Care needs to be taken to avoid the screen being overseen by the public.

WiFi may allow access to online medical resources from more devices/locations within the pharmacy. "Bring Your Own Device" (BYOD) may be allowed for staff, depending on the WiFi solution chosen, but it must not be allowed to compromise NHS/corporate security.

Patients will be able to access online healthcare and advice. Digital inclusion may be increased if staff are able to render assistance. Free WiFi is becoming common, and the public expects it. Web content will need to be filtered, and quality of service (QoS) rules applied. You may find customers wait more patiently while digitally connected.

Business benefits may arise from the captive portal: Will you collect usage statistics? Will you seek contact details for other purposes while observing [General Data Protection Regulation \(GDPR\) guidance](#)?

Considerations

This section draws strongly on the [NHS Digital WiFi guidance](#) including the [NHS Digital WiFi policies and guidance document](#). Consider:

- WiFi standards need to be complied with.
- Standard Service Set Identifiers (SSIDs) (WiFi network names) make it simpler for users. E.g. 'NHS WiFi' for the public.
- User classes: will you provide WiFi for public (patient/citizen), guest (professional), corporate (staff), and medical devices (if applicable)?
- Network separation is needed to isolate those separate user classes (you do not want the public to have access to sensitive data. Great care is needed, and specialist advice needs to be sought).
- Bring Your Own Device (BYOD) devices needs to be restricted to the guest and public SSIDs, as it is unlikely BYOD devices are secure enough to be on the corporate network with access to sensitive data.
- Isolating the public WiFi clients from one another.
- What web filtering you will use.
- Will you support roaming (e.g. GovWiFi, eduroam, [govroam](#))?
- How will the system be administered, monitored and patched? You need to keep up-to-date with security due to vulnerabilities such as that explained on this [ZdNet webpage](#).
- Getting a free CareCERT subscription to ensure you get the latest news on security
- Do you need to keep logs (various legislation applies)? Further explained within NHS Digital guidance referenced previously.
- Standard public WiFi is normally unencrypted but note that it does not need to be.

- Bandwidth: is your internet connection suitable? You must not route public traffic via N3.
- s your local network hardware suitable? I.e. Network infrastructure including Access points (APs) and firewall.
- Firewall: What will you let through? How complex will the firewall system be?
- Will traffic be prioritised e.g. [Quality of Service \(QoS\)](#) techniques?
- Will you use a radius server/certificates for corporate users?
- Will you allow VPN pass-through for visiting guest (professionals?)
- Will you use a captive portal for public/guest registration and Acceptable Use Policy (AUP)? Captive portals are often used for the public/guests but do leave those users at risk from a malicious captive portal (e.g. a cloned SSID). For corporate users, there is probably no need to use a captive portal.
- Ensure corporate devices use the corporate not other SSIDs.
- The effect of the N3 to Health and Social Care Network (HSCN) transition.
- How will WiFi affect your Data Security and Protection toolkit submission (the replacement for the IG toolkit)?
- Endpoint security: How will you ensure corporate and guest devices meet a minimum level of security?

Specification

Before you procure a WiFi service, not only should you refer to the considerations above, but you should look at the detail within [NHS Digital WiFi policy](#) and other sources.

Procurement

Once you have a specification for your requirements, you need to consider how to procure it. Some supporting information below:

GP WiFi is funded and procured via Clinical commissioning groups (CCGs) who can procure on behalf of GP practices in their areas through established frameworks including the Crown Commercial Services Framework (RM1045 - Lot 2).

Large organisations might be able to use an internal specialist team to implement WiFi, but most organisations would need to procure the service by approaching specialist companies. You may wish to approach the companies listed by Crown commercial services (CCS). The following list is loosely based on that the [CCS list](#).

This list is not to be seen as an endorsement. There are many other companies that may be able to meet you WiFi needs e.g. Purple.ai; Aruba; Redcentric; Innopsis; BT; Sky WiFi; Tekent; Egton; Cisco; Meraki; Daisy; O2 hospedia; WiFispark; etc.

Appendix CPITG 04/09/18 paper by John Palmer

[\[Click here to return to agenda\]](#)