

## Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 28th November 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, Stancliffe Pharmacy  
Alastair Buxton, PSNC  
John Palmer (Secretariat), National Pharmacy Association (NPA)  
Dane Argomandkhah, Cohens Chemist  
Matt Armstrong, Boots Company Chemist Association (CCA)  
Richard Ashcroft, NHS Digital  
Melanie Brady, AIM, Day Lewis Pharmacy  
David Cannalonga, Superdrug  
Paul Clifford, Celesio  
Catherine Doherty, NHS Business Services Authority (NHSBSA)  
David Evans NPA, Daleacre Healthcare pharmacy  
Toby Griffiths, NHS Digital  
Neil Hill, NHS BSA  
Malcolm Harrison, CCA  
Julian Horsley, Clanwilliam Health  
Mohammed Hussain, NHS Digital  
Sima Jassal, EMIS Health  
Sunil Kochhar, PSNC, Regent Pharmacy  
Rikesh Lad, Asda pharmacy  
David Murray (phone), CegedimRx  
Andrew Lane NPA, Alchem Healthcare Pharmacy  
Ian Lynch, Positive Solutions  
Fin McCaul, PSNC Prestwich Pharmacy  
George Radford (phone), Lloydspharmacy  
Vishal Babu Takkallapelly, Tesco  
Iqbal Vorajee, AIM, Cohens Chemist  
Gary Warner, Pinnacle Health Partnership  
Heidi Wright (phone), Royal Pharmaceutical Society (RPS)

### Apologies for absence from members

Sibby Buckle (RPS), Colin Kendrick (AIM) Coll Michaels (NPA), Craig Spurdle (CCA, Rowlands), Andy Wilcocks (CCA, Rowlands) and Ravi Sharma (RPS).

### Minutes of previous meeting and matters arising

The group accepted the minutes of the previous meeting. Remaining actions were carried into the agenda papers' 'next steps' for this meeting.

### CP ITG Work Plan items

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

The information from the agenda and papers was noted and the group agreed the proposed next steps. The group said that optional display of patient photos within PMR system records can be useful and can be added to the PMR suggested feature list; some systems enable this already.

**Action:** Group member organisations to nominate an individual to comment on the CP ITG preferred PMR features survey by 12th December 2018. System suppliers will have opportunity to feed in after this initial review. The final draft will be shared with the group by email.

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

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

**Action:** PMR suppliers to confirm to PSNC whether their process for Organisation Data Service (ODS) changes includes confirming the contractor has claimed a test or real EPS prescription immediately after the PMR supplier ODS configuration. Doing so can reduce extra ODS-change delays.

**Action:** PSNC to re-raise with NHS England during [ODS-change](#) process review calls, that local NHS England teams continue to request ODS changes that are not required.

**Action carried over from September:** Pharmacy system suppliers to share information on network business continuity packages with Dan Ah-Thion during January 2019 to be incorporated within the forthcoming guidance.

## 3 Supporting EPS and its enhancements

The information in the agenda was noted and the group agreed the proposed next steps. NHS Digital updates were provided.

**EPS Schedule 2/3 Controlled Drugs (CDs):** EMIS and Vision piloting is being further expanded. Other GP system suppliers (SystemOne (TPP) and Evolution (Microtest)) are developing CD prescribing capability for testing during early 2019. NHS Digital wish to see swift progress with this work given that [some commonly-dispensed drugs are moving to CDs Schedule 3 list from April 2019](#) (Gabapentin and Pregabalin).

**EPS in other care settings:** NHS Digital and IC24 continue to progress roll-out of EPS for the IC24 urgent care prescribing system users.

**EPS Phase 4:** NHS Digital is piloting Phase 4. Pilot prescribers have successfully issued hundreds of Phase 4 prescriptions. NHS Digital observed that printer routing guidance could be developed to further support practice staff sending tokens to the right printers for them. NHS Digital is considering whether video guidance on this point could be created. Prescribing and dispensing pilot sites report positive feedback about their Phase 4 experiences.

**Real-time prescription charge exemption checking (RTEC):** NHS Digital said RTEC piloting is scheduled for February 2019 at the earliest. Pilot areas are expected to be within Manchester, Alden and North Leeds. Further PMR suppliers are encouraged to register interest in taking part in the next stage. Andrew Coates will share data on the proportion of scripts falling within the various exemption categories.

**EPS development discussion took place.**

**Action:** A sub-group will discuss these issues by phone early in the New Year.

## 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.

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

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

**Summary Care Record (SCR):** The Pharmacy Digital Forum (PhDF) group asked to hand over to CP ITG an ongoing item to support greater usage of SCR within community pharmacy. RPS has updated their website content on SCR, including new information and some case studies on use of SCR from Asda. The group identified the following next steps:

- NHS Digital, with support from PSNC, to look at the consent model, associated guidance and the new process for SCR roles to be added to Smartcards efficiently.
- The pharmacy organisations would look for opportunities to coordinate promotional campaigns to maximise impact with ready-made content which can easily be distributed by all.
- PSNC and NHS Digital to explore whether the CCGs which are pushing for creation of enhanced SCRs can be identified and promoted to the relevant Local Pharmaceutical Committees (LPCs), e.g. South Yorkshire.

Other comments:

- The group welcomed the opportunity to comment on draft materials planned for use within a cross pharmacy promotional campaign.
- DMIRS should become a new opportunity for SCR usage.
- Future services should have SCR embedded into their processes from the start.
- How can we explore SCR being covered within the undergraduate curriculum?
- Sonar, PharmOutcomes and one of the PMR suppliers are working on SCR one-click access. Group members continue to request all pharmacy system suppliers consider how best to progress the development.

**Computable dose instructions:**

**Action:** PMR suppliers are asked to support the computable dose instruction work by sending anonymised prescription datasets to Dan Ah-Thion – applying to at least one pharmacy for at least one month and with medicine item field and the dose instruction field included.

**Professional Record Standards Body (PRSB) Pharmacy Information Flows project:** The information in the agenda was noted. The standards are being developed via FHIR profiles. NHS Digital are seeking at least one GP supplier to receive flu vaccination messages during the 2019/20 flu season.

**EPS prescription tracker:** The prescription details are being shared with NHS 111 staff within a pilot. Wider roll-out is planned at the end of this year.

**NHSmail Skype for Business:** It is being used for audio-visual conferencing in Hertfordshire between GPs, community pharmacies and care homes. Learnings will be shared.

## 6 Developing a wider IT roadmap

The information in the agenda was noted and the group agreed the proposed next steps. Group member organisations agreed to nominate an individual to feed first comments onto the CP ITG IT infrastructure

survey by 12th December 2018. The draft will be shared with system suppliers as well. The final draft will be shared with the group by email.

## 7 Supporting cyber security and Information Governance

The information in the agenda was noted and the group agreed the proposed next steps. PMR suppliers are finalising their inputs for pharmacy contractor Data and Security Protection Toolkit (DSPTK) questions. PSNC's guidance relating to the new toolkit is to be published imminently.

Toby Griffiths from the [NHS Digital Data security centre](#) (DSC) outlined the cyber security environment and the context of the aftermath of the WannaCry cyber incident. DSC supports health and care organisations to manage cyber security risk with the objective of enabling safe and secure use of data and technology for delivery of improved patient care. DSC has started to explore how it could use its expertise to tailor cyber security advice to community pharmacy. Some parts of the offer might be free, and some might incur a cost.

DSC has a role providing: threat intelligence; a more national response to cyber incidents; a central focal point for cyber security; and managing Windows 10 rollout across certain NHS organisations.

The group discussed the information within Appendix CPITG 02/11/18 "Optimising pharmacy cyber security".

The following comments were made:

- Compliance with key elements of the NHS Digital [Warranted Environment Specification \(WES\)](#) was now included within the Quality Payments Scheme.
- The value of plain English guidance for non-technical pharmacy staff could not be underestimated.
- Detailed technical support is useful for system supplier and head office cyber security leads, but not for most pharmacy staff.
- It's expected there will be increased integration between community pharmacy and the wider health and care system in the coming years. This brings advantages of enhanced care for patients, but the importance of mitigating against cyber security risks will grow.
- NHSmail had some anti-spoofing protection introduced but then this had to be temporarily rolled back due to problems with third party solutions/integration.
- There is a balance between locking down a system (e.g. supplier or head office) and having it be less usable.

The group agreed a sub-group should consider the following points in the New Year:

- Discuss more of the detail within the drafted proposal offers within Appendix CPITG 02/11/18 "Optimising pharmacy cyber security".
- Consider whether a few small, medium and large pharmacy contractors could volunteer to have their systems reviewed by the DSC and the sub-group to provide wider learning for the whole sector.
- Could the NHSmail 'banned password list' be shared with pharmacy system administrators to encourage good password practices?
- How can agile lists of allowed/disallowed websites be maintained?
- PMR suppliers, particularly where they offer a managed service, may provide some cyber security support but it may not be clear to pharmacy contractors what is covered and what is not. Where is the division of responsibility between PMR suppliers and contractors?
- Would more guidance on use of web-based portals be helpful?

- Could we support the use of a check list, building on content within the DSPTK?
- What can be done to ensure good backup processes are being implemented by contractors?
- Communications – across all pharmacies. Could CP ITG and its member organisations coordinate some longer-term comms campaigns on cyber security with DSC.
- How could DSC help pharmacy contractors and suppliers understand the current cyber security threat and how to best mitigate?

**Action:** A working group to consider the proposals in further detail to meet early during the New Year.

**Action:** PMR suppliers to nominate a cyber security lead so that this information can be shared with DSC.

## 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. Pharmacy value can be demonstrated by recording services data plus all those interventions already leading to the avoidance of harm.

**Action:** A telecon between PMR suppliers and PSNC will be arranged imminently so discussions can proceed.

## 9 Supporting Electronic referral solutions

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

**Secondary care referrals (or from anywhere):** NHS e-Referral Service (eRS) into community pharmacy is piloting in Leeds and at St Thomas' Hospital (London). NHS Digital are exploring how pharmacy staff might receive notifications rather than regularly checking the eRS for messages. GP systems have integrated the electronic referrals system, but some practice staff prefer to use the web-portal version.

## 10 Supporting NHSmail

The information in the agenda was noted and the group agreed the proposed next steps. NHS Digital continues to provide a pharmacy helpdesk function. Frequent comments into the helpdesk recently include: 'Others cannot easily identify my pharmacy and email me' and 'It is not easy to double check our shared NHSmail email address'. NHS Digital said that multiples should be able to obtain a list of active users for their pharmacies. NHS Digital are considering allowing directory searches by ODS code. The need for pharmacy shared accounts to have a more usable alias address was reiterated.

## 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.

Anthony Wilson (NHS Digital) is continuing work to explore how authentication could work in the future for community pharmacy and other sectors. Anthony's team plan to explore barriers and whether alternative authentication could enable more use of mobile devices within pharmacies. It was suggested that it is important to be able to relinquish an authentication factor under duress.

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

The information in the agenda was noted. The group agreed to consider the NHS App at its March 2019 meeting when a member of the NHS App team will present to the group. The group and pharmacy staff

can continue to email Dan Ah-Thion with further feedback about the NHS App so that he can collate and share this with the NHS Digital App team.

## 13 WiFi

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

### Any other business

- The group agreed that its members will also be members of the pharmacy IT Google group.
- It was noted there is limited early access to working FMD systems which will delay some of the exploration and testing of workflows before the February 2019 start date.
- A request was made for pharmacy organisation representatives presenting about FMD to remain supplier neutral and to ensure they are aware that all PMR suppliers plan to be ready for FMD in time for the start date.

### Future meetings

5th March 2019

4th June 2019

3rd September 2019

19th November 2019