

## Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 5th June 2018 at NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

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](#).

### Present

Richard Dean (chair), (Association of Independent Multiple pharmacies (AIM)), Dean and Smedley pharmacy  
 Dan Ah-Thion (Secretariat), (Pharmaceutical Services Negotiating Services (PSNC))  
 David Broome (Vice Chair), (PSNC)  
 Alastair Buxton, PSNC  
 John Palmer (Secretariat), (National Pharmacy Association (NPA))  
 Jermaine Afrifa, Boots  
 Sarah Anthony, NHS Digital  
 Matthew Armstrong (Company Chemists' Association (CCA)), Boots  
 Paul Clifford, Celesio  
 Rich Cole, NHS Digital  
 David Evans (NPA), Daleacre Healthcare pharmacy  
 Julian Horsley, Clanwilliam Health  
 Sima Jassal, EMIS Health  
 Martin Jones, CegedimRx  
 Colin Kendrick (AIMp), Day Lewis  
 Ghalib Khan, Written Medicine  
 Sunil Kochhar (PSNC)  
 Rikesh Lad, Asda  
 Andrew Lane (NPA), Alchem Healthcare pharmacy  
 Fin McCaul, (PSNC) Prestwich Pharmacy  
 Coll Michaels (NPA)  
 Tariq Muhammad, Invatech Health  
 Nicky Mulholland, Positive Solutions  
 Dr Vishen Ramkisson, NHS Digital  
 Craig Spurdle, Rowlands (CCA)  
 Gary Warner, Pinnacle Health Partnership  
 Heidi Wright (RPS)

### Apologies for absence

Apologies for absence were received from Sibby Buckle (RPS). Phil Maslin (CCA, Lloydspharmacy) has changed roles; a replacement representative will be identified by the CCA to attend future group meetings.

### Minutes of previous meeting and matters arising

The minutes of the meeting held on 6th March 2018 were agreed.

### CP ITG Work Plan items

#### 1 Supporting the development of PMR systems

The information in the [agenda](#) was noted and the group agreed the proposed next steps. Patient medication record (PMR) suppliers explained they are exploring further eMAR interoperability and will provide details of current interoperability to Dan Ah-Thion.

**PMR survey:** Members proposed question topics for consideration in addition to those within the agenda: scanning on the pharmacy counter with electronic point of sale (EPoS), remote scanners to avoid additional counter hardware, and the portability of patient data.

**Display of prescription information:** The group considered whether the registered prescriber and the actual prescriber (where different) should both be displayed on the PMR screen for pharmacy staff. Members commented that prominently displaying both may be confusing and unhelpful. Where pharmacy teams must query prescriptions with the general practice, this is frequently done through the prescription clerks or practice pharmacists. It may be less problematic for pharmacy staff to be able to 'drill into' the EPS prescription screens to see more detailed information when necessary.

## 2 Connectivity, business continuity arrangements and dealing with outages

The information in the agenda was noted and the group agreed the proposed next steps. Several members noted experiences with IT-related challenges when their pharmacy ownership or ODS changed. Guidance for such scenarios is being prepared for release shortly and PMR suppliers will be able to comment onto the draft.

**Action:** Pharmacy system suppliers to share information on network business continuity packages with Dan Ah-Thion during June 2018 to be incorporated within the forthcoming guidance.

**Action:** EMIS Health to share GP and CP practice service level agreement information with John Palmer.

## 3 Supporting EPS and its enhancements

The information in the agenda was noted and the group agreed the proposed next steps. A detailed Phase 4 update had been provided at the group's March 2018 meeting.

### Phase 4 additional comments

- Rich Cole (NHS Digital) provided a verbal update.
- The CP ITG remains supportive of the EPS phase 4 pilot plan because Phase 4 will help to reduce the dual system of paper and EPS scripts, and EPS prescription pricing is more accurate compared with pricing of paper prescriptions.
- Pharmacy regulations and GMS regulations need to change to enable Phase 4.
- GP practices and pharmacy contractors need support to communicate to patients about the new Phase 4 consent model. NHS Digital's previous patient engagement work found that patients were supportive of the Phase 4 change when they learned about the NHS BSA savings.
- The pilot and early roll-out will be staggered so that lessons can inform the further deployment. It will take place from October 2018 at the earliest, if regulatory changes have occurred.

### eRD (Electronic Repeat Dispensing) usage

The group considered eRD functionality comments outlined within the agenda and commented:

- Future eRD guidance may address how to best use eRD for Monitored Dosage Systems (MDS) prescriptions and acute prescriptions.
- 'When required' (PRN) medications may be best prescribed separately rather than with other eRD items. Training and good practice documents can continue to reinforce this message.
- At the prescriber end, use of 13 x 28 days eRD batch issues (364 days duration) has advantages compared with 12 x 28 days (336 days duration) because some practices prefer to renew eRD around the time of the patient's annual review. Future guidance could emphasise this.
- GP practice and pharmacy staff should be given a good understanding of eRD and their systems.

- NHS Business Services Authority (NHSBSA) plans to publish eRD statistics at prescriber and pharmacy level will help to bring more transparency and identification of eRD 'champions'.
- PMR display of the 'total number' of medications expected to be taken regularly could cause confusion because such a number can change and cannot be relied upon by pharmacy staff.
- eRD batch prescriptions occasionally may be believed 'to appear early' by some pharmacy staff but the reasons for this can include:
  - GP system prescription 'interval' for prescription information might require adjusting if it does not match the period of treatment;
  - seven-day prescriptions need handling differently compared with longer term prescriptions; and
  - the prescription barcode being scanned by pharmacy teams 'too early'.
- Vishen Ramkisson (NHS Digital) will ask the eRD/EPS utilisation group if they have sight of GP eRD template wording/set-up to assist future understanding and guidance.

### EPS Controlled Drugs (CDs)

Rich Cole and Vishen Ramkisson provided a verbal update:

- The EPS CDs pilot is scheduled to begin once outstanding issues are closed.
- The pilot may begin with the Vision (InPS) prescribing system. Further EPS CD progress is being made with the other prescribing systems: SystmOne (TPP), EMIS Health and Evolution (Microtest).
- A new challenge has been identified: Not all medicines information related to its dm+d (NHS Dictionary of Medicines and Devices) listing transfers via the EPS message from prescriber to pharmacy. The EPS message carries the medicine name and the dm+d code. Each PMR system and prescribing system 'maps' to the dm+d medicines database, e.g. on a monthly basis. On occasion, the mapping will not match, e.g. a new dm+d-listed pack is not yet mapped by the PMR system. Certain EPS CD specials may be 'unmapped'.
- Unmapped medicines currently show legal expiry as 180 days rather than 28 days. CD legal expiry is a separate issue compared with time limits for sending dispense and claim messages, e.g. medicine supplied to patient on time, but outage prevents messages being sent.
- System suppliers map to old versions of dm+d meaning there are some mapping risks when there are changes to dm+d listings (e.g. new medicine pack).
- Vishen Ramkisson will be involved with considering next steps before the EPS CDs pilot will begin and will consider the group's view.

CP ITG members unanimously voted to proceed with the EPS CD pilot, given that the volume of prescriptions affected by the newly identified 'non-mapped' issue is expected to be very low and further delay carries its own clinical risks (the long-running and ongoing 'CD split prescription' issue). Further group comments about the 'non-mapped' issue:

- NHS Digital should continue to: explore mitigation options (e.g. guidance, or a consideration for 28 days legal expiry to be listed on all unmapped medicines, or a message to 'treat with care, unmapped medicines') and consider the volume.
- Unmapped medicines may be considered 'erroneous' whether a CD or not.
- There are professional responsibilities for pharmacists regardless of what appears on-screen or within systems.

### Real-time Exemption checking project

The group considered five questions:

*Question 1) How would use of digital exemption information be best incorporated into the work flow of community pharmacy teams and what impacts would this have?* Comments:

- Workflow may change for some pharmacy teams: exemption checking work could move from the counter (by Counter Assistants) to the dispensary (by the dispenser).

- At present, patients may assert an exemption status without evidence and the 'evidence not seen' option is selected so that the NHS BSA may contact the patient if required. What is the equivalent scenario for the new system? Will more patients begin to 'challenge' their exemption status?
- At present, patients are asked for their status on the day they are asked to pay – this date could vary (e.g. the day prescription presented, the day medicines collected or both of those days). Patients may ask the pharmacy to ask them again for status, e.g. because a new certificate has come into effect on the day of collection.
- The date the patient is asked to pay is not recorded anywhere, and this is another reason that a grace period (e.g. two weeks) should be in place to reduce the number of penalty notices sent out erroneously.
- If exemption category could change from hour to hour, e.g. day prescription presented vs day of collection, could some pharmacy staff feel an 'extra check' is required? Guidance could help the new system from being or feeling onerous.
- A larger change to processes is expected for EPS prescriptions compared with paper prescriptions.
- It is important for stakeholders to further consider the workflow changes. The pilot should also be used to identify unanticipated process changes so that the 'lessons and tips' can be used within guidance to support roll-out.

*Question 2) If exemptions are automatically updated within the patient record, should the exemption information be highlighted to make the pharmacist aware that exemption information has been updated digitally? Comments:*

- Stakeholders need to consider category-by-category which ones could be auto-updated.
- Will automatic updating mean that risk that extra checks could become felt to be necessary?
- Further consideration on this point is required.

*Question 3) Would pharmacists benefit from the option of having the ability to toggle exemption information being updated in the background for EPS prescriptions? Comments:*

- The risk with storing the exemption category data is that it becomes out of date but is used. This already occurs in the current system.
- One member commented that ability to toggle was not a high priority.
- Could the application programming interface (API) be set-up to display and use a single exemption status and then a message be displayed explaining 'this is not being auto-populated' - if this is the chosen setting?

*Question 4) Is multiple exemption information required or would the exemption with the longest expiry date be sensible to return? Comments:*

- The API is expected to only be able to return one exemption reason.
- There could be clinical impact that 'maternity' is not displayed because another category is displayed. Can priority be given to display of certain categories, e.g. maternity?

*Question 5) As exemptions will be on boarded in three phases, should pharmacy systems make end users aware that exemption information can only be checked for specific categories (i.e. a message pop-up) or would a communications campaign created by NHS Digital and PSNC suffice? Comments:*

- Further information and consideration required on a category-by-category basis.

Other comments:

- A PMR supplier commented that the timescales listed within the agenda may need to be delayed given that development work continues. A pilot may be more likely to occur in Autumn.
- The volume of incorrect claims was high (valued at £237 million annually).
- The appeals process is important. Pharmacy staff can signpost patients to '[Help with Healthcare costs](#)'.

- RxWeb explained they ‘check’ for the data and the user gets the exemption status information and then the choice to use the exemption status or not.
- A prescription’s digital exemption may include the ‘end date’, but can the exemption be cancelled before this date (e.g. a pre-payment certificate cancellation)? With the paper system, patients kept cards after cancellation.
- Pharmacy staff benefit from the ability to override the exemption information. RxWeb said this ‘override’ ability was planned for the new system.
- A member said that NHS BSA issued penalty notices to their patients because of a change of address not ‘notified to NHS’ and in another case where initials were missing. In many cases penalties are cancelled following a call to NHS BSA where these have been applied in error.
- Alastair Buxton said PSNC should consider the policy implications with DHSC and NHS England.

**Action:** NHS Digital to further consider with stakeholders via PSNC.

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

The information in the agenda was noted and the group agreed the proposed next steps. The drafted dataset is to be reviewed by Cegedim’s technical architect.

#### 5 Seeking the development of interoperability/integration where appropriate

The information in the agenda was noted and the group agreed the proposed next steps. SCR ‘One click’ capability is already available within other clinical systems outside of pharmacy. Pharmacy portal system suppliers are progressing with this development. PMR suppliers gave updates about their plans for Summary Care Record (SCR) integration: EMIS, RxWeb and Cegedim are considering whether to integrate with SCR and at what level. There may be an approval process required so that pharmacy contractors can update the Patient Demographic Services (PDS), e.g. update a patient’s address. Dan Ah-Thion to explore the current ability for pharmacy contractors to be able to change addresses, e.g. via Summary Care Record (SCR).

The group considered additional benefits with more computable dose instructions beyond what was listed within the agenda such as: improved use of eRD, easier ability to monitor adherence and automated calculated treatment lengths.

The group supported more work being undertaken to identify the top dose frequencies (applying across both primary and secondary care), building on recent work conducted by Andrew Gledhill. The group suggested that 10-20 missing common community pharmacy dose frequencies are added. Gary Warner said that creating new SNOMED clinical terms is challenging but creating a ‘group’ of existing coded frequencies together may help this project. Jo Goulding (NHS Digital) should be consulted.

#### 6 Developing a wider IT roadmap

The information in the agenda was noted and the group agreed the proposed next steps. The group suggested further question topics to consider for the pharmacy IT infrastructure survey in addition to those listed in the agenda: backup systems, uninterrupted power supply, disk encryption and fault tolerance.

## 7 Supporting cyber security and Information Governance

The information in the agenda was noted and the group agreed the proposed next steps. Most threats can be eliminated by knowledge of cyber security basics. Dan Ah-Thion to review the recent Deloitte cyber security work to see whether further tips can be incorporated into the pharmacy guidance, 'Ten steps to data and cyber security in your pharmacy'.

**Action:** PMR suppliers are asked to review the new Data and Security Protection (DSP) toolkit questions identified as potentially relevant and feedback comments to Dan Ah-Thion by the end of June 2018.

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

The importance of collating such data was discussed by the group and it agreed the proposed next steps.

**Action:** PMR suppliers who have not already provided a contact name to Dan Ah-Thion are asked to do so by 15th June 2018 so that further discussions can then proceed.

## 9 Supporting Electronic referral solutions

The information in the agenda was noted and the group agreed the proposed next steps.

**Vaccination data:** Sarah Anthony (NHS Digital Integrating Pharmacy Across Care Settings (IPACS) team) provided a verbal update about the transfer of flu vaccination data. The related slide-set is to be distributed to the group after the meeting.

CP ITG comments:

- NHS Digital have commissioned the Professional Record Standards Body (PRSB) to lead the work on the development of pharmacy datasets
- The proposed flu vaccination dataset includes additional information compared with the dataset agreed by NHS England and PSNC. Some information proposed to transfer was not currently shared to prevent the information causing accidental erroneous payment claims at the GP practice. The dataset development starting point should be 'what is the minimum needed' rather than 'gold plating' to include unnecessary information.
- A new pharmacy flu vaccination consent form is being developed considering the new General Data Protection Regulation (GDPR).
- The notification from the pharmacy to the GP practice may include the wording 'NHS 111 report'. Will GP practices accept this wording?
- A Smartcard is not required for the tactical fix.
- Sarah Anthony said there will be further feedback opportunities given that time during the meeting is limited.
- Vishen Ramkisson said the 'architecture' for transferring information may be fixed but GP systems do not need to pick up all the information from within.

**Emergency supply:** Further work is to be conducted in relation to emergency supplies information sharing.

**Action:** Alastair Buxton will explore information sharing datasets (vaccination and emergency supply) further with NHS Digital IPACS and RPS.

## 10 Supporting NHSmail

The information in the agenda was noted and the group agreed the proposed next steps.

## 11 Tackling issues related to the practical use of pharmacy IT

The information in the agenda was noted and the group agreed the proposed next steps. PMR suppliers agreed to share whitelists with Dan Ah-Thion so that a 'joint' CP ITG whitelist could be considered.

## 12 Consider the development of apps and wearables in healthcare

The information in the agenda was noted and the group agreed the proposed next steps.

Comments on future use of apps within pharmacy:

- Certain patients will increasingly expect to use apps to order, obtain and manage medicines.
- Pharmacy stakeholders may consider which apps they will make available for pharmacy patients.
- APIs could enable standards within apps which are recognised by any pharmacy.
- The developing NHS Digital GP IT futures project will enable organisations to develop apps that interoperate with NHS central Spine data (e.g. ordering of medicines and EPS nomination setting).
- The apps market place is fast-changing making successful app development challenging.
- PMR suppliers were considering how apps fitted in with their roadmaps. EMIS have an app. Cegedim are exploring the app offerings to support their next steps.
- The document, "[Powerful Patients, Paperless Systems: How new technology can renew the NHS](#)" endorsed by Jeremy Hunt MP will be distributed to the group. This proposes that "all patient interactions become digital" and that "there is an ecosystem of apps and innovation within and around the NHS".

## 13 WiFi

The information in the agenda was noted and the group agreed the proposed next steps. Setting up patient WiFi so that it is separate from the pharmacy network requires care and has a cost. The NHS funds GP and hospital IT differently compared with how it funds IT for pharmacy contractors. However, the members expressed support for the CP ITG continuing to support a case for funding for universal roll-out of patient WiFi across community pharmacy. In Scotland the Scottish Wide Area Network (SWAN) is the secure network for Scotland's public services and may provide a template.

## 14 Supporting Digital literacy

The information in the agenda was noted and the group agreed the proposed next steps.

### Communications following this meeting

It was agreed that the group's future draft minutes can be shared with Pharmacy Digital Forum (PhDF) after CP ITG members have had 14 days to feed back any corrections by email.