

**Agenda and papers for the Community Pharmacy IT Group (CP ITG) meeting
to be held on 4th June 2019
at the NPA, 38-42 St Peter's Street, St Albans, AL1 3NP
commencing at 11am and closing at 3pm**

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](#).

Members: Matthew Armstrong, David Broome (Vice Chair), Sibby Buckle, Richard Dean (Chair), David Evans, Dale Kirkwood, Sunil Kochhar, Andrew Lane, Fin McCaul, Coll Michaels, George Radford, Craig Spurdle, Ravi Sharma, Iqbal Vorajee and Heidi Wright.

Secretariat: Dan Ah-Thion.

1. CP ITG election for positions of Chair and Vice Chair
Group members previously received information about the vote by email.
2. Welcome from Chair
3. Apologies for absence
Apologies for absence have been received from Andrew Lane and Iqbal Vorajee.
4. Minutes of the last meeting
The minutes of the meeting held on 5th March 2019 were emailed out to the group alongside this agenda.
5. Actions and Matters Arising

Action

6. NHS Digital workstreams (pages 3-5) ([Appendix CP ITG 01/06/19](#))
 - a. EPS Phase 4 and EPS Controlled Drugs
 - b. Real-time exemption checking and electronic referrals
7. Health and Care Records: update and discussion (pages 6-9) ([Appendix CP ITG 02/06/2019](#))
8. Community Pharmacy Digital Vision (page 10-18) ([Appendix CP ITG 03/06/19](#))
9. Preparing for Windows 7 end of Life (page 19) ([Appendix CP ITG 04/06/19](#))
10. Prescription form changes and new endorsements (pages 20) ([Appendix CP ITG 05/06/19](#))
11. PMR systems and Serious Shortage Protocols (SSPs) (page 21) ([Appendix CP ITG 06/06/19](#))

Report

12. Updates on other CP ITG workstreams projects (pages 22-28) ([Appendix CP ITG 07/06/19](#))
13. Post-meeting CP ITG communications and messages
14. Any other business

Upcoming pharmacy/healthcare IT events

- 7th – 8th June 2019, London, [Clinical Pharmacy Congress](#)
- 26th – 27th June, London, [Health + Care / Digital Healthcare Show](#)

Future meetings

- 3rd September 2019
- 19th November 2019
- 3rd March 2020
- 2nd June 2020 (to be confirmed)

EPS Phase 4, EPS Controlled Drugs (CDs), Real-time exemption checking (RTEC) and electronic referrals

Subject	EPS Phase 4 and EPS Controlled Drugs (CDs), Real-time exemption checking and electronic referrals
Date of meeting	4th June 2019
Status	Public
Overview	Piloting of EPS Phase 4 and EPS CDs continues and roll-out is commencing to further GP practices. RTEC piloting for one supplier continues and wider rollout is anticipated shortly. NHS Digital is conducting work to test electronic referrals.
Proposed action	Receive updates from NHS Digital and discuss progress. <ol style="list-style-type: none"> 1. Jim Thorpe: EPS Phase 4 and EPS CDs; and 2. Andrew Coates: RTEC and electronic referrals.
Presenters	Jim Thorpe via telecon (NHS Digital Digitising Community Pharmacy and Medicines).

EPS Controlled Drugs (CDs)

Report:

- As reported previously:
 - NHS Digital began to pilot the prescribing and dispensing of EPS Schedule 2 and 3 CDs in England from October 2018. Roll-out plans occurred on a GP system supplier-by-supplier basis. Around 60 GP practices tested the functionality for several months through to early 2019.
 - Pharmacy teams including those within EPS CD piloting areas as well as CP ITG members, said to NHS Digital they wanted a rapid roll-out given the changes to the scheduling of pregabalin and gabapentin, which came into effect from 1st April 2019.
- Some GP and pharmacy system technical issues were encountered during the pilot which required fixes to be implemented in software. Following an overall successful pilot, in March 2019, NHS Digital granted approval for full roll-out of EPS CDs for those GP practices using EMIS, Vision and SystmOne (TPP). Full roll-out for those systems took place during March and April 2019. The large majority of GP practices can now prescribe CDs via EPS.
- PSNC has published an [EPS CDs FAQs factsheet briefing](#) for pharmacy teams.

Next Steps:

- NHS Digital is working with the other GP practice supplier, Microtest, and it is hoped that early testing can be completed during May to June 2019. If that is completed successfully, a Microtest pilot might begin during June 2019. PSNC and CP ITG will continue to keep a watching brief on the Microtest EPS CDs roll-out, and feed into NHS Digital where required.
- A verbal update will be provided by NHS Digital at the meeting.

EPS Phase 4

Report:

- NHS Digital began piloting [EPS Phase 4](#) at the end of November 2018. Sixteen GP practices were able to use EPS for patients without an EPS nomination: patients are given a paper Phase 4 token with a scannable barcode, instead of a signed paper prescription. The pilot sites were spread across the country (including within Greater Manchester, Essex, South-east London, Leeds and Devon).
- Prescribers in the pilot have successfully issued over 50,000 Phase 4 prescriptions which have been dispensed by around 1,000 different dispensers. Some of the pilot GP practices were also part of the pilot for EPS Controlled Drugs (CDs) and in some of those sites, EPS usage has been seen at up to 95% of all prescriptions.
- No significant issues have been identified with the pilot from a community pharmacy perspective, but some pharmacies have found that they have initially mistakenly tried to process against the token rather than the electronic prescription.
- The pilot has identified several issues in GP clinical systems, which the system suppliers have been working on to improve the efficiency of the prescribing process.
- NHS Digital proposed an extension to the pilot, and the extension is now commencing. This involves around 40 further GP practices joining the pilot, with the aim of this supporting the identification of further issues which need to be addressed before or as part of the full rollout of Phase 4. The additional GP practices are to be split into two sub-groups of around 20 GP practices each – half will be “simple” profiles, i.e. no branch surgeries, high existing EPS use and no dispensing patients, and half will be more complex practices. This extension to the pilot will allow the testing of a “communications-only approach” in the simple sites, i.e. allowing practices to rollout with guidance and remote support, but without any visits from NHS Digital or others at the point of moving to Phase 4.
- Work will continue with NHS Digital to support the pilot and to identify learnings from the pharmacies involved. Some of the “complex” sites which began to pilot during May 2019 included further GP surgeries with branch sites. Early findings suggest in the event of wider roll-out, it would be beneficial for some phone support to be made available to help resolve any training queries.
- Recent analysis by NHS Digital suggests that even without Phase 4 rolled out, many GP practices which previously used EPS at a low level are starting to make greater use of EPS. Data from the last six months shows:
 - less than 400 GP practice sites now have an average EPS utilisation less than 40%; and
 - less than 250 of those have an average EPS utilisation of less than 30%.

Next Steps:

- Feedback from community pharmacies, GP practices, PSNC and other stakeholders will continue to be used to refine the plans for wider roll-out. If the pilots continue successfully, the movement towards full roll-out may start in September 2019, subject to stakeholder agreement.
- A verbal update will be provided at the meeting by NHS Digital.

Real-time prescription charge exemption checking (RTEC)

Report:

- The [RTEC](#) system will be rolled out in phases. Phase One will comprise maternity, medical, pre-payment, low income scheme and HMRC exemptions. The first piloting for Phase One began with several pharmacy contractors that use the Positive Solutions Ltd (PSL) PMR system – from late February 2019.

- The initial feedback from the test pharmacies has been very positive, with pharmacists pleased with the simplicity and ease of use, noting they would like to see the Department for Work and Pensions (DWP) exemptions included within the system soon.

Next Steps:

- PSNC will continue to work with NHS Digital, Department of Health and Social Care (DHSC), NHSBSA and NHS England on the planning for this change in process within pharmacies.
- Further rollout for pharmacy contractors that use PSL is anticipated over the next few months, potentially during June/July 2019. There would be a phased roll-out providing an opportunity that in the unlikely event early adopters experienced significant new issues, the rollout could be paused as required. A communications support plan will be used so that PSL users are made aware of the new RTEC feature and how to use it. PSL have developed some training materials which will be made available for PSL users. NHS Digital and PSNC will issue some additional communications regarding the roll-out plans.
- NHS Digital plans to speak with PMR systems further during June 2019. Other system suppliers are planning to develop RTEC functionality for their systems over the summer 2019.

NHS Digital's work on electronic referral solutions

Report:

- NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme are working with others on discovery work to support the development of electronic referral systems.
- Two main areas of work relate to:
 1. Hospital discharge data being sent to community pharmacy, utilising the NHS e-Referral Service (eRS). There is a small pilot with the Doncaster and Bassetlaw Teaching Hospital and local pharmacies. As at 28th May 2019, over 34/78 (43%) of local pharmacies have eRS access, and they had received 10 admissions and 5 discharge notifications from the Secondary Care Trust.
 2. GP to community pharmacy referrals utilising eRS - this is in the discovery phase, with discussions with potential pilot sites in the North West and North East areas.

Next Steps:

- NHS Digital will continue with the discovery, user research and case studies into the value of the services and eRS as a solution.

[\[Back to meeting overview, page 1\]](#)

Health and care records: update and discussion

Subject	Health and care records
Date of meeting	4th June 2019
Status	Public
Overview	Use of SCR with additional information is increasing and this type of SCR may assist pharmacy team's support for patients. Further work is being undertaken in relation to the Local Health and Care Record core dataset.
Proposed actions	The group are to discuss the updates.

Summary Care Records with additional information (enhanced SCR)

GP practices may update SCRs with a set of additional information from a patient's GP record. Explicit patient consent is required for this to happen. As of June 2019, just over 4% of patients have this and the figure is gradually rising each month. The table below sets out information within "standard" SCRs and enhanced SCRs:

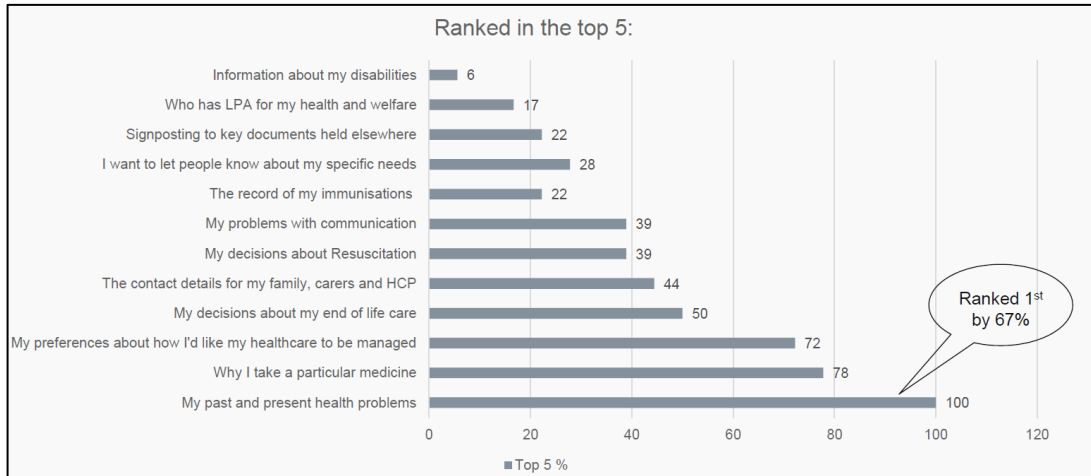
SCR	SCR (additional information)	Excluded from SCR plus additional information records by default
<ul style="list-style-type: none"> • medicines • allergies • adverse reactions 	Additional information: <ul style="list-style-type: none"> • reason for medication • immunisations • significant diagnoses / problems • significant procedures • end of life care information and patient preferences • other anticipatory care preferences, when they have been recorded by the GP • other important information from the GP record that the patient and GP agree should be included in the SCR 	There are items which are not included unless the patient specifically asks for them to be. These are details of: <ul style="list-style-type: none"> • fertility treatment • sexually transmitted infections and treatments • terminations • gender reassignment

NHS Digital has conducted user research on the use of SCR with additional information; clinicians that used it commented:

- *"The additional information removes the need to search elsewhere for indications and drug choices. Understanding the rationale for a treatment, removes investigation time and gives me a more comprehensive clinical picture" - Clinical Pharmacist, Infectious Diseases, Acute Teaching Hospital*
- *"Falls due to postural drop have been avoided by getting the GP to review BP medication (The reason for medication specifies what the drug is for and if appropriate to review)."*
- *"Seeing that angiotensin-converting-enzyme inhibitor (ACE inhibitor) is for hypertension rather than heart failure has allowed suspension of medication"*
- *"Avoidance of stopping medicines for disease condition e.g. beta blockers for AF"*
- *"Patients often cannot remember the reason for their anticoagulation e.g. warfarin/ apixaban etc and this can be very important if the blood thinner needs to be reversed or stopped for another reason."*

NHS Digital's survey on SCR additional information found that:

- Over 71% of clinician respondents that used SCR Additional Information, said that viewing Additional Information helped make more effective use of time with patients due to:
 - less need for time finding information;
 - reduced number of calls to GP Practices or other health and care organisations;
 - the information supporting decision-making; and
 - avoidance of referral to another HCP.
- NHS Digital's SCR additional information survey asked for reasons why patients wished to allow the additional sharing of information and provided a ranking of the top five from a pre-populated list of reasons. Commonly requested reasons included "why I take a particular medicine" and "my past and present health problems":



This screenshot shows what SCR additional information looks like:

Medication, Allergies and Adverse reactions

Time and date is clearly visible indicating when the GP Practice last sent this summary

Additional Information:

General Practice Summary Summary Created: 27 May 2015 16:42

Created By: RADFORD, Michelle (Mrs)
DR DK NANDI'S PRACTICE, 342 Troy Road, Horsforth, Leeds LS18 5TN

One or more entries have been deliberately withheld from this GP Summary.
At the time this record was created, this patient had recently registered with the GP Practice. GP Summary information may not be complete.

Allergies and Adverse Reactions

Date	Description	Certainty	Severity
15 Jun 2010	Adverse reaction to erythromycin severe vomiting		

Acute Medications (For the 12 month period 27 May 2014 to 27 May 2015)

Type	Date	Medication Item	Dosage Instructions	Quantity
Acute Medication	Prescribed: 12 Dec 2014	Bisoprolol 1.25mg tablets	take one daily	28 tablet
Acute Medication	Prescribed: 09 Dec 2014	Flucloxacillin 250mg capsules	take one 4 times/day	28 capsule
Acute Medication	Prescribed: 08 Aug 2014	Flucloxacillin 250mg capsules	take one 4 times/day	28 capsule
Acute Medication	Prescribed: 29 Jul 2014	Co-amoxiclav 250mg/125mg tablets	take one 3 times/day	21 tablet
Acute Medication	Prescribed: 30 Jun 2014	Co-amoxiclav 250mg/125mg tablets	take one 3 times/day	15 tablet
Acute Medication	Prescribed: 02 Jun 2014	Ciprofloxacin 250mg tablets	take one twice daily	10 tablet

Next Steps and CP ITG action

- The group previously discussed an opportunity for an aligned communications campaign coming from all the pharmacy organisations regarding SCR and additional information. The group are asked for their views on the optimal timing of such a campaign.
- A call could be arranged amongst CP ITG member bodies after the meeting to discuss and coordinate a joint campaign.

Local Health and Care Records: exemplars and standards work

Report:

- NHS England previously announced five areas chosen to become Local Health and Care Records Exemplars (LHCREs). Further information was set out within the agenda papers from the group's last meeting.
- The Professional Record Standards Body (PRSB) is continuing work with NHS England and others to support LHCREs. This work includes the creation of a standard for the core information that is shared in a local health and care record. RPS as PRSB members fed into the work on this topic. PSNC also provided inputs into the RPS and PRSB – such as the need for pregnancy status to be included, as requested by pharmacy teams (particularly given that maternity exemption information will become non-visible to pharmacy teams for RTEC prescriptions).
- PRSB explain their intention with the [standard for a LHCR core dataset](#):
 - is to define a set of information that can be shared between systems and settings;
 - this development of the standard is a journey - the core information standard will provide a framework which local health and care systems can reference and move towards over time, according to their local priorities and capability to innovate and change at a speed that makes sense for them. The core information is a baseline, and it is expected to evolve and grow as we learn from its practical application and use;
 - frequently asked questions on the topic have been answered on their [LHCR FAQ webpage](#).
- PSNC mapped SCR fields to the LHCR ones and shared these with a pharmacy sub-group that met for a telecon about health and care record priorities. The sub-group agreed during their call and email exchanges that: those fields already within SCR remain a key priority for LHCRs. The sub-group also said community pharmacy needed access to LHCRs because:
 - “We make records that health and care workers from other sectors should be able to see.”
 - “Medicines ordered by patients should be there, and we need sight of those assist our dispensing work.”
 - “Many patients believe we already have access to medical records.”
 - “Blood test results help patient queries regarding change of blood-related medicines.”
 - “Asthma history such as hospital admission supports inhaler-related care.”
 - “Care of diabetes complications is necessarily a multi-specialty task and the many of the core information headings here would be helpful to all professionals.”
 - “Pregnancy status is important to alert with teratogenic drugs.”
- The sub-group also outlined other key priorities from a pharmacy perspective:
 - Diagnoses;
 - All drugs – whether being prescribed/supplied via dispensing doctor, GP practice, hospital, clinic or elsewhere;
 - Hospital admissions - high level with detail hidden or reached by extra step (especially where related to main LTC diagnoses);
 - Discharge letters; and
 - Test results, blood tests, spirometry results, and results (especially last 12-18 months) relating to main LTCs.

- The Pharmacy Digital Forum held a workshop on LHCRs and identified priorities in addition to the above:
 - Medicines-related alerts;
 - Significant medical history;
 - Social history;
 - Disabilities/Additional Needs (so any professional would know what they need to know about the person).

CP ITG action

The group is asked to consider:

- How important is it that medicines ordered by the patient should be part of the LHCR?
- How important is it that pharmacy teams should be able to submit information on the sale of over the counter medicines into LHCR?

[\[Back to meeting overview, page 1\]](#)

Draft Community Pharmacy IT Group Digital Vision

Subject	Draft Community Pharmacy IT Group Digital Vision
Date of meeting	4th June 2019
Status	Public
Overview	A CP ITG sub-group including representation from each of the member bodies has set out further items under those digital vision sub-headings which were agreed at the group's last meeting.
Proposed actions	The group are asked to comment onto the appendix and suggest missing items and high priorities. Further work will be undertaken after the group's meeting.

Community pharmacy is an integral part of the health service and a health system in which community pharmacy is more digitally integrated will not only bring efficiencies for the NHS, but will also benefit patient safety, clinical outcomes and the services that community pharmacy provides for the NHS and the public.

The development of community pharmacy IT systems can be guided by the application of several overarching principles: user need; privacy and security; interoperability and openness; inclusion; infrastructure; innovation; and capabilities.

These are aligned with the Department of Health and Social Care's (DHSC's) [Future of healthcare: digital vision](#) – extracts of which are included within the boxes below. The group approved the sub-headings listed within each main category. The group recognises that perfection is something to strive towards rather than something that is achieved in all cases.

Note: The group is also undertaking work on the next generation of the Electronic Prescription Service (EPS) and has set out its [PMR wish list items](#).

1. User need

'User needs' are the needs that pharmacy team members have whilst using technology. Researching user need on an ongoing basis can help technologies to be designed and enhanced.

DHSC's digital vision set out a guiding priority of: "Ensuring that digital services meet people's needs: All the services should start with user needs."

DHSC digital vision also set out a guiding principle that: "Every service must be designed around user needs, whether the needs of the public, clinicians or other staff."

Key areas were:

a. Adaptability (agile and iterative, i.e. can be enhanced in a timely manner)

Adaptable technology would better enable iterative changes and developments. The technology underlying systems could be adaptable.

b. Intuitive to use, efficient, and tested with users prior to changes

Intuitive systems enable pharmacy teams to spend less time focusing on using IT systems and more time with patients.

Engagement principles:

CP ITG is supportive of NHS Digital, pharmacy system suppliers, and those producing technology to be used by community pharmacy staff conducting user testing on an ongoing basis with:

- representatives from pharmacy teams at small, medium and large pharmacy organisations
- [Community Pharmacy IT Group](#), which includes a mixture of the above
- clinical, IT and operational experts

c. Training opportunities (digital)

Developing the right skills and digital capabilities so pharmacy teams are supported, and leaders can drive the best outcomes.

Training would ideally:

- be given at the start of system/device use**
- be available on an ongoing basis**
- be delivered through a range of formats made freely available for ease of access**
 - **be explained with mini 'how-to' videos that are freely accessible online**, so any pharmacy team members or locum staff can watch on any computer without requiring any login

d. Escalation paths (feedback/reporting)

When pharmacy teams experience issues or want to provide feedback, it is helpful when the appropriate escalation paths are available and communicated to pharmacy staff. This escalation path may include a pharmacy system supplier helpdesk or another organisation helpdesk.

Software and hardware should ideally be:

- supported by a helpdesk** open during normal office hours, but ideally longer to more closely match typical pharmacy opening hours
- supported by transparent response time commitments** for dealing with problems when they occur, e.g. standard ticket response times
- supported by a transparent helpdesk escalation process** if the first-line support staff cannot answer the question or resolve the problem
- using a feedback system so pharmacy staff can report issues or ideas** via phone or online and in all cases a helpdesk reference number is provided

e. Resilience

With community pharmacy teams having a growing dependence on digital products, it is important that levels of resilience are in place to reduce, if not remove, the risks of technology failing. Additionally, products may consider the continuity arrangements in the event of technical issues arising.

Each system or product can ideally:

- use arrangements that ensure down-time is minimal**
- display a publicly available online service status page** for all significant systems
- publicise availability percentage service levels independently assessed and published**
- publish service level agreement (SLA) options and escalation processes**
- dealing with problems**
 - **automatically and securely back-up data on a regular basis**
 - **ensure regular back-ups are taken** (e.g. daily) and alerting pharmacy staff if back-ups are not made within a defined time
 - **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
 - **support transition after down-time**

2. Interoperability and openness

Having access to more comprehensive shared patient records and being able to efficiently access and record clinical information within other healthcare professionals will prevent duplication of work or the patient needing to repeat information.

DHSC's digital vision set out a guiding principle that: *"The data and technology standards must be open so that anyone can see them and anyone writing codes for use in the NHS knows what the standards are before they start. Adhering and agreeing to clinical data standards will give much better and more granular detail with which to fight disease and prevent and treat illness."*

Key areas were:

a. Ability to access relevant information

Digital developments should support pharmacy teams having access to relevant information to support their work.

- Where data is withheld from a viewer, it is preferable to indicate redaction than simply not displaying the information at all
- Access to enriched Summary Care Record information with patient medication record systems and through other ways – incorporated into pharmacy systems by pharmacy system suppliers.
- Access to read Local Health Care Records (LHCRs)
- Information recorded during NHS Health Checks
- Patient information recorded or declared (with appropriate consent where required) e.g. via health smartphone apps
- Access to record into Local Health Care Records (LHCRs)
- Access to all medicines information
- Electronic discharge information which could provide standardised care pathways for patients on admission and discharge from hospital and would reduce the risks of patient safety incidents occurring during these transitions

b. Ability to record structured information into records

Digital developments should support pharmacy teams being able to easily record information so other health and care professionals can see this information.

Access to record into records for example:

- prescription / dispensed status including collected and delivered

- patients' clinical information such as conditions (e.g. hypertension, asthma, diabetes), allergies to medicines, discharge notes and clinical observations such as lung capacity, body mass index and smoking status, as part of commissioned service specifications
- over-the counter medicines information and private prescription dispensing (so a fuller more accurate record)
- records of crucial conversations e.g. professional help and advice about weight loss, smoking cessation and excess alcohol use
- basic test results recorded by the pharmacy: such as for blood pressure or cholesterol
- flu vaccination

c. Transferrable information – ability to communicate recorded information

Data needs to be recorded once so patients will not need to repeat information.

d. Systems and software compatibility

Compatibility across technologies can support pharmacy teamwork and result in enhanced patient care.

e. Compliance with standards

A clear set of standards that are adhered to will support the vision of a standards-based ecosystem.

Systems would ideally comply with:

- Professional Record Standards Body (PRSB) standards endorsed by pharmacy organisations
- NHS Dictionary of Medicines and Devices (DM+D) standards
- NHS Number standards
- pharmacy-relevant NHS Digital specifications
- other relevant standards

f. Easy communication between health and care sector staff: digital collaboration

Digital collaboration is using digital technologies for collaboration amongst health and care staff from different organisations. NHSmail is one example.

NHSmail would ideally:

- be available for any pharmacy team member and fully rolled out for every pharmacy**
- become increasingly usable**
- be used alongside guidance which explained how shared NHSmail boxes could be used with mobile devices**
- enable shared NHSmail email inboxes with a notification system** – so that the inbox does not need to be checked continuously in case a new email has arrived
-
- use security policies which align with National Cyber Security Centre (NCSC) guidelines**
- have a user-friendly email address** (or alias) for day-to-day use rather than the current 'long-form standardised shared pharmacy inbox email address
- develop further based on the items within CP ITG's NHSmail optimisation log**

Other methods of communication should include active notifications and alerts that are sent from clinical systems from one health and care organisation to another (e.g. enabling NHS 111 to send active

notifications to automatically 'pop up' in the pharmacy system regarding a patient to make use of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) at the pharmacy).

3. Privacy and security

It is important that the public trust in how data is held, shared and used to support care across health and care.

DHSC's digital vision set out a guiding principle that: *"The digital architecture of the health and care system must be underpinned by clear and commonly understood data and cyber security standards, mandated across the NHS, to ensure that they are secure by default and that the penalties for data breaches are effective in protecting patients' privacy."*

Key areas were:

a. Secure and practical in a usable way

Security and practicality for system users may be developed alongside each other.

Systems and software can:

- be compliant with GDPR principles**
- have all uses of data explained within a published privacy notice**
- align with best practice standards** equivalent or in alignment with recognised standards such as [ISO27001](#)¹

Systems and software that incorporate patient information ideally:

- support generation of an appropriate copy of the patient's record** (digital or paper) for those patients that may request access
- align or obtain patient information from the Patient Demographic Service (PDS) and other available information** to ensure the information is more accurate
- have security updates applied automatically** and auto-flagging of terminals which may be inadvertently missing virus updates
- support the use of minimum hardware specifications**
- be auditable**

Community pharmacy should ideally feed into:

- Future revisions of the Data and Security Protection (IG) Toolkit** for community pharmacy.
- Guidance and resources for pharmacy teams on cyber security and information governance** (including GDPR and handling patient requests for access to their data) from NHS Digital and others.

Features preferably include:

- Regular password reset is not required** in accordance with guidance from the cyber authority, National Cyber Security Centre (NCSC).
- authentication technology to allow usable and secure access to systems**, using alternatives to Smartcards, e.g. speedy 'user selection', key fob, two-factor or multi-factor authentication, and NHS login compatibility for staff:
 - **NHS login may be considered for patient and staff use.**

b. Auditable

¹ [International Organization for Standardization's \(ISO's\) information security management system standard 27001.](#)

Systems provide auditability of which staff member accessed or recorded which information – but in a practical way (see section directly above).

c. Promoting appropriate sharing

The system should enable health and care workers to feel reassured about the appropriate sharing of data e.g. via below:

- Data and Security Protection (Information Governance) Toolkit completion data should enable easier identification of those organisations which complete the Toolkit each year. This would be intended to permit easier data sharing between NHS providers and reduce the need for many data sharing documents intended to express what information governance standards maintained across different organisations.
- In the event patient consent for an activity is required, a standardised and usable electronic consent method could be offered to the patient (e.g. via the NHS App) and communicated with relevant health and care organisations.

4. Inclusion

Health and care services are for everyone, but we should acknowledge that those with the greatest health needs are also the most at risk of being left behind. Technology could be designed or customised for appropriate audiences – including for carers or family members of patients.

DHSC's digital vision set out a guiding principle that: *"Health and care services are for everyone. There is a need to design for, and with, people with different physical, mental health, social, cultural and learning needs, and for people with low digital literacy or those less able to access technology"*

Key areas were:

a. Patients' choice of interaction type (remote or face-to-face)

Patients to be given choice.

b. Patient facing messages are translated into plain English

E.g. as per the [A to Z of NHS health writing](#).

5. Putting in place the right infrastructure

Technology could support helping pharmacy teams to do their work, supporting them delivering enhanced care, helping pharmacy to empower, or enhancing pharmacy cyber security. The infrastructure requires for the right technology to be accessible for community pharmacy contractors – e.g. technology of a similar or above level as that available in pharmacy staff's home lives.

DHSC's digital vision priorities included that: *"Infrastructure is a key priority. The ambition is to put in place a framework that will allow interoperability of patient records so that the patients will not have to repeat their medical history. Records will be shared between hospitals, GPs, community pharmacies and care providers."*

Key areas were:

a. Devices

Infrastructure arrangements should better support each pharmacy having access to sufficient and suitable:

- Fixed terminals**
- Mobile devices**
- Printers**

b. Connectivity

- Connection speeds can improve over time**, e.g. at minimum, in-line with the national average improvements over time
- Business continuity offerings for connectivity of systems** e.g. a 3G/4G/5G dongle so that systems do not solely need to rely on a wired connection - which could fail
- WiFi** - Should include expansion of use of WiFi within community pharmacies:
 - 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 wired internet connection is lost
 - wide area network (WAN) – i.e. a shared connection across multiple pharmacy branches

Health and Social Care Network (HSCN):

- A safe and smooth transition from N3 to HSCN.
 - Pharmacy and system supplier input can be incorporated into HSCN migration plans
 - Pharmacy contractors and their suppliers to seek out connectivity improvements with use of the new HSCN model
- Technical architecture of pharmacy connectivity should not prevent access to key NHS web-based resources e.g. nww resources, and the Leeds Care Record
 - Aggregators can explore how they can ensure that pharmacy can access relevant resources

c. Support

Systems are ideally supported with:

- Helpdesks with email/ticket systems which provide reference numbers and notifications about expected resolution times

6. Enabling health tech and innovations

The community pharmacy sector should have greater opportunity to explore innovation which could help shape the future direction.

DHSC's digital vision priorities included:

- *"Putting collaboration and co-development at the heart of innovation in health and care."*
- *"Increasing opportunities for real-world testing and iteration by creating safe spaces for innovators and clinicians to develop and test products, services, and business models and delivery mechanisms."*

- *“The introduction of a ‘healthtech regulatory sandbox’ to work in cooperation with the Information Commissioner’s Office (ICO), the National Data Guardian (NDG), National Institute for Health and Care Excellence (NICE) and other regulators.”*
- *“The Healthtech Advisory Board, chaired by Ben Goldacre will report to Matt Hancock and will include technology experts, clinicians and academics.”*

Key areas were:

a. Identifying, learning from and rewarding innovation

Community pharmacy to be better able to identify, learn from and reward innovation

b. Pharmacy involvement with innovation strategy groups

Community pharmacy representatives should be included within Healthtech Advisory Board.

c. Community pharmacy future developments incorporated into long term pharmacy plans

- Patient apps and wearables
 - The NHS apps library is an initiative to identify appropriate approved apps such as those which assist with apps for medicine compliance, healthy diet and exercise etc.
 - Wearables data to be recorded into record
 - Apps and wearables
- Staff apps and wearables
 - Staff should have access to devices that better assist the best service for patients e.g. smartwatch apps that support the dispensing process
- Genomics

See also the next section – future technology-related training modules should be available.

7. Developing the right skills and capabilities

Developing the right skills and digital capabilities is useful so pharmacy teams are supported, and leaders can drive the best outcomes.

DHSC’s digital vision priorities included:

- *“Building an open culture.”*

Key areas were:

a. Technology to be incorporated within community pharmacy training options

- Patient/staff apps and wearables
- Genomics

b. Accessible training

- Community pharmacy should have access to quality, usable and affordable training materials to enhance digital capabilities.

c. Importance of time before and during community pharmacy career for staff development including digital developments

- Community pharmacy representatives should be included within Healthtech Advisory Board.
- Community pharmacy representation is present within the NHS Digital Academy cohorts (a pre-set % target could be set)

CP ITG action

The group is asked to consider:

- Are there items which could be added to the document?
- For each of the seven main categories, what are top one or two priorities for action in relation to that topic?

Work on refining the document will continue after the group's meeting.

[\[Back to meeting overview, page 1\]](#)

Preparing for Windows 7 End of Life

Subject	Windows 7 end of life
Date of meeting	4th June 2019
Status	Public
Overview	Microsoft has announced it will no longer uniformly provide free security updates or free support for PCs running Windows 7 after 14th January 2020.
Proposed actions	The group is asked to discuss this issue and what action may need to be taken.

Report:

Microsoft [announced](#) it will no longer uniformly provide free security updates and free support for PCs running Windows 7 after 14th January 2020. Tech Radar report that [extended security updates may be available at a cost per device per year for some versions of Windows 7](#).

For those pharmacy contractors which upgrade hardware ahead of operating system end-of-life deadlines, it is useful to consider opportunities to upgrade the Windows operating system at the same time.

The National Cyber Security Centre (NCSC) has provided some [guidance on Windows 7](#) that explains:

- Malware can spread much more easily on obsolete platforms because, without security updates, known vulnerabilities will remain un-patched;
- Such systems may be targeted by hackers etc.;
- [Obsolete platforms \(no longer receiving updates\) include risks but there are some short-term steps](#) to take for those that can't move off out-of-date platforms and applications straight away, e.g. isolation of the machine.

Other interesting sources of information include:

- HowToGeek.com [reported](#) a method for Windows 7/8/8.1 machines that may enable Windows 10 for no cost where the Windows 7/8/8.1 legitimate Microsoft key can be re-entered; and
- Windows 10 is able to run on older hardware, but as Windows 10 is a modern operating system it might struggle to work well on old Windows 7 machines. Tech Radar recommend at least 4GB of RAM (8GB ideally) and a 160GB hard drive for Windows 10 to run well. Read more at: [How to prepare for Windows 7 End of Life](#).

CP ITG action:

- The group is asked to consider plans for communications to contractors on this matter.
- Members are also asked whether they know of any NHS applications used by contractors which prevent them moving away from Windows 7 or 8?

[\[Back to meeting overview, page 1\]](#)

Prescription form (reverse) changes and new endorsements

Confidential Appendix CPITG 05/06/19 was discussed by the group.

[\[Back to meeting overview, page 1\]](#)

PMR systems and Serious Shortage Protocols (SSPs)

Subject	Use of PMR systems for the supply of medicines via SSPs
Date of meeting	4th June 2019
Status	Public
Overview	Changes to the Pharmaceutical Services Regulations to introduce SSPs have been laid. Once an SSP is issued there will be a variety of ways in which a payment claim for the item supplied under the SSP can be made, dependent on whether the original prescription has been issued via an FP10 or EPS. Clear communications will be required to contractors to explain the process and ideally PMR-specific guidance materials will be made available.
Proposed actions	The group will discuss the IT implications of the introduction of SSPs.

Report:

One of the range of measures to prepare for serious shortages or a no-deal Brexit which will directly impact on community pharmacies is the introduction of Serious Shortage Protocols (SSPs).

The protocols, for use in the event of a serious shortage of a medicine, may give community pharmacies the ability to dispense less, give a different strength or pharmaceutical form, provide an alternative generic product, or provide an alternative product. Where a serious shortage of a medicine occurs, it would have its own SSP which would clearly define what actions the pharmacist could take.

Key aspects of SSPs are that they will be:

- proposed only if in the opinion of the Minister there is a serious shortage;
- developed with the involvement of clinicians;
- issued only in exceptional circumstances;
- more likely to be for alternative quantity, strength or pharmaceutical form;
- less likely to be for generic or therapeutic substitution; and
- while introduced due to the possibility of a no-deal exit from the EU, their introduction is not dependent on it.

For further information, please see PSNC's interim Briefing on the topic: [Introduction to Serious Shortage Protocols](#). Further guidance will be published in early June 2019 (potentially before the group's meeting).

For scenarios where an SSP exists and the pharmacy team use the protocol, this needs to be communicated to the NHSBSA by marking the paper prescriptions, marking the EPS token, or updating the EPS prescription using the PMR system. A verbal briefing will be provided in the meeting to explain how these options will work in practice.

CP ITG action:

- Consider any IT implications related to the introduction of SSPs.
- Consider whether PMR suppliers could work with Dan Ah-Thion to develop system-specific how-to guides on how to process SSP supplies in PMR systems.

[\[Back to meeting overview, page 1\]](#)

Report: Updates on other CP ITG work streams

Subject	Updates on other CP ITG work streams
Date of meeting	4th June 2019
Status	Public
Overview	This appendix provides a progress report on the other work plan areas which will not be covered in detail during this meeting. The group members are asked to consider the reports, take any appropriate actions on the next steps and provide any comments on the proposed next steps by emailing Dan Ah-Thion.

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:

- Several CP ITG member bodies and suppliers commented onto the draft PMR preferences survey prior to its publication.

Next Steps:

- The group are asked to promote the PMR preferences survey.
- PMR suppliers agreed at a previous meeting to “tick” against the suggested features list and confidentially share this with Dan Ah-Thion so that a future iteration of the list can filter out those items that have already been completed by all PMR suppliers. The ticked list from PMR suppliers will not be shared with the group.

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:

- NHS Digital, NHS England, NHSBSA, Capita and PSNC are continuing to work on [Organisation Data Service \(ODS\) code changes](#). The objective is to better optimise the process and therefore mitigate some of the business continuity risks for processing of prescriptions after a change (e.g. ownership or location).

Next steps:

- The group is asked about their experiences with handling eRD cycles in the event of an ODS change at a pharmacy. Some pharmacy teams are reporting that all eRD cycles might require cancelling and restarting. PSNC will consider whether updates are required onto the ODS change checklist to provide additional recommendations on dealing with this issue.

3

Supporting EPS and its enhancements

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

Relevant webpages include: psnc.org.uk/eps

General EPS matters

Report:

- NHS Digital is continuing to support the rollout of EPS within urgent care clinical systems (Advanced Adastra, IC24, TPP and EMIS) and to their users.
- Further re-drafting was undertaken on the group's 'Next Generation of EPS' document after the last meeting. The report was shared with NHS Digital at the end of March 2019.
- The University of Southampton is working with Wessex Academic Health Science Network (AHSN) to undertake two studies evaluating experiences of using [eRD services in Wessex](#), from the perspective of:
 - those working in general practice and community pharmacy using eRD; and
 - those receiving medication by eRD.
- NHSBSA have a [process](#) to provide the NHS numbers of patients who maybe suitable for eRD (based on an assessment of previous prescribing/dispensing) at the request of a GP practice. PSNC is speaking with NHSBSA about the opportunities for greater automation of the creation of this data in the future.
- NHSBSA publish monthly [eRD and EPS volume metrics online](#) at the pharmacy, GP and CCG level. This includes:
 - eRD items as a % of all items; and
 - eRD items as a % of EPS items.
- PSNC will continue to hold regular meetings with NHSBSA's EPS utilisation lead to discuss further NHSBSA-related EPS/eRD utilisation developments.

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. Cegedim was chairing the 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 passed to Cegedim's technical architect during spring 2018.

Next Steps:

- PMR suppliers to continue to collaborate on this workstream.

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

General interoperability matters

Report:

- NHSX, in collaboration with the Academic Health Science Networks' AI Initiative and other partners, and supported by experts across the system, are launching a State of the Nation [Survey](#) for Data-Driven Health and Care in 2019.
- NHS Digital are working with portal suppliers Sonar and PharmOutcomes to improve the digital notifications to GP practices of flu vaccinations. In the longer term, it is hoped that other clinical information, e.g. emergency supplies and minor illness consultation records, can be shared in a similar manner, either from pharmacy to general practice or vice versa.
- PRSB has published new [guidance to define how medication dose and timings are communicated](#) digitally between systems.

Next Steps:

- PRSB medicines dose and timing standards will be updated to include the new medications model following endorsement and successful initial testing - already underway at pilot sites.
- PRSB continue to [seek community pharmacists](#) to take part in upcoming workshops and discussions to consider how records standards apply to community pharmacy.
- Dan Ah-Thion and Stephen Goundrey-Smith (RPS) are maintaining a small mailing list for pharmacy team members with an interest with records/datasets. Contact Dan Ah-Thion if you know someone that might wish to participate in this or PRSB opportunities.
- NHS Digital Integrating Pharmacy Across Care Settings (IPACS) team will continue to work on projects such as: PMR supplier integration opportunities², consolidation of the multiple pharmacy contractor lists/directories of services and the NHSmail Skype for Business trial within Hertfordshire.

Developing a wider IT roadmap

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

Report:

- In February 2019, DHSC [announced](#) the creation of [NHSX](#), which is a new joint organisation for digital, data and technology. It has drawn staff from NHS England, DHSC, NHS Improvement and NHS Digital.
- DHSC said that the CEO of NHSX will be tasked with having strategic responsibility for setting the national direction on technology across organisations. The CEO will be accountable to the Secretary of State for Health and Social Care and the chief executives of NHS England and NHS Improvement.
- NHSX's additional key responsibilities include:
 - setting national policy and developing best practice for NHS technology, digital and data - including data-sharing and transparency;
 - interoperability;

² Further Patient Demographic Service (PDS) integration, easier one-click Summary Care Record (SCR) access; Interoperability Toolkit (ITK2) messages and linking to the Directory of Services (DoS). Read more within CP ITG's September 2018 papers.

- setting national strategy and mandating cyber security standards; and
- championing and developing digital training, skills and culture so NHS staff are digital-ready.
- Matthew Gould has been announced as the CEO of NHSX. The former government director for cyber security will join NHSX in the summer to coincide with the organisation's July 2019 official launch.
- The final draft of the CP ITG IT infrastructure survey has been prepared and each of the CP ITG member bodies have fed into its development. This is planned to be published with CP ITG branding but after the CP ITG PMR preferences survey has closed. The draft survey will be shared with the group for final comments prior to publication. The group is asked to support the promotion of the survey once it is published.

7

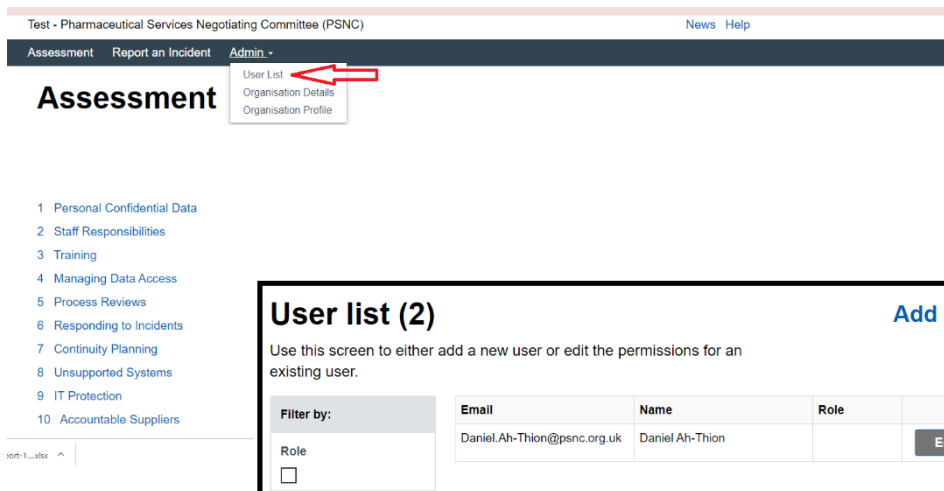
Supporting cyber security and Information Governance

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

Report:

- Following the CP ITG discussion with the NHS Digital data security centre about pharmacy and cyber security, NHS Digital commissioned Templar Executives Cyber Security Solutions to undertake discovery work at a few pharmacies. Templar propose piloting a more stable “service offer” with a larger cohort of organisations (different sizes and scales). PSNC will further discuss the next steps with NHS Digital once they have considered the proposal from Templar. The CP ITG might be invited to recommend candidates for further pilots. The benefit for them will be expert advice, guidance and remediation in alignment with cyber-security best practice.
- PSNC will continue discussions on the new Data and Security Protection (IG) Toolkit’s (DSPTK) arrangements with NHS Digital and NHS England. The 2018/19 DSPTK has been available for completion from 1st April 2018, but further pharmacy-related enhancements are expected (development of the batch feature).
- PSNC has updated its guidance about the Toolkit after the group’s last meeting:
 - [Toolkit completion: Overview](#) which outlines steps to complete the Toolkit;
 - [Toolkit completion: Question-by-question guidance](#) (mandatory question version and spreadsheet version covering all questions);
 - [Toolkit completion on-demand webinar video](#); and
 - [Guidance on use of batch feature and updating HQ code with pharmacy branches](#) (IG page and ‘multiples’ section).
 - [Data Security and Protection \(IG\) Toolkit FAQs Factsheet](#)
- PMR suppliers, PSNC, NPA and NHS Digital previously agreed the DSPTK technical questions could be auto populated based on PMR supplier input (e.g. anti-virus information). Each of the main PMR suppliers has prepared its text for auto-population. NHS Digital completed the development feature to allow PMR suppliers to paste the text into the Toolkit for its customers, and the intention is that this feature should remain for future years. PMR suppliers will use a Toolkit login. Pharmacy contractors will then be able to select the PMR suppliers expected to be within the user list section (see image below).



- PMR suppliers are asked to create/use an email address which can be used to register for the DSPTK and which can then be communicated to customers. Contractors will then be able to select their PMR supplier within the toolkit – using the relevant PMR system email address. PMR suppliers are also asked to advise their customers when they intend to insert answers into the toolkit, if they haven't done so already.

Next Steps:

- NHS login for patients - the team leading this work are exploring whether community pharmacy teams could provide identity verification in certain scenarios, such as where the patient is unable to use the digital verification route. An exploratory workshop will consider this on the afternoon of 10th June 2019. Pharmacy representation is welcome at the workshop; please contact Dan Ah-Thion if you would like to attend or dial in for an hour.
- DSPTK PMR feature - PMR IG Leads are asked to pursue use of the Toolkit PMR feature. They may also contact Dan Ah-Thion to suggest how the process could be improved for this or future years; this feedback will then be fed into discussions with NHS Digital.

8	<p>Promote the ability to collate fully anonymised appropriate patient interaction data from all systems</p> <p><i>To support the evaluation and further development of pharmacy services. Ensure that appropriate consent models continue to remain in place.</i></p>
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Report:

- The group agreed at a previous meeting to explore the capability for anonymised data to be accessible so that the important interventions 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 CT clinical terms.

Next Steps:

- A PSNC-drafted dataset is being considered by a pharmacy sub-group.

10	<p>Supporting NHSmail</p> <p><i>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.</i></p> <p>Relevant webpages include: psnc.org.uk/NHSmail</p>
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Report:

- The NHSmail support team are in the process of introducing an improved password policy, which will include less frequent need for password changes. NHSmail users' NHSmail password will become valid for 365 days instead of the current 90-day expiry. PSNC, on behalf of the CP ITG, previously wrote to NHS Digital about its approach to forcing frequent password changes for national systems including NHSmail. CP ITG asked NHS Digital to consider the NCSC guidance that states "Regular password changing harms rather than improves security, so avoid placing this burden on users". NHSmail users will be notified they must change their NHSmail password within 45 days of the new policy's introduction. The new policy adopts some of the National Cyber Security Centre's other password guidelines.

Next Steps:

- 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.
- NHSmail queries can be raised using the [usual escalation routes](#): i.e. to pharmacyadmin@nhs.net and if further escalation is required for the correspondence including reference numbers to be sent to PSNC.

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:

- PSNC continues to receive feedback that the Smartcard model is not suited for community pharmacy purposes because of the need for many staff to use the same terminal within a short space of time and within a small area.

Next Steps:

- The suitability of the Smartcard model will continue to be raised in discussions with NHS Digital.
- PMR suppliers agreed at the last meeting to share white lists 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.

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:

- A [Co-op Health app](#) was launched in May 2019.
- The [NHS App](#) roll-out, which began at the end of 2018, will continue across England throughout 2019. An NHS App team representative presented to the group at its March 2019 meeting.
- Some of the NHS App functionality is similar to the GP online services which have been available to patients for some time. Individual GP practices will need to review some of their system settings before patients can access the full NHS App functionalities. NHS England has said it hopes to have all GP practices connected to the NHS App by July 2019 and this is reflected in the recently agreed amendments to the General Medical Services contract. Around one third of GPs are already signed-up so their patients can use the app.
- Some GP practices went live with testing the app during September to December 2018, with 3,000 patients using it. NHS Digital has recently published a [summary of the key lessons from the pilot](#).

Findings included that repeat prescription ordering via the app was positively reviewed, with 87% of people using the feature saying they found the ordering process easy and convenient.

- The NHS App is available on the Google Play store and the Apple App store. The last two GP system suppliers (Vision and Microtest) are expected to be on-boarded during May 2019, so they fully integrate with the app. NHS England expect the app to be a universal offer for patients, whichever GP practice they happen to use; a full launch, with an associated publicity campaign is expected to commence in July 2019.
- NHS England and the NHS App team are planning to add a biometric login method as an early enhancement and they are continuing to consider further items for their development roadmap. Future enhancements will include patients being able to change their EPS nomination via the app and being able to view the status of their EPS prescription, e.g. repeat issued, prescription with pharmacy and a notification when the items are ready to be collected. The NHS App team also hope to link into the national NHS e-referral system within 12 months, allowing patients to book an outpatient appointment after a referral from their GP.

Next Steps:

- The NHS App team said they would be keen to undertake more work with a CP ITG sub-group to consider future developments of the NHS App which could support the provision of pharmacy services. PSNC and the CP ITG will continue to work with the NHS App team and NHS England's Empower the Person domain to support their work.
- 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

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 was commissioned to roll-out patient WiFi across GP practices and secondary care.
- Community pharmacy contractors may take up commercial WiFi opportunities.

Next Steps:

- The group will continue to support the further expansion of use of WiFi in community pharmacies.

[\[Back to meeting overview, page 1\]](#)