

Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 4th September 2018 at NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

About CP ITG: The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers 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), Stancliffe Pharmacy
Alastair Buxton, PSNC
John Palmer (Secretariat), (National Pharmacy Association (NPA))
Jermaine Afrifa, Boots
Melanie Brady, (AIMp), Day Lewis Pharmacy
Paul Clifford, Celesio
Jo Cline, (NHS Business Services Authority (NHSBSA))
Andrew Coates, NHS Digital
Catherine Doherty, NHS BSA
David Evans (NPA), Daleacre Healthcare pharmacy
Julian Horsley, Clanwilliam Health
Sima Jassal, EMIS Health
Martin Jones (phone), CegedimRx
Andrew Lane (NPA), Alchem Healthcare pharmacy
Ian Lynch, Positive Solutions
Mark Merry, Positive Solutions
Fin McCaul, (PSNC) Prestwich Pharmacy
Coll Michaels (NPA)
Claire O'Connell, Well Pharmacy
Ioan Philips, NPA
George Radford (phone), Lloyds Pharmacy
Gary Warner, Pinnacle Health Partnership
Heidi Wright (RPS)

Apologies for absence from members

Matt Armstrong (CCA, Boots), Sibby Buckle (RPS), Sunil Kochhar (PSNC), Fin McCaul (PSNC, Prestwich Pharmacy), Craig Spurdle (CCA, Rowlands) and Robbie Turner (RPS).

Minutes of previous meeting and matters arising

The minutes of the meeting held on 5th June 2018 were agreed. Previous actions are dealt with in-line.

CP ITG Work Plan items

1 Supporting the development of patient medication record (PMR) systems

The information from the November 2018 [agenda and papers](#) (published at the [CP ITG webpage](#)) was noted and the group agreed the proposed next steps. The group endorsed the appendix "*Using community pharmacy systems and supporting their development: Commonly suggested features*" and supported the imminent publication of it. PMR suppliers requested for future iterations to include additional prioritisation.

It was recognised that: differences between systems ensures innovation; there are responsibilities on users' part too (such as security and Warranted Environment Specification (WES) compliance); pharmacy teams must learn and use those features already present; and new learnings for future development may come from GP practice and secondary care systems too - such as JAC and Ascribe systems. The group will explore some principles about fair contracts as part of its future work. Coll Michaels will feed in further.

Action: PMR suppliers agreed to 'tick' against the "suggested features" list and confidentially share with Dan Ah-Thion so that a future iteration of the list can filter out those items already completed by all PMR suppliers. The ticked list from PMR suppliers will not need to be shared with the group.

2 Connectivity, business continuity arrangements and dealing with outages

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

Utilities: John Palmer referred to Appendix "*How long can your community pharmacy operate without electricity or other utilities?*" and further tips for pharmacy contractors were highlighted: Pharmacy contractors can register online or by phone, ask for their data to be shared with other utility companies - but be aware that water companies may need contacting separately to list that a 'sensitive property' with them. The phone number 105 is useful if power cuts occur. SOPs and the Data and Security Protection (DSP) toolkit (formally the IG toolkit) can be updated with those enhancements arranged. The group noted six main electrical power distribution companies in the UK. At least one of them (UK Power Networks) allows bulk uploads for multiple pharmacies.

Action: NPA and PSNC to publish [information](#) to help make pharmacy contractors aware.

Internet offerings: EMIS referred the CP ITG to the service level agreement (SLA) in the GP Systems of Choice (GPSoC). Most suppliers offer a mobile data dongle (3G/4G).

Business continuity: The "*Change of pharmacy circumstance checklist: ODS codes and planning required should your ODS code change*" was referred to. Advanced planning is important because the process takes minimum one month for IT to be transitioned. CP ITG members were encouraged to publicise the link to guidance: psnc.org.uk/changelist. Cegedim offers optional connectivity packages and 3G/4G EPS back-up.

Action: PMR suppliers to consider offering a higher service level agreement (SLA) broadband, and let the group know further details.

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

3 Supporting EPS and its enhancements

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps. NHS Digital updates were provided by Andrew Coates. EPS Schedule 2/3 CDs pilot preparatory work continues.

EPS in other care settings: Urgent care prescribing system IC24 may go live with EPS at earliest Autumn 2018. More Adastra prescriber sites will go live this Autumn. NHS Digital are progressing discovery work for EPS into further care settings.

EPS Phase 4: A detailed Phase 4 update was provided at the March 2018 meeting. NHS Digital is testing Phase 4 with some PMR suppliers, and it will be piloted November 2018 at the earliest. NHS Digital will prepare communications with PSNC. Health and social care secretary suggested a paperless system during August 2018. Regulation changes will 'force' the use of EPS unless there is a cross border issue or patient harm might result.

eRD (Electronic Repeat Dispensing) usage: NHS England is working with beacon practices in certain areas to roll out eRD e.g. Gloucestershire and Lancashire CSU were mentioned.

Real-time exemption checking (RTEC) project:

A detailed RTEC update was included within the June 2018 meeting papers. Andrew Coates further explained that NHS Digital have been instructed that due to General Data Protection Regulation (GDPR), the pharmacy must receive an exemption status that displays 'Yes' or 'Unknown' instead of the specific category information. The NHS BSA will be able to decode the obfuscated exemption category information at the pricing end. Reversing this approach and making the category visible for pharmacy staff later may be manageable from an NHS Digital perspective but may be tricky for PMR suppliers. If exemption status is 'Unknown', pharmacy staff will need to ask for a declaration to be made using the 'old way'. The RTEC pilot is scheduled for November with one supplier - if regulatory matters are sorted beforehand. The pilot will later expand to a further two suppliers and likely take between two and three months. RTEC should reduce the risk of misapplying exemptions and losing payment. NHS BSA is to feedback if fraud is reduced. A phased roll out will occur from January 2019, but John Palmer asked if the pilot could avoid clashing with the FMD go-live period.

The exemptions will be phased with HM Revenue & Customs (HMRC) and NHS BSA exemption categories added first, and Department for Work and Pensions (DWP) ones later. Ministry of Defence and education exemption categories need a cost/benefit analysis before proceeding. GDPR issues also need consideration with war pension RTEC. Currently war exempt items need to be on separate prescription. All other suppliers can get involved with the project from January 2019. NHS Digital would like to remove the need for paper. The group considered several questions:

What are the likely questions which pilot pharmacy team members may want to ask about the pilot before the piloting starts?

- Is there lag time e.g. message handler delay during message transfer via the internet?
- Clear guidelines for when the computer says 'no', but the patient insists they are exempt.
- How does the override process work for those occasions where that is required?
- What is the complaints procedure for patients? Mitigations for if more patients need to make return journeys to the pharmacy with the FP57 refund form because of the new RTEC process?

What are the core concerns, questions and assumptions that need to be addressed within pilot communication materials and by the pilot?

- There is a loss of medically useful information regarding maternity (important due to Valproate etc) and breast-feeding. PSNC is continuing to discuss the provision of the maternity exemption information with Department of Health and Social Care (DHSC), as it could potentially be shared using the GDPR health exemption. SOPs may need to be changed to ask about pregnancy and breast feeding etc, so the data can be stored as a clinical note, rather than an exemption. The importance of an interoperable record (e.g. GP practice / pharmacy) for 'pregnant' could become more important.
- Existing exemptions in the PMR may be updated/overwritten. It may be better for the PMR not to store the exemption. Consideration is required as to which data should be 'wiped' or 'hidden' in due course given the upcoming RTEC changes. PMR suppliers with their users and pharmacy bodies should further consider this.
- The materials must clearly explain where the exemption category information comes from and how it gets into the pharmacy system.

What format of communication materials do you think should be used to support pharmacy pilot sites?

- Patient literature is needed, and this needs to cover maternity. Posters/leaflets are needed for patients. Staff need hardcopy guidance (such as a laminated poster) for scheduled training

sessions and posting up within staff areas. A webinar or animation would be useful: Would NHS BSA be willing to prepare this? Note that Vimeo video website works within more pharmacies compared with YouTube. Pharmacy staff would also benefit from pictorial workflow guides.

Further comments:

- The pilot should look at: maternity information, process and SOP changes and lessons.
- All staff members in the pharmacy benefit from understanding the changes.
- NHS Digital may choose to consider how RTEC affects community pharmacy time and motion, and BSA fraud analysis.

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

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps. Martin Jones will ensure there is progress by quarter four of the year acknowledging the next step (carried over) is for the Cegedim technical architect to review a drafted dataset.

5 Seeking the development of interoperability/integration where appropriate

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps. Andrew Coates provided some updates from NHS Digital Integrating Pharmacy Across Care Settings (IPACS) team.

Interoperability specifications for pharmacy system suppliers: Because of winter pressures there was a late-announced direct award opportunity offered to PMR suppliers to progress with new specifications including: Interoperability toolkit (ITK2) communications (e.g. NHS Urgent Medicine Supply Advanced Service (NUMSAS) communications); Personal Demographics Service (PDS) integration, and SCR one-click (or full message integration). The group were very supportive of these developments because they aligned with the group's agreed work plan objectives regarding interoperability and support for greater digital 'referral into and from community pharmacy'. Group members requested for all PMR suppliers to take up opportunities to progress these developments.

For the Digital Minor Illness Referral service/NUMSAS: NHS Digital will not define what happens in the systems, just the integration/messages; the ability to refer on, and payment element all needs standardising via Professional Record Standards Body (PRSB).

EPS prescription tracker: the prescription details are being shared with NHS 111 groups as a pilot. Authority is being sought to share with others.

Pharmacy lists: There are multiple versions of the Directory of Services (DoS). BSA feeds into NHS website (previously called NHS Choices); DoS feeds into NHS 111. Local NHS England teams have lists as well. DoS 111 should be used as the 'one truth', but an improved 'bulk upload' feature is required for multiples.

NHSmail Skype for Business: it is being used for audio-visual conferencing in Hertfordshire for GP to community pharmacy to care homes. Useful scenarios are being collected. It costs extra for this 'digital collaboration between care providers'.

Other updates: Tactical flu implementation work was commented on. NHS Digital are looking at Integrated Clinical Environment (ICE laboratory medicine results) messaging in Sheffield; privacy issues being considered. Richard Ashcroft (NHS Digital) has been visiting system suppliers to get feedback on this and other issues. Gary Warner and the group took a moment to congratulate NHS Digital for moving the pharmacy and interoperability agenda further forward – so that pharmacy staff have greater ability

to benefit and interoperate within the wider health and care system for patient benefit.

6 Developing a wider IT roadmap

The group discussed how it could develop a wider IT roadmap for sharing with NHS Digital and others to help the sector to get the most out of IT for its patients. Some 'blue-sky thinking' is required to think about the future: If items planned by NHS-Digital 'land' then what is next? The group asked the secretariat to consider options for further developing the IT roadmap and perhaps arranging a meeting with a skilled 'blue-sky facilitator' during 2019 for the group and/or a sub-group. Future discussion also should include commercial representation so that comments are fed in regarding how business plans and investments can make change happen.

7 Supporting cyber security and Information Governance

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps. The Warranted Environment Specification (WES) helps maintain security. John Palmer warned that any 'weak machine or device' on a secure network creates a risk to the wider network e.g. a Windows XP machine, or even a poorly-secured vending machine. Gary Warner reported that PharmOutcomes is now using improved security via Transport Layer Security (TLS) 1.2.

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 during September 2018.

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

The importance of collating such data and the proposed next steps were agreed by the group.

Action: PMR suppliers who have not already provided a contact name to Dan Ah-Thion are asked to do so during September 2018 so that a telecon can be arranged and further discussions can proceed.

9 Supporting Electronic referral solutions

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps.

Transfer of messages: NHS Digital are looking at this e.g. docman usage to load up attachments. Gary Warner has an interface but the licence costs.

Secondary care referrals (or from anywhere): GP Connect is designed but there is no implementation date. Could utilise NHS e-Referral Service (eRS) into community pharmacy. This is piloting in Leeds and at St Thomas hospital (London). Gary Warner said PharmOutcomes does referrals. There are concerns over attachment size (megabytes) compared to standard eXtensible Markup Language (xml) data (only 100-200 bytes).

10 Supporting NHSmail

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps. An NHSmail survey went to users. The group were asked if there were struggles to get NHSmail tickets with Accenture resolved. None were noted except for: a challenge if more than the standard maximum of three NHSmail user accounts were needed. The challenge was thought to relate to the need for involvement with local NHS England teams as well as Accenture and these may not always work together

efficiently enough to smoothly deal with such requests. PSNC will raise this item with relevant bodies. If specific NHSmail issues emerge that cannot be resolved in a satisfactory manner, then members should escalate by forwarding email ticket correspondence (including the ticket reference) to PSNC.

11 Tackling issues related to the practical use of pharmacy IT

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps. Most PMR systems now have a Sodium Valproate-containing-medicine-popup. Issues regarding the wording are not an IT issue and John Palmer will refer to the patient safety group and Manpreet Pujara (NHS Digital).

Action carried: PMR suppliers agreed to share whitelists with Dan Ah-Thion so that a 'joint' CP ITG whitelist could be considered before the next meeting.

12 Consider the development of apps and wearables in healthcare

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps.

NHS England 'Empowering people' agenda: The group referred to slide-set distributed before the meeting. NHS England are overseeing changes to the NHS website, NHS Apps beta library, GP practice WiFi access, alongside guidance and standards that help developers design, and organisations offer, the digital tools. NHS England IT programmes include: GP services Online, NHS.uk, widening digital participation, Apps and Wearables, NHS 111 online, NHS App, Personal Health Records (PHR), CitizenID login systems, Digital Maternity and Digital Child Health. The NHS website new 'pharmacy finder' feature is live and uses opening time data. Citizen ID will be used to proof identify. It is already used by gov.uk.

NHS App: The group referred to the NHS App slide-set distributed before the meeting. The NHS App intends to cover online symptom checking and triage, patient record access, GP practice appointment booking, repeat prescription ordering, data-sharing preferences, organ donation preferences, end of life care preferences, and more. A public beta is planned for the end of Dec 2018. The NHS App will have interoperability capabilities for use by commercial app developers.

The NHS App may highlight personalised endorsed apps based on patients' specific long-term conditions. Some patients may ask pharmacy staff for support using the NHS App therefore communications for pharmacy staff are to be developed in due course. There are now more than 70 apps in the NHS Apps beta library. An NHS App nomination changing facility may provide a 'fair' list and lessen the need for that facility within other apps. There is an [NHS developers' website](#) being further updated.

John Palmer said there should be more engagement with community pharmacy regarding the NHS App. Various feedback events have taken place and related resources are available at the techUK website. Dan Ah-Thion said there is opportunity for community pharmacy inputs to be communicated at an upcoming September 19th "Empower the Person Roundtable Event". The NHS App team have also said they wish to attend the group's November meeting.

The group brainstormed some first thoughts about the NHS App and its potential future development:

- Might patients that use the NHS App to reorder medicine be able to have their 'reorder request' made visible to the staff of their EPS-nominated community pharmacy? Could that allow pharmacy staff to have more visibility of the repeat requests going to GP practices as well as pharmacy staff ability to check they can fulfil requests effectively and reconcile items as needed.
- Could the care records displayed within the NHS App align with digital GP records as well as the pharmacy systems? NHS App and pharmacy system interoperability should be considered.

- The process for ordering repeats correctly is complex for patients and needs thinking about.
- Could the NHS App provide access to more than one health record e.g. local record projects?
- Could pharmacy staff have access to core patient-specific information aligned with the patient's NHS App information, so pharmacy staff can best provide care. Further consideration is required about the appropriate information governance model, and precisely which information is accessible to pharmacy staff to help them provide the best care.
- Could the App provide medicine reminders and feed back information into a central health record e.g. so pharmacy staff can support patients' medicines needs?
- The NHS App may one day provide EPS Phase 4 electronic prescription token barcodes on a smartphone.

The group said it was important for CP ITG and pharmacy to further consider the NHS App and provide inputs. Richard Dean suggested that comments are sent to Dan Ah-Thion for collation and communication.

Action: The group is asked to feed further comments about how the NHS App could support community pharmacy care of patients and how the community pharmacy sector could support the NHS App – to Dan Ah-Thion who can collate these and share with the NHS App team on CP ITG's behalf.

13 WiFi

The information in the [agenda and papers](#) was noted and the group agreed the proposed next steps. John Palmer summarised the WiFi appendix. Great care is needed to remain secure. Pharmacy contractors should procure against a specification based on the appendix and the NHS WiFi specification. The appendix may be too technical for many community pharmacy contractors.

14 Supporting Digital literacy

The forums in which digital literacy is being worked on were discussed: The Pharmacy Digital Forum (leading), workforce development group (NPA/CCA/AIMp), NHS Digital's pharmacy digital capabilities programme and Health Education England's one. HEE are developing a framework and seeking pharmacy comment. The group suggested helpful if the forums are further aligned and CP ITG can remove this item from its work plan.

Any other business

- Andrew Lane noted a need to increase the priority of referral to community pharmacy in the NHS111 system as part of the Digital Minor Illness Referral Service.
- The [review](#) on the digital workforce is closed and findings are to be published in due course.
- Sima Jassal raised concerns about FMD EULA/onboarding for the [UK FMD working group](#).
- "*Empowering the patient: digital medicines TechUK*" [event](#) is on September 20th 2018 in London.

Future meetings

Future meetings of the group:

Wednesday 28th November 2018.

Tuesday 5th March 2019.

Tuesday 4th June 2019.

Tuesday 3rd September 2019.