

Draft minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 4th June 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

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
Ioan Phillips, National Pharmacy Association (NPA)
Dane Argomandkhah, Cohens Chemist
Matt Armstrong, CCA/Boots
Steve Ash, AIM/Day Lewis Pharmacy
Vishal Babu Takkallapelly, Tesco Pharmacy
Harpreet Chana, NPA
David Evans, NPA/Daleacre Healthcare Pharmacy
Sanjay Ganvir, Greenlight Pharmacy/Camden and Islington LPC
Andy Gent, CegedimRx
Stephen Goundrey-Smith, RPS
Mary Gough, Company Chemists' Association (CCA)
David Hodnett, NHS App team
Julian Horsley, Clanwilliam Health
Sunil Kochhar, PSNC/Regent Pharmacy
Rikesh Lad, Asda Pharmacy
Fin McCaul, PSNC/Prestwich Pharmacy
Coll Michaels, NPA
Richard Morgan, Positive Solutions
George Radford, CCA/Lloydspharmacy
Shanel Raichura, EMIS Health

From this meeting, Steve Ash will be AIM's replacement representative for Dale Kirkwood. Richard Dean was re-elected as Chair. David Broome was re-elected as Vice-Chair.

Apologies for absence from members

Andrew Lane (NPA), Ravi Sharma (RPS), Iqbal Vorajee (AIM) and Heidi Wright (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.

Action: The group will promote the PMR survey upon its release.

The group discussed Confidential Appendix CP ITG 05/06/19 regarding prescription forms and systems.

PMR systems and Serious Shortage Protocols (SSPs)

Community Pharmacy NI (CPNI), Community Pharmacy Scotland (CPS), General Pharmaceutical Council (GPhC), and the CCA Scottish Management Group dialled into the meeting for this agenda item. The group discussed Appendix CP ITG 06/06/19. SSPs will be issued on a national basis by DHSC in the event of a shortage meeting the stipulated criteria. The changes to the Human Medicines Regulations were laid earlier this year and changes will also be incorporated into England's Community Pharmacy Contractual Framework by July. It is assumed other UK nations are considering similar approaches.

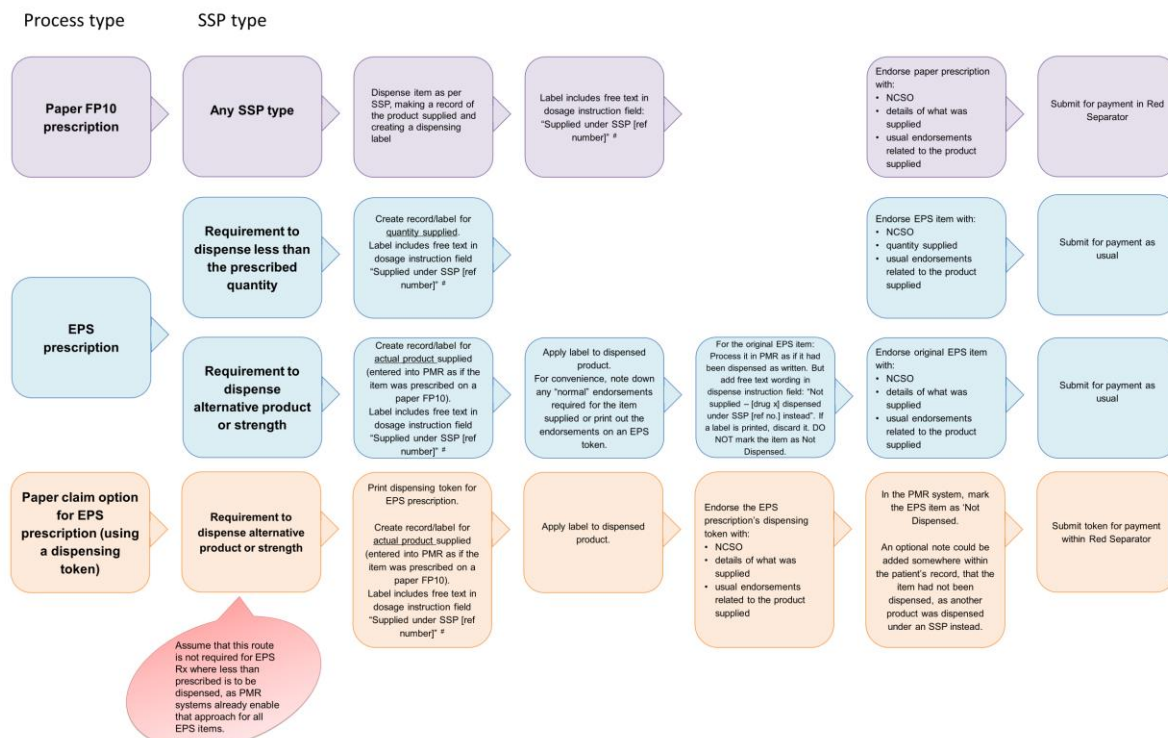
It was noted there had been some disquiet from patient groups and GPs about the substitution provision in the SSP legislation. Claiming payment using EPS would be via 'No Cheaper Stock Obtainable' (NCSO) endorsement, which will flag to NHSBSA that the prescription should be treated as an SSP supply.

PSNC had pressed for the need for either paper or electronic methods being acceptable for claiming payment. EPS tokens may be endorsed and inserted into the red separator to identify that an SSP supply had been made. SSPs may involve changing the prescription drug name to the name of what is actually dispensed.

An illustrative SSP process slide (see below) was considered with the various options by which an SSP supply could be recorded in the patient's record and the supply be claimed for from the NHSBSA.



Serious Shortage Protocols (SSPs): dispensing and claim process steps



Contractors will have freedom to adopt any of the approaches described in the slide. It was noted that from a governance perspective, avoiding dual recording was important and that may be easier using the paper method to start with.

SSPs will continue to exist after Brexit, so PMR suppliers may want to consider how their systems might be redesigned to better accommodate SSPs in due course.

Views from representatives of the other UK nations were heard. While the Scottish payment system was different, the challenges posed by SSP will be the same. In Northern Ireland and Wales, there is not EPS and identification of SSP medication is easier because scripts and endorsements are paper based. Likewise, PMR suppliers said builds from other UK nations would be useful for production of customer guidance for their UK customers. They said despite SSPs coming into force in July 2019, changes to systems could not be made in such a short timeframe.

Action: Suppliers were asked to consider creating short system-specific how-to factsheets on the SSP process and the use of the NCSO endorsement functionality for EPS scripts. PMR suppliers were asked to contact Dan Ah-Thion, who could assist with preparing these and user testing.

2 Connectivity, business continuity arrangements and dealing with outages

The information in the agenda was noted and the group agreed the proposed next steps. Dan Ah-Thion and Matthew Gabbitas will discuss after the meeting whether the [pharmacy ODS/supplier change checklist](#) will need further updating based on Matthew's recent experiences changing PMR systems. PMR suppliers were asked to do more to publicise their business continuity offerings for network connectivity.

3 Supporting EPS and its enhancements

The information in the agenda was noted and the group agreed the proposed next steps. NHS Digital Phase 4 updates were provided by Jim Thorpe.

EPS Schedule 2/3 CDs: Fin McCaul noted historically CDs would come through on separate forms but GP practices and their suppliers sometimes combined CDs and non-CDs on the same EPS form, complicating pharmacy processes. Fin said one of the GP systems separated the items automatically even if the GP signed the EPS prescription once. All but 40 GP practices now already have EPS CD functionality. British National Formulary (BNF) guidance currently states that "Medicines that are not Controlled Drugs should not be prescribed on the same form as a Schedule 2 or 3 Controlled Drug."

It was noted that the challenges around the different expiry dates of CDs and normal items on a combined EPS prescription had been highlighted by inspectors in recent General Pharmaceutical Council (GPhC) pharmacy inspections.

Action: Group members that had problems with CD/non-CD mixed EPS prescriptions raised by GPhC inspectors were asked to share relevant extracts of the inspection reports with Dan Ah-Thion, so that those could be highlighted to NHS Digital.

EPS Phase 4: Piloting began in November 2018. A final tranche of pilot GP practices are going live - including lightly supported sites testing scalable training approaches. NHS Digital informed relevant Clinical Commissioning Groups (CCGs) in advance and will meet with NHSX, NHS England regional directors and others to discuss proposals to nationally roll-out in Autumn. Nearly 40 GP practice sites are prescribing Phase 4 prescriptions. Around 20 further GP practices will join the pilot shortly. 1,600 dispensers have submitted EPS phase 4 prescriptions for pricing. PSNC and other stakeholders are engaged in the planning for roll-out. NHS Digital will be seeking approvals including a formal one from PSNC for national rollout. A pharmacy Phase 4 sub-group will consider the matter during July 2019 on behalf of PSNC.

Ideally, PSNC, Local Pharmaceutical Committees (LPCs), CP ITG and systems suppliers should be involved in national comms on the rollout. The group requested that a joined up national approach was taken as to when sites/areas went live. Full EPS CDs remains a prerequisite for full Phase 4 roll-out. The group noted that community pharmacy contractors within new pilot areas should be made aware of the piloting so that they would be aware that they could receive more Phase 4 tokens.

Action: PMR suppliers were asked to work with NHS Digital regarding each providing written assurances about their resilience preparations ahead of a wider EPS Phase 4 roll-out and before the group's next meeting.

Real-time prescription charge exemption checking (RTEC): Four sites are currently piloting, with specification work ongoing. RTEC could be rolled out to community pharmacy contractors that use Positive Solutions' Analyst system during June/July. Other pharmacy systems suppliers are scheduled to join an NHS Digital telecon on 5th June 2019 to be briefed on the next stage of RTEC. Further PMR suppliers are encouraged to register interest in taking part. Many of the issues encountered so far seem to be with the fraud checking service undertaken by the NHS, which is separate from RTEC. Pharmacy team feedback has included that RTEC helps counter staff, delivery drivers, and the rest of the pharmacy team. There is some education required surrounding the timing of the real-time exemption check and impact. It is hoped that Department for Work and Pensions (DWP) exemptions will be included in the system during September 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.

Action: PMR suppliers agreed a further telecon could help to progress the workstream. Dan Ah-Thion to facilitate a July 2019 telecon.

5 Seeking the development of interoperability/integration where appropriate

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

Action: Dan Ah-Thion to contact the group members before the next meeting regarding undertaking a communications campaign about Summary Care Record (SCR) additional information.

Local Health and Care Records (LHCR) or other records. The group discussed Appendix CP ITG 02/06/19. The group agreed there should be a standard identifier for when "ordered medicines" were recorded and communicated between systems. The group considered whether a standard should exist for communicating certain "over the counter medicines" supplied. The group suggested the option may exist to record this where it was felt clinically important. The record could indicate that the item was believed to be for the patient. Patient's consent for the record needed consideration.

It was recognised that if these categories do not get into the LHCR core dataset at this stage, alternative standards for the transfer of this information could be developed. There is a danger records as they are now, might not capture a full enough picture. There would be a workload factor for any of those pharmacy teams that recorded such information into the record and that needed consideration.

Outstanding action: The group to support the collation of LHCR nww domains that require passing to suppliers/aggregators for authorisation.

6 Developing a wider IT roadmap

Community Pharmacy Digital Vision draft: A sub-group prepared Appendix CP ITG 03/03/19 which aligned with the principles in the Government's digital vision.

Action: The group was asked to email Dan Ah-Thion with comments on Appendix CP ITG Appendix 03/06/19 by 9th July 2019 and suggest priorities and point out any areas missed. One such area was how to ensure sector can handle referral information from other healthcare pathways.

Comments that communication needed to be looked at. The phone-based nature of many pharmacy communications was unique within the NHS. NHS Improvements 'Situation, Background, Assessment, Recommendation' ([SBAR](#)) system was suggested as a model to consider for the future direction of travel. After more comments, the sub-group will do further work on the detail and will gather some additional pharmacy inputs. A revised 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.

Microsoft announced it will no longer uniformly provide free security updates and support for PCs running Windows 7 after 14th January 2020. The issues identified in Appendix CP ITG 04/06/19 seem to be felt across other sectors. PMR suppliers said that transition from Windows 7 to Windows 8 would not be required and Windows 8 could be skipped by upgrading straight to Windows 10. It was agreed that widespread communications to contractors should wait until the issues with Windows 7 transition were further understood. Some PMR suppliers said that where providing new terminals these would now include Windows 10 rather than older Windows versions. Windows 10 had its own challenges because of auto-updates having risks of non-compatibility with PMR systems. PMR systems were also assured to specific operating systems. Some PMR suppliers have retained Windows 10 software keys for specific terminals for upgrade them in due course.

Action: A telecon between PMR suppliers and NHS Digital digitising community pharmacy team was proposed. PSNC to help facilitate this.

The Data and Security Protection Toolkit came online quite early during the financial year, but the pharmacy profile and guidance to be refined further therefore contractors will be better off completing this later after. The functionality is now there for PMR suppliers to input standard answers on behalf of pharmacy contractors.

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. NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme continue to work with others on discovery work to support the development of electronic referral systems. One work area: Hospital discharge data began to be sent to community pharmacy during May 2019 – to further test the concept. As at 28th May 2019, the testing involved 34/78 (43%) of local pharmacies having eRS access, and they had received 10

admissions and 5 discharge notifications from the Secondary Care Trust. The way patients are referred can differ, i.e. a fire and forget approach versus building rapport with pharmacist. In the long run the solution would need to include auto-notification. Further considerations are required as to the standard formatting of messages, as well as the design and content of the messages.

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 and the group agreed the proposed next steps.

NHS App nomination feature: The group considered a slide-set with mock-ups showing how the feature would work and issues encountered.

Action: All to contact Dan Ah-Thion before 25th June 2019 if you want to comment further on the feature or the proposed wording.

NHS App general update: NHSX will help to determine the future development roadmap for the NHS App. Some planned features will not move ahead at this time whilst others will do so. A 'no back button' issue is being worked on. 77% of GP practices are at least partially NHS App ready. The NHS App will be expected to make more of application program interfaces (APIs) available so suppliers and developers of other apps can more easily interoperate with the app. Initially it will be easier for those apps already within the [NHS Apps library](#) to interoperate with the NHS App using such APIs.

NHS App medicines 'ready for collection' flag. Work on this feature has been halted for now. Different pharmacy systems have different 'flags' and 'statuses' and these would not currently be consistent across different pharmacies and systems and would not align with patient expectations.

NHS Apps library and its assessment questions: PSNC has worked with the NHS Apps library assessment team on the development of some of questions for those pharmacy-related apps to enter the library in future. Any pharmacy could ask to have their app within the library if it met the NHS requirements.

13 WiFi

The information in the agenda was noted and the group agreed the proposed next steps. This had been explored with NHS Digital previously. Although universal roll-out of Wi-Fi is not currently in scope, the group was supportive of contractors making Wi-Fi available for staff and for patients, in that priority order.

Any other business

A PMR supplier explained that all dispensing system suppliers have been informed that EPS dispensing systems must not facilitate automated repeat checking of patients' NHS Spine nomination settings for the purpose of bulk contact to patients that have moved their nomination away from the dispenser in question. Use of EPS data usage had not been approved for this type of data flow.

Sanjay Ganvir said contractors working within London have had problems accessing SCR across third-party products. Java updates have been an issue. Sanjay to speak with Dan Ah-Thion about this post-meeting.

Future meetings

3rd September 2019

19th November 2019

3rd March 2020

2nd June 2020