

Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 5th March 2019 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

David Broome (Vice Chair), PSNC/Stancliffe Pharmacy
Dan Ah-Thion (Secretariat), PSNC
John Palmer (Secretariat), National Pharmacy Association (NPA)
Matt Armstrong, CCA/Boots
Alastair Buxton, PSNC
David Evans, NPA/Daleacre Healthcare Pharmacy
Sanjay Ganvir, Greenlight Pharmacy/Camden and Islington LPC
Andy Gent (phone), CegedimRx
Mary Gough, CCA
Fin McCaul, PSNC/Prestwich Pharmacy
Coll Michaels, NPA
Gareth Jones, NPA
Sunil Kochhar, PSNC
Rikesh Lad, Asda Pharmacy
Richard Morgan, Positive Solutions
Tariq Muhammad, Invatech Health
George Radford, Lloydspharmacy
Shanel Raichura, EMIS Health
Gary Warner, Pinnacle Health Partnership
Andy Wilcocks (phone), Rowlands
Jon Williams, ClanWilliam Health

Apologies for absence from members

Richard Dean (Chair, AIM), Dale Kirkwood (AIM), Andrew Lane (NPA), Sibby Buckle (RPS), Ravi Sharma (RPS), Heidi Wright (RPS), Craig Spurdle (CCA) and Iqbal Vorajee (AIM).

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.

Action: The PMR survey is being tested and will be distributed to the group. The group will promote the survey upon its release.

2 Connectivity, business continuity arrangements and dealing with outages

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

3 Supporting EPS and its enhancements

The information in the agenda was noted and the group agreed the proposed next steps. NHS Digital Controlled Drugs (CDs) and Phase 4 updates were provided by Rich Cole.

EPS Schedule 2/3 CDs: Vison and SystmOne (TPP) national rollouts are in progress and will be completed on 11th March 2019. Evolution (Microtest) are developing CD prescribing capability for testing. NHS Digital are working with EMIS on their national roll-out plans which are dependent on several factors. The CP ITG preference was for the rollout to occur sooner rather than later.

EPS Phase 4: NHS Digital continues to pilot Phase 4. EPS Phase 4 is live at 15 pilot sites, 35,000 items have been dispensed at 800 community pharmacies. A further tranche of GP sites is due to go live during April. A report on the first tranches will be shared when complete. CP ITG comments:

- EMIS and PSNC reported some feedback from pharmacy teams near Phase 4 GP practices that the green tokens could get mixed up with green prescriptions within the pharmacy and for that reason, some pharmacy teams preferred to use a white dispensing token to support their dispensing of Phase 4 prescriptions.
- NHSBSA and PSNC pricing audit team are conducting audit activity to check that Phase 4 prescriptions are priced as expected.

Real-time prescription charge exemption checking (RTEC): NHS Digital said RTEC piloting has just begun at two pilot sites - Manchester and North Leeds. Further piloting is anticipated at an Alden site shortly. Initial RTEC testing: the system identified 50 exemptions out of 150 checks. Three were queried and the differences were traced to a change of patient address or the patient changing GP practice. The system appears to be working correctly. Further PMR suppliers are encouraged to register interest in taking part.

Future of EPS discussion: The group discussed Confidential Appendix CP ITG 06/03/19.

Action: A CP ITG telecon will be setup during mid-March so that participants can contribute further ideas - particularly blue-sky ones. The group agreed to finalise its feedback for NHS Digital by March 2019.

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.

Digital collaboration: The group discussed Appendix CP ITG 02/03/2019. Nile HQ user researchers for NHS Digital joined by phone. They presented their slide-set "Every User Counts" then showed a video. Nile are seeking views about digital collaboration from pharmacies, health and care staff and the group. The group completed a written form in pairs relating to four questions. There was also time for a few comments relating to each of four questions question:

1. *What tools do you currently use for collaborating and communicating with others.*
 - Within work: phone, email (including NHSmail).
2. *What are the main challenges you face when collaborating and communicating?*
 - The main challenges are notifications, sign on and lack of an audit trail.
 - With numerous ways of communicating, what we need is a consistent notifications channel.
 - Lack of audit trail

3. *If you could change one thing about how you communicate with others, what would it be?*

- With numerous ways of communicating, we need one place to view the information and we need to be able to better communicate with the patient.

4. *What needs to happen for this to change?*

- It is 'why not how'; it's not about the tech. Is it a local or national solution?
- Ideally as easy as WhatsApp/Telegram type of solutions.
- Structured messages that travel between organisations but enter into each other's records in a useful way, without causing burden at either end.
- Understand why health and care professionals need to communicate (primarily around clarifying patient's information/record), including the scenarios and then consider the methods that would meet the user need.

There was discussion about continuing integration work: flu vaccination message from community pharmacy to GP, Directory of Services integration, use of NHS Spine mini-services such as Patient Demographic Services (PDS), Summary Care Record (SCR) one-click for NHS Urgent Medicine Supply Advanced Service (NUMSAS) and Digital Minor Illness Referral Service (DMIRS) for PharmOutcomes. Sending messages using Interoperability Toolkit 2 (ITK2) may not ever be used. Fast Healthcare Interoperability Resources (FHIR – release 2 or 3) plus Message Exchange for Social Care and Health (MESH) may be being used by NHS for flu vaccination and emergency supply messages.

Local Health and Care Record Exemplars (LHCRES). The group discussed Appendix CP ITG 04/03/19.

NHS England presented slides: 'Local Health and Care Record Exemplars CP ITG 2019'. LHCRs are a useful combined record. They may one day allow patients access to LHCR information via the NHS App. NHS England worked with the Local Government Association (LGA) to select the five exemplar areas. A second wave of areas will be subject to business case approval. The de-identified data could be useful for service planning. NHS England may be able to arrange a more technical LHCRE presentation for CP ITG in the future, if required.

More would need to be done so that LHCREs are working on ensuring community pharmacy has access to relevant LHCR information. Professional Records Standards Body (PRSB) standards are being developed.

In Leeds, the Leeds Care Record was nww-hosted and hence inaccessible when tested at a pharmacy. In North East London, IG was an issue but is now less so. And there are border issues. LHCR need role-based solutions but Smartcards do not work for council and social care and are not currently in scope for LHCRs. LHCRs might replace SCR in the very long-term, or SCR may remain as the national fall-back. NHS England is facilitating work with LHCRE IG Leads and others to develop a LCHR IG framework document which is intended to support compliance with the law, whilst also reducing burdens.

Action: The group to support the collation of LHCRE nww domains that require passing to suppliers/aggregators for authorisation.

SCR one-click is being trialled in Sonar and PharmOutcomes through March 2019. PMR systems' SCR one-click progress is unclear.

6 Developing a wider IT roadmap

Community Pharmacy Digital Vision - key principles: A sub-group prepared Appendix CP ITG 05/03/19 which used the same language as the Government's digital vision. Currently it is the high-level principles.

It will be used in discussions with other stakeholders.

Group comments: It needs to be sufficiently patient-centric and contain appropriate technological information. Community pharmacy needs to offer the online route, particularly for patients who are mostly well, as well as the face-to-face option for those who prefer it. This document is to identify to suppliers 'what good looks' like in terms of principles. While standards are good, they may stifle innovation. Any new solutions should be an open solution. More detail will be added to the document.

Action: The sub-group will do further work on the detail and will gather some additional pharmacy inputs. The document will be brought back to a future meeting.

7 Supporting cyber security and Information Governance

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

The Data and Security Protection Toolkit (DSPTK) is having a batch feature added. The PMR feature is being added during March 2019.

It would be useful if the DSPTK showed community pharmacy compliance at the top level, and via an application program interface (API), as compliance could then provide reassurance about IG standards and reduce the need for many data sharing agreements.

Microsoft Windows 7 is losing support in 2020. EMIS ran Warranted Environment Specification (WES) checks and contacted contractors. PharmOutcomes now tells users if their PC operating system/browser is WES-complaint.

Some contractors have been struggling with WES Quality Payment criteria. EMIS (and other system suppliers) have a recommended PC specification. PMR systems – are currently accredited to specific versions of Windows. The issuing of further messages to contractors about the importance of keeping operating systems up to date would be beneficial. CP ITG member organisations or the group may consider developing or communicating such messages.

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.

9 Supporting Electronic referral solutions

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.

The NHS e-Referral Service (e-RS) is being piloted for secondary care referral to community pharmacy in Doncaster; and it may be piloted for GP to community pharmacy DMIRS.

e-RS is central, free, and allows two-way communications. But it is on an nww internet domain and it can take aggregators four to six weeks to open the firewall should they need to, as has happened previously. e-RS also needs two roles adding to the user's smartcard by the RA, that need to happen in a timely manner; in the future it may be easier to add them to default profiles. Community pharmacy must regularly log-in and poll e-RS manually. NHS England has been advised about the need for APIs to integrate

other systems with eRS, and for notifications to be created, rather than manual polling. Community pharmacy need well designed and integrated systems.

Pinnacle has agreements with 70 trusts on referrals. Community pharmacy get an email notification from Pinnacle when a referral is received.

10 Supporting NHSmail

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

11 Tackling issues related to the practical use of pharmacy IT

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

12 Consider the development of apps and wearables in healthcare

The information in the agenda was noted. The group discussed Appendix CP ITG 03/03/19. David Hodnett (NHS App team) presented in person. The NHS App is part of NHS England's 'Empower the Person' workplans. There is a new enrolment process available for apps that uses ID and a selfie video. Eighty-four apps are waiting to use that. More information including the workplan roadmap can be found at nhs.uk/transformation website.

The NHS App gives access to NHS 111 online, GP record (access granted per patient), repeat scripts, organ donation, and national data opt-out options. From September to December 2018, some GP practices went live with testing. There are 3,000 users of the app. 270 GP appointments were booked using the NHS App. The 30% cancellation rate is similar to non-app bookings. Appointments are easy to cancel, up to 1 hour before. Very few opt-out of data use settings after reviewing the information about it. The repeat prescription ordering process is liked by patients. NHS App is available on Google Play store and the Apple App store. The last two GP system suppliers (Vision and Microtest) will be on-boarded by May. The NHS App is planned to be live by July for all GP surgeries. Issues to overcome include: no appointment availability, and some very strange appointment type and clinic names.

The NHS App team is looking forward to adding a biometric logon method. Patients in the future will be able to change their EPS nomination and view the status of their prescription; the dispense notification might help with this. Currently the status of 'prescription with dispenser' may mean it is awaiting GP signature. NHS App team would like to work with a pharmacy sub-group to consider some of the detail as it looks to add new medicines-related features.

There is a roadmap, and a backlog of current and future items. The new NHS App senior responsible owner is Tara Donnelly. NHS Digital are working on online medical consultations with three suppliers. There is a toolkit intended for GP practices as well as other healthcare professionals, with a service desk for professionals including community pharmacy.

Action: All to contact Dan Ah-Thion if you want to feed into a pharmacy sub-group feeding into NHS App medicines developments.

The group commented on those features listed within the NHS App feature ideas table (Appendix CP ITG 03/03/19). Additional comments:

- People will increasingly expect to be able to track the status of prescription items and the NHS App should be a good route for this. It's about joining up patient and clinicians. Community

pharmacy teams benefit from knowing what the patient ordered, so they can compare with the prescription to reduce risk of incidents. It would be good if the platform was a comms platform for clinicians, e.g. to say patient discharge happened and medicines changed. Maybe patient should see the resulting prescription?

- Some CCGs are blocking orders from some apps, but NHS App is not blocked. The NHS App had removed the 'select all' option for re-ordering repeat medicines after some requests from CCGs.
- If an EPS nomination changes mid-process, you might never be able to reconcile orders with prescriptions. The NHS App could assist with ensuring the patient has control of their EPS nomination.
- The patient needs to know when they are next allowed to reorder repeat medicines.
- Some public health campaigns are being included in the app. NHS Healthcheck, COPD, Change for life, plus the app library, and OneYou. Note that a pharmacy providing public health services to a patient may be a different pharmacy to the one that has their EPS nomination.
- The NHS App could remove the problem of script right-hand side messages from GP to patient. Instead a direct 2-way channel could be opened between GP and patient. A community pharmacy to patient 2-way channel would also be useful.
- The NHS App will soon add an EPS soft token; and will then integrate with secondary care.
- Pharmacy finder feature.
- EPS Phase 4 tokens.
- Push notifications (including SMS text messages) - not in version 1, medicine ready to collect
- NHS App could notify patient when medicines need to be reordered.

13 WiFi

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

Any other business

- John Palmer raised supporting and/or endorsing the PRSB and its standards. PSNC have endorsed the vaccination and emergency supply standards. The RPS also aims to feed in so that it can endorse the standards once it approves of them. RPS are the pharmacy members of PRSB and can deal with the professional practice side. It is for individual bodies to decide whether they can endorse the standards. Comments:
 - The process is lengthy and includes high-level and low-level detail as well as clinical and technical information.
 - System suppliers can deal with the technical side – EMIS are keen to support this.
 - John Palmer was concerned that the operational aspects may be overlooked.

Action: John Palmer to ask Stephen Goundrey-Smith (RPS) if system suppliers were present for the PRSB workshops and received links to the draft standards.

- The CP ITG Chair and Vice-chair elections are at the next meeting and formal 'members' may stand.

Action: Nominations can be made at the next meeting, and should anybody wish to stand for either CP ITG Chair or Vice-chair or both and they make that decision before 4th June, they are welcome to let John and Dan know in advance of the meeting.

- Serious Shortage Protocols (SSP) will, in some cases, require the dispenser to endorse that they supplied an entirely different item from that prescribed.
- EMIS and ClanWilliam have had enquiries about offshore (EU and India) dispensing of appliances as part of hub and spoke by DACs. Shanel thinks there was a paper on this topic drafted by NHS Digital.

Future meetings

Tuesday 4th June 2019

Tuesday 3rd September 2019

Tuesday 19th November 2019

Tuesday 3rd March 2020