Agenda and papers for the Community Pharmacy IT Group (CP ITG) meeting

to be held on 3rd September 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, Steve Ash, David Broome (Vice Chair), Sibby Buckle, Richard Dean (Chair), David Evans, Dale Kirkwood, Sunil Kochhar, Andrew Lane, Fin McCaul, Coll Michaels, George Radford, Ravi Sharma, Craig Spurdle, Iqbal Vorajee and Heidi Wright.

Secretariat: Dan Ah-Thion.

1. **Welcome from Chair**

2. **Apologies for absence**
   No apologies for absence have been received at the time of the agenda being finalised.

3. **Minutes of the last meeting**
   The minutes of the meeting held on 4th June 2019 were emailed out to the group alongside this agenda.

4. **Actions and Matters Arising**

Action

5.	**NHS Digital workstreams**: EPS Phase 4, and transfer of information and electronic referrals (pages 3-4) (Appendix CP ITG 01/09/19)	11:10-11:25
6.	**Community Pharmacy Digital Vision** (pages 5-13) (Appendix CP ITG 02/09/2019)	11:25-11.50
7.	**Local Health and Care Records** (LHCRs) update (pages 14-15) (Appendix CP ITG 03/09/19)	11:50-12:20
8.	**Prescription form (reverse) changes and new endorsements**: update (page 16) (Appendix CP ITG 04/09/19)	12.20-12.30
9.	**PMR systems and Serious Shortage Protocols** (SSPs): update (page 17) (Appendix CP ITG 05/09/19)	12:30-12:35
10.	**CP ITG workstream review** (pages 18-19) (Appendix CP ITG 06/09/19)	12.35-12.40
11.	**Further NHS Digital update** (page 20) (Appendix CP ITG 07/09/19)	12.40-1.00

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12.   **Preparing for Windows 7 end of life transition** (pages 21-24)   1.30-2.00
        ([Appendix CP ITG 08/09/19](#))

13.   **Update on the Supporting cyber security and Information**   2.00-2.15
        Governance (IG) workstream (pages 25-26) ([Appendix CP ITG](#)
        [09/09/19](#))

14.   **Community Pharmacist Consultation Service (CPCS) and IT** (page 27)   2.15-2.45
        ([Appendix CP ITG 10/09/19](#))

Report

15.   **Updates on other CP ITG workstreams projects** (pages 28-37)
        ([Appendix CP ITG 11/09/19](#))

16.   **Post-meeting CP ITG communications and messages**

17.   **Any other business**

Upcoming pharmacy/healthcare IT events

- 4th-5th September 2019: [NHS Innovation Expo](#), Manchester
- 6th September 2019, 12:30-13:30 (one hour): [Key findings of Digital Health's NHS IT Leadership Survey, 2019](#), Webinar
- 6th-7th October 2019: [Pharmacy Show](#), Birmingham
- 1st-2nd October 2019: [Healthcare Efficiency Through Technology (HETT) / UK Health Show](#), London

Future meetings

- 19th November 2019
- 3rd March 2020
- 2nd June 2020
- 1st September 2020

Subject	EPS Phase 4, transfer of patient information and electronic referrals
Date of meeting	3rd September 2019
Status	Public
Overview	EPS Phase 4 is rolling out to further GP practices. NHS Digital also continues work to enable transfer of standardised information relating to flu vaccinations and on electronic referrals.
Proposed action	Receive updates from NHS Digital presenters and others.
Presenters	NHS Digital may update the group about Phase 4, NHS Digital Integrating Pharmacy Across Care Settings work and more.

EPS Phase 4

Report:
- In July 2019, PSNC published an update that included a list of Phase 4 top tips for pharmacy teams.
- NHS Digital began piloting EPS Phase 4 at the end of November 2018. As of August 2019, around 60 GP practices were within the pilot. The pilot sites were spread across the country, including Greater Manchester, Essex, South-east London, Leeds and Devon.
- Prescribers in the pilot have successfully issued over 75,000 Phase 4 prescriptions which have been dispensed by over 1,000 dispensers. Some of the pilot GP practices have seen just over 90% of those prescriptions which could be sent electronically done so.
- 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 dispense against the token rather than the electronic prescription. Further communications will be issued by PSNC and others to highlight that during Phase 4 deployment there will be an increase in receipt of EPS Phase 4 tokens and pharmacies need to ensure all staff are aware of the need to identify the tokens. The pilot has identified a series of Phase 4 issues in GP clinical systems, which the GP system suppliers have been working on.
- A pharmacy Phase 4 sub-group (CP ITG members: Matthew Armstrong, David Broome, Sunil Kochhar, Fin McCaul, George Radford, Craig Spurdle) considered wider Phase 4 deployment during July and August 2019 on behalf of PSNC. The sub-group considered NHS Digital's Phase 4 deployment plan document, which sets out a phased deployment. While NHS Digital would like Phase 4 to be deployed across all GP systems at around the same time, if GP system-specific issues were to add to the required, different GP systems may rollout Phase 4 at different times.
- Full EPS CDs remains a prerequisite for full Phase 4 roll-out for those 45 GP practices which use the Microtest GP system, which has still not completed the testing of CD functionality.
- Ahead of making a decision on whether to support deployment of Phase 4, the Pharmacy Phase 4 sub-group sought further information from NHS Digital on several topics, including confirmation that the impact of Phase 4 rollout on the central NHS Spine capacity is not significant and what support would be provided for GP practices close to the Welsh and Scottish borders.
- During deployment, GP practices are to be categorised as either: "simple", i.e. no branch surgeries, not cross-border, high existing EPS use and no dispensing patients; or 'complex' practices which will need to receive a different support model. The sub-group's recommendation was that Phase 4 should be deployed in-line with NHS Digital's Phase 4 rollout plan; this has been communicated to NHS Digital.

Next Steps:

- NHS Digital, PSNC, LPCs, CP ITG, systems suppliers and others will be involved in national comms at the appropriate time. PSNC has requested that there should be clear communications on when sites or areas will go live.
- PSNC will work closely with NHS Digital and others on the further deployment and associated activity.

NHS Digital's work on electronic referral solutions

Report:

- NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme are working with stakeholders 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). The small pilot at the Doncaster and Bassetlaw Teaching Hospital and local pharmacies continues. As at 13th August 2019, over 42/78 (53%) of local pharmacies have eRS access, and they had received 45 admissions and 21 discharge notifications from the Trust.
    2. As part of the GP referral CPCS service, NHS England are running a number of pilot sites across the country using various solutions to signpost suitable patients to receive the correct care on the same day at community pharmacies.

Next Steps:

- NHS Digital will continue with the Doncaster Pilot, user research and case study into the value of the services and eRS as a solution. In the coming months a review of eRS by NHSX will help determine what future activity can take place.

Transfer of patient information

Report:

- NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme are working with stakeholders on assurance and technical testing with two pharmacy system suppliers and one GP system supplier regarding transfer of flu vaccination. All parties hope to make progress in the next four weeks. Work is also continuing with the other three main GP systems, and may occur later with further pharmacy system suppliers as well.

Next Steps:

- Further testing and planning with NHS England and NHS Digital clinical leads is to occur. NHS Digital are aiming for first of type with the first GP System supplier in Autumn 2019, with the remainder to closely follow. This work is anticipated to move into another NHS Digital programme shortly.

Subject	Community Pharmacy IT Group's digital vision work
Date of meeting	3rd September 2019
Status	Public
Overview	A sub-group, which included representation from each of the member bodies, has drafted further content under the sub-headings which were agreed at a previous meeting.
Proposed actions	The group is asked to comment on the appendix and suggest missing items and high priorities for each of the seven categories listed within the current document: user need; privacy and security; interoperability and openness; inclusion; infrastructure; innovation; and capabilities.

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 the top one or two priorities for action, in relation to that topic?
- One of the items listed is 'Community pharmacy to be better able to identify, learn from and reward innovation'. The group are asked to suggest how we could support this aim in the future.

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

Draft Community Pharmacy IT Group Digital Vision

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 recognises that perfection is something to strive towards rather than something that is achieved in all cases. The group is also developing work relating to 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 digital vision guiding principle: "*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 service/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 guiding principle: "*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..*"

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 within 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
- **have ability to send and receive information from / to NHSmail from / to PMR systems**

- □ **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 guiding principle: *"The digital architecture of the health and care system must be underpinned by clear and commonly understood data and cyber security standards"*

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).

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

- **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.**
- **Staff leavers and joiners at pharmacy branches should be able make use of an integrated automated system** in which Smartcard information is integrated with NHSmail information and other account set-up information for a more fluid process creating or adjusting accounts of leavers / joiners

b. Auditable

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 guiding principle: "*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. 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

b. Devices

Infrastructure arrangements should better support each pharmacy having access to sufficient and suitable:
- **Fixed terminals**
- **Mobile devices**
- **Printers**

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. 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

b. Identifying, learning from and rewarding innovation

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

c. Pharmacy involvement with innovation strategy groups

Community pharmacy representatives should be included within Healthtech Advisory Board.

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)

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Subject	Local Health and Care Records Exemplars (LHCRE) and LHCRs update
Date of meeting	3rd September 2019
Status	Public
Overview	LHCRs developments continue. An IG framework may be published during late 2019. The Professional Record Standards Body's (PRSB's) LHCR core dataset is being considered for endorsement by relevant organisations. The group will receive a report from James Wood (Community Pharmacy Surrey and Sussex Chief Executive Officer) who will update the group regarding LHCR developments within his area.
Proposed actions	The group are asked to suggest people who could be LHCRE area pharmacy champions.

Report:

- PSNC has published information about LHCRES and LHCRs on its website and has been updating LPC Chief Officers within LHCRE areas regarding the further LHCRE progress and facilitating the sharing of lessons.
- NHS England previously announced five areas chosen to become LHCREs. LHCREs are a group of organisations working in collaboration and intending to create a safe, secure and trusted information-sharing environment for use by health and care professionals and organisations. These partnerships received funding to put in place an electronic shared local health and care record which makes relevant patient records available more quickly to those involved in that patient's care and support.
- The partnership areas are: Yorkshire and Humber (covering West Yorkshire, South Yorkshire, North Yorkshire and Humberside), Thames Valley and Surrey (covering Buckinghamshire, Oxfordshire, Berkshire and Surrey), Greater Manchester, Wessex, and "One London".
- The PRSB is working with NHS England, RPS, PSNC and others to support LHCREs. A model has been published. PRSB's work involves gathering some further endorsements for the standard for the core information that is shared in a local health and care record. PRSB have indicated to PSNC that pregnancy status fields are anticipated to be added to the final standard. PSNC and RPS had requested this being added, given its original absence from the draft standard and because of upcoming changes with the roll-out of real-time exemption meaning maternity exemption information will not be visible.
- PSNC also passed a further round of comments into NHS England regarding its LHCRE IG framework and most of these are anticipated to be incorporated. PSNC pressed for the framework to be compatible with the principle that information that's needed by health and care professionals can be available at the right time to better support patient care.
- Digitalhealth.net reported: Yorkshire and Humber Care Record signs £4m population health contract with three companies to provide the technology for a population health management tool.
- Great North Care Record statistics: the record is being viewed over 100,000 times a month and is accessible by 100% of GPs in the region.
- Digital Health London reported: On the publication of a report about Londoner patient attitudes in regards to the sharing of their record. The report, "Understanding public expectations of the use of health and care data was commissioned" by OneLondon to support development of its wide-reaching engagement programme. The report found the public has a strong expectation that their information should be available to clinicians at the point of care to support their individual care. People reported being surprised if that was not the case. Further work is needed to understand what Londoners expect in terms of how their health and care information may be

used for purposes beyond their own individual care, for example, quality improvement, service planning or research.

Next steps:

- LPCs or others can contact Dan Ah-Thion if they become aware of LHCR events or new LHCR information or LHCR managers that state in writing that information governance (IG) reasons are contributing towards delays to pharmacy access to LHCR information. PSNC may use such examples during our discussions with the NHSX LHCR team.
- LPC Chief Officers within LHCR areas have proposed that they are connected with each other and PSNC in order to share and hear local LHCR lessons via a Community Pharmacy Digital Group LHCR sub-group. This will be extended to include others outside of the LPCs working to support community pharmacy LHCR access within their local area.

CP ITG action:

- Community pharmacy LHCRE champions are being nominated for each of the five LHCRE areas. These include those persons attending LHCR events and who are working locally to ensure community pharmacy access to the LHCR. James Wood and David Broome have been nominated so far. If you are aware of any other potential candidates, please contact Dan Ah-Thion.
- The group is asked to consider: How important is it that the LHCR should one day be able to include EPS 'dispensed medicines'?

Subject	Prescription form (reverse) changes and new endorsements and IT solutions: update
Date of meeting	3rd September 2019
Status	Public
Overview	Changes to the reverse of the paper prescription are being made (expected end of 2019 at earliest), e.g. to recognise the introduction of Universal Credit. New prescriber endorsements are being introduced to allow the free of charge supply of medicines in certain circumstances, e.g. the treatment of sexually transmitted infections. PMR suppliers are to be updated at and after the meeting.

Report:

The group's June 2019 update included a detailed written update about the topic. Some pharmacy system suppliers further commented about the prescription changes anticipated.

Following user testing undertaken by the Department for Health and Social Care (DHSC) and NHS Business Services Authority (NHSBSA), with stakeholder consultation, the layout of the FP10 NHS prescription form has been amended to make it clearer for patients and dispensers within the limits of the paper size and legal requirements.

The new FP10 has also been updated to reflect changes to legislation, e.g. The General Data Protection Regulation (GDPR). You can read more about the changes within the group's June 2019 agenda papers.

NHS Digital will coordinate potential system developments. At the last meeting, the need for advance notice was explained. PMR suppliers and others provided some further comments about the topic to PSNC and NHS Digital after the last meeting. The aim is to keep the new system as simple as possible for all involved. The group discussed at the last meeting the need for six months' notice, if system changes are expected.

Summary of changes:
- A new exemption box U for patients who are in receipt of Universal Credit and meet the criteria for free help with health costs.
- Removal of box X "was prescribed free-of-charge contraceptives" from the paper FP10/FP10DT (token). There has been a discussion about mitigations to reduce the risk that a complex 'top trumps' system is presented to pharmacy teams.

CP ITG action:

- PMR suppliers and others are to be further updated after the meeting about anticipated developments that will allow EPS to align with the changes to be made to the paper prescription change. Some telecons for PMR suppliers (joint or separate) may be arranged shortly, if there is interest in that.

Subject	PMR systems and Serious Shortage Protocols (SSP) update
Date of meeting	3rd September 2019
Status	Public
Overview	Changes to the Pharmaceutical Services Regulations to introduce SSP have been laid. Once an SSP is issued there will be a variety of ways in which payment claims for the item supplied under the SSP can be made, dependent on whether the original prescription has been issued via an FP10 or EPS.
Proposed actions	The group is asked to discuss the progress being made on IT changes to accommodate SSP and progress on the development of PMR system-specific guidance. Ideally PMR-specific guidance materials will be made available and PSNC will highlight these to contractors via its SSP webpage.

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.

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 SSP 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 SSP guidance and on-demand webinar video, all available from PSNC's SSP hub.

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.

CP ITG action:
- PMR suppliers are encouraged to continue to work with Dan Ah-Thion to develop system-specific how-to guides on how to process SSP supplies in PMR systems and factsheet links from PMR websites can be added to the PSNC SSP webpage.

Subject	CP ITG workstream review
Date of meeting	3rd September 2019
Status	Public
Overview	CP ITG set out its workstreams more than two years ago and a review is now due.
Proposed actions	The group is invited to provide initial proposals to rationalise the number of workstreams, given some can be folded into other workstreams. After the meeting a revised workstream list will be reviewed by a sub-group.

Report:

CP ITG set out its workstreams with a sub-group more than two years ago (first column of table) and a review is due. The original sub-group had included Dan Ah-Thion, Matt Armstrong, Alastair Buxton, Richard Dean, Mary Gough, Stephen Goundrey-Smith and Heidi Wright. Some further suggestions have been recently made to stream-line these; see the second column of the table.

Current 13 workstreams	Suggested changes
WS1 Supporting the development of 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 webpage(s) include*: psnc.org.uk/systems	Remain
WS2 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 webpage(s) include*: psnc.org.uk/itcontingency; and psnc.org.uk/connectivity	Remain
WS3 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 webpage(s) include: psnc.org.uk/eps	Remain
WS4 Seeking a standard process for importing PMR data into a new PMR system: Workplan item description: 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.	Move into WS2 Connectivity, business continuity
WS5 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 webpage(s) include: psnc.org.uk/interoperability and psnc.org.uk/dosesyntax	Remain
WS6 Developing a wider IT roadmap: to support useful and usable IT beyond PMR systems and EPS.	Remain

WS7 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 webpage(s) include: psnc.org.uk/ig	Remain
WS8 Promote the ability to collate fully anonymised appropriate patient interaction data from all systems: to support the evaluation and further development of pharmacy services. Ensure that appropriate consent models continue to remain in place.	Move into WS5 interoperability
WS9 Supporting Electronic referral solutions: supporting the development of electronic referral solutions, for referral into and from community pharmacy. This would include coordination / consolidation of electronic hospital discharge processes, so a best practice approach is achieved which can be adopted across the country.	Move into WS5 interoperability
WS10 Supporting NHSmail: roll-out- 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. Relevant webpage(s) include: psnc.org.uk/NHSmail	Remain
WS11 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.	Remain
WS12 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 webpage(s) include: psnc.org.uk/apps	Remain
WS13 Exploring WiFi: explore use of WiFi within pharmacies and develop guidance if necessary. Consider whether NHS funding for WiFi should be sought.	Move WiFi updates where significant into WS11 practical use of pharmacy IT

Falsified Medicines Directive (FMD) work is led by the Community Pharmacy UK FMD Working Group; that group may seek assistance from the CP ITG if required.

CP ITG action:
- The group is invited to make suggestions including commentary on the suggestions, as well as commentary on those sub-topics that should be considered for addition into an existing workstream or topics considered for a new workstream.
- After the September 2019 meeting, a revised workstream list is to be taken to a sub-group. Expressions of interest to join this group will be taken at the meeting.

Subject	NHS Digital: Further update
Date of meeting	3rd September 2019
Presenters	NHS Digital
Overview	NHS Digital may provide a further update
Proposed action	The group may receive an update.

Next Steps:

- NHS Digital are to provide a verbal update at the meeting.

Subject	Preparing for Windows 7 end of life transition
Date of CP ITG meeting	3rd September 2019
Status	Public
Presenters	NHS Digital and Dan Ah-Thion
Overview	Microsoft announced it will no longer uniformly provide free security updates and support for PCs running Windows 7 after 14th January 2020.
Proposed actions	The group and PMR suppliers are asked to support the transition away from Windows 7 as needed, to discuss this issue and to suggest any amendments needed for the drafted communication.

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. This means that without security updates and support that users' PCs could become more vulnerable to security risks such as viruses.

CP ITG actions:

- The group is asked:
    - o Whether there are NHS or other applications used by pharmacy contractors which are likely to discourage contractors from upgrading from Windows 7, and if they become aware of them, to report these at the meeting, or after, to PSNC.
    - o To suggest comments on the Windows 7 communications 1-2 (below) at the meeting or in writing by 19th September 2019, to PSNC. Communications may be issued by the group or by PSNC and/or other organisations.
- Patient Medication Record (PMR) pharmacy system suppliers and IT support are asked to:
    - o Consider Windows transition plans, if not already doing so.
    - o Independently seek opportunities after the meeting to work with technical experts from within and outside of the health sector to prepare for any future Windows 10 challenges if not already done – such as those that could be encountered should Microsoft make available major updates in the future to pharmacy PCs using Windows 10, which have a critical impact on the ability of the PMR system to operate.

Draft communication 1 [briefing] for October 2019
Windows 7 support period to end after 14th January 2020 and the community pharmacy IT implications

This briefing for pharmacy IT/cyber support and pharmacy systems suppliers to consider, explains some of the issues surrounding the transition by pharmacy users away from Window 7 and associated future actions. Some sections could also have relevance for pharmacy contractors.

From 14th January 2020, Microsoft will be ending their free support for Windows 7. This does not mean Windows 7 will stop working but it does mean that Microsoft will no longer be uniformly updating all computers with Windows 7 patches to plug identified security loopholes. This could put some systems at risk (e.g. from virus attacks) unless appropriate mitigations are arranged.

To maintain interoperability, some Patient Medication Record (PMR) pharmacy systems have not been prepared for Windows 10 or system suppliers are working towards this (see FAQs).

Planned upgrades for computers and operating systems

For those pharmacy contractors upgrading hardware ahead of the January 2020 deadline, it is useful to consider opportunities to upgrade to Windows 10 at the same time. Some contractors report a benefit that fewer visits will be required by IT engineers if both the computer and the Windows are updated at the same time instead of separately.

If pharmacy contractors have a system and computer terminal upgrade scheduled already, Windows 10 ought to be deployed as part of this and IT support may give further advice. If contractors wish to upgrade to Windows 10 ahead of schedule, they will need to speak to their IT support. Upgrading to Windows 10 may require investment for either an upgrade from Windows 7 to Windows 10 or else new PCs, and in some cases new printers.

The use of unsupported products should be avoided where reasonably possible. Contractors should determine when PCs will be upgraded and consider moving the upgrade forward if the scheduled change is a significant time in the future.

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 – but if such methods are relevant then IT support should be involved with implementation. In some cases, if Windows 7 computer terminals were originally pre-installed with Windows 10 but downgraded to Windows 7 for compatibility reasons, then IT support might hold records for the Windows 10 license keys for the computer.

Windows 10 can run on older hardware, but as Windows 10 is a modern operating system it might struggle to work well on older machines. *TechRadar.com* 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 (Techradar.com).

Possible extension of support for Windows 7

Extended security updates may be available at a cost per device per year for some versions of Windows – which may be being covered by IT support, depending on contractual arrangements.

Use of non-supported systems

Unless contractors have an upgrade to Windows 10 planned before the January 2020 deadline, there are precautions contractors with their IT support may take until systems are upgraded:

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.

Additional steps may include contractors and/or their IT support considering the points below:

- Ensuring familiarity with the [Ten steps to help improve data and cyber security within community pharmacies](#).
- If Internet access is supplied via the PMR supplier or IT support, a "Restricted Access" model may be used as needed. This may limit any browsing to approved Pharmacy websites only, which will reduce the risk of contracting malware from the internet. Use a 'limited' rather than Computer Administrator accounts for logging on to Windows 7 for day-to-day work.
- Beware of fake anti-virus websites, popups, emails, and phone calls. Ensure anti-virus software comes from a legitimate source and is updating regularly.
- Stop using Internet Explorer as the default browser. Chrome, Microsoft Edge and Firefox will continue to support usage with Windows 7, updating as new threats arise. This further reduces the risk when browsing the internet.
- Do not use links or attachments originating from an email unless you are sure they are valid, and you are expecting the email. Always remember that an email can look like it's from a valid contact when it's not, so always double check if in doubt.
- Only access files you trust. Be cautious of files on memory sticks from untrusted sources, and even of files on your own network.
- Backup your PC regularly to protect against data loss.
- If you are running Windows 7 on your computer, note that you may start to receive pop-up warnings in the future advising you to upgrade.
- Keep an eye on the security situation and adjust your response appropriately.

Pharmacy contractor IT support may also issue future communications on this topic which may include more specific information for specific pharmacy contractors' specific situations.

Windows 10 updates and impact on software compatibility

Microsoft make updates for Windows 10 available with even greater frequency than had been the case for previous Windows editions. Some of these updates can occasionally also impact certain software compatibility, e.g. potential compatibility for certain Windows 10 updates to impact the functioning of the PMR software. IT support, where needed may:
- control which updates are to be allowed to be installed by pharmacy teams – after some assurance testing has been completed, where that is needed; and
- plan for the short, medium and long-term scheduling of updates to be applied, prioritising as required.

Frequently asked questions (FAQs) [draft]

Q. Will pharmacy contractors be complying with Warranted Environment Specification (WES) if remaining on Windows 7 after January 2020?
The NHS Digital WES document defines the systems settings compatible with various NHS applications. Computer systems which access NHS Digital services through the Spine (which require a Smartcard) should meet certain technical standards or otherwise receive support as appropriate. Windows 7 is listed within the WES as having its free support period ending from January 2020. WES compliance was previously included as a Pharmacy Quality Scheme criterion ahead of the February 2019 review point. It is not included within the current Pharmacy Quality Scheme (announced during July 2019 with deadline to be set), but WES criteria might return in possible future Pharmacy Quality Schemes. The WES states those deadlines where free support is ended for Microsoft operating systems.

Q. Will the pharmacy Data and Security Protection (IG) Toolkit (DSPTK) (deadline 31st March 2020) include questions which relate to 'up-to-date systems' or Windows operating systems?
Yes. The DSPTK had included a question during previous years about supported systems. PSNC toolkit guidance is due to be published well before the March 31st 2020 deadline, after PSNC has completed

discussions about the changes to the toolkit. PSNC and NHS Digital both expect a question to remain about 'supported systems'.

Q. What about use of Windows 8?
PMR suppliers have advised they will not want pharmacies to use Windows 8 and they do not plan to release versions of their software specifically intended for Windows 8.

Draft short communication 2 for October 2019
Are your PCs still running Microsoft Windows 7 - support for it ends soon?

From 14th January 2020, Microsoft will be ending their free support for Windows 7. This does not mean Windows 7 will stop working but it does mean that Microsoft will no longer be uniformly updating Windows 7 to fix security risks discovered after that date. This could put some systems at higher risk from viruses and similar.

You with your IT/PMR support may be planning your transition away from Windows 7 if that has not already been completed. PMR suppliers may work as needed to prepare for Windows 10 compatibility.

It is anticipated that those terminals which remain on Windows 7 after January 2020 and unsupported. The WES document sets out technical standards for those systems which make use of NHS Spine and Smartcard services and mentions the deadlines when free support of Microsoft Windows versions have their free support ending.

For those pharmacy contractors upgrading hardware ahead of the Windows 7 deadline should consider upgrading the Windows operating system at the same time.

If a non-supported system is used for a period of time, there are some precautionary measures which you and your IT/PMR support may take to protect your systems.

Read more at: [link to briefing – draft communication 1].

Subject	Update on the Supporting cyber-security and Information Governance (IG) workstream
Date of meeting	3rd September 2019
Status	Public
Overview	This paper provides an update on work undertaken on cyber-security and IG. NHS Digital data security centre or its partner firm Templars may dial in, if further cyber pilots have taken place in time for the meeting.

Cyber and data security and authentication update

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 have discussed some next steps with NHS Digital. The CP ITG are invited to recommend candidates for further pilots. The benefit of contributing to the pilot for pharmacy teams will be expert advice, guidance and remediation in alignment with cyber-security best practice.
- PSNC is working on the pharmacy profile of the 2019/20 DSPTK as well as updated guidance to support contractors in the completion of the Toolkit.
- Digitalhealth.net reported: Encryption standards for medical devices ought to be mandatory' to "shut the back door" on potential cyber security risks.
- Healthcareitnews.com reported: Accenture to provide cybersecurity services to the NHS.
- Digitalhealth.net reported NHSmail registers 11 million blocked attacks in three years. A Freedom of Information request revealed the level of cyber-attacks on NHSmail users.

Next Steps:
- NHS login for patients continues to develop. 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 so they can obtain NHS login credentials to use the NHS App. Exploratory work and some pharmacy user research calls or visits are anticipated to further explore the issue. If you would like to take part or know anyone that would please contact Dan Ah-Thion.
- NHSX seeks to simplify the IG guidance provided by NHS organisations such as NHS Digital and NHS England and NHS Improvement. NHSX want to hear from pharmacy team members and others about their experiences with IG guidance and what is wanted with it. An NHSX IG guidance survey is opened until 13th September 2019. The group and pharmacy staff are encouraged to complete the survey and encourage their networks and other pharmacy staff to do so as well.

CP ITG action:
- The group previously discussed guidance that recommends USB ports can typically be used as a last resort to reduce risks such as accidental malware upload via a USB memory stick device. The group are asked if they've experienced cases where USB devices are needed, e.g. ambulatory blood pressure monitoring devices. The group are also asked to share practical tips and workarounds in case this can inform pharmacy cyber-security guidance.

- Pharmacy contractors within the group, are encouraged to indicate their willingness to taking part in the cyber and data pilots and the NHS login calls/visits from NHS Digital user researchers.

Data and Security Protection Toolkit update

Report:
- Dan Ah-Thion and Will Goh at PSNC are continuing discussions on the new Data and Security Protection (IG) Toolkit's (DSPTK) arrangements with NHS Digital and NHS England. The 2019/20 DSPTK is available for completion, but PSNC expects to recommend completion after PSNC's discussions have concluded and PSNC's guidance is published.
- One of the new questions which is likely to be included within the pharmacy profile:
    o "Q. Is your organisation compliant with the national data opt-out policy?"
    o "Current Toolkit: Tip: Please provide your published compliance statement e.g. within a privacy notice and/or Published Data Release Register (https://digital.nhs.uk/services/national-data-opt-out-programme/compliance-with-the-national-data-opt-out). If you are completing before the National data opt out is required, please mark not applicable."
- PSNC anticipates its guidance for this question will be to tick and save to confirm that the pharmacy does not process patient data for planning or research purposes reasoning. An explanatory note aside the question guidance may explain that:
    1. "Community pharmacies share patient data in the main to advance a patient's healthcare or treatment. NHS Digital's national opt-out system builds upon community pharmacy's appropriate use of patient data and applies to data shared for planning and research purposes which will not be relevant for most pharmacies. The CP ITG looked at pharmacy data flows and concluded that general use of patient-identifiable data by contractors should not involve processing of such data for planning and research purposes instead other reasonings should be needed (the provision of healthcare and treatment being the main one))."
    2. "As part of GDPR compliance last year, contractors should now have privacy notices available at the pharmacy premises or in the practice leaflet or in the pharmacy website for patients. PSNC's suggested template privacy notice template is available here [Template G: "*Tell people about your processes: The Privacy Notice*" within pharmacy GDPR workbook part 3, page 19] already includes reference to the opt-out system for patients. If you used an alternative template, then you may wish to refer to the National Data Opt-Out within that, if not already."
- PSNC has also met with the NHS Digital opt-out team to discuss the topic and the process.

CP ITG action:
- PMR suppliers are asked to continue to ensure that named patient data or non-fully-pseudonymised patient data is not used with planning and research as the basis. A list of PMR suppliers that have declared they meet this expectation will start to be maintained online.
- Pharmacy contractors will be asked via the toolkit to continue to ensure that patient-data is not used with planning and research as the basis.
- Pharmacy contractors will be reminded about the GDPR Workbook expectation set out before May 2018 which explained that data handlers will have made suitable declarations.
- The group are asked to contact Dan Ah-Thion with any comments or questions about the opt-out.

Subject	Community Pharmacist Consultation Service (CPCS) and IT implications
Date of meeting	3rd September 2019
Status	Public
Overview	A new community pharmacy Advanced Service, CPCS, will be launching in October 2019. The service will connect patients who have a minor illness with a community pharmacy as their first port of call. Anne Joshua (NHSE&I) and Alastair Buxton will provide an overview of the service and progress on implementation.
Proposed actions	The group is asked to discuss these changes and the practical IT implications anticipated for pharmacy system suppliers and pharmacy team processes. Further discussions are anticipated after the group's meeting and this may include an invitation to PMR suppliers to join a telecon on the topic.

Report:
- A new NHS Community Pharmacist Consultation Service (CPCS) will be launching in October 2019 as an Advanced Service. The service will connect patients who have a minor illness with a community pharmacy as their first port of call. The CPCS will take referrals to community pharmacy from NHS 111 initially, with a rise in scale with referrals from other parts of the NHS to follow. The CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a service to meet their needs.
- Two strands of the new CPCS service will be rolled out nationally in October 2019, with referrals to community pharmacies being made from NHS 111 for minor illness and urgent medicines supply. CPCS will replace the current NHS Urgent Medicine Supply Advanced Service (NUMSAS) as well as local pilots of the Digital Minor Illness Referral Service (DMIRS). In 2019/20 the CPCS will take referrals from NHS 111, but over the course of the five years of the CPCF agreement, this is expected to expand to include referrals from GP practices, NHS 111 online, urgent treatment centres and possibly A&E. Each phase will be piloted first using funding from the Pharmacy Integration Fund, with roll out subject to successful evaluation. Future referrals volumes are uncertain, but the GP Forward View suggested around 20 million general practice appointment don't require a GP. Read more at: Community Pharmacist Consultation Service.

Next Steps:
- NHS England and NHS Improvement will shortly be publishing associated supporting documents for this service. After the group's meeting a further telecon is anticipated for PMR suppliers on the topic if there is continued interest.

CP ITG action:
- The group is asked to discuss these changes and the practical IT implications anticipated for pharmacy system suppliers and pharmacy team processes.

Subject	Updates on other CP ITG work streams
Date of meeting	3rd September 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:
- 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, Primary Care Support England (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). PSNC has been providing examples to NHS Digital user research conducting investigations into the topic during summer 2019.
- Digital Health reported Digital Secretary Jeremy Wright has announced a new wave of funding for initiatives testing the use of the 5G network for health and social care.
- The ODS Portal replaced previous ODS online enquiries tool. It provides a quick and easy search facility for organisation details. It provides the following information:
  - Search for organisation/practitioner details using their code.

- - o Search using organisation/practitioner name, address or postcode.
  - NHS Digital's ODS portal guide explains more. The group may contact Dan Ah-Thion if they wish to request amendments to the ODS portal because he is collating pharmacy comments about it.

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 are further considering the group's 'Next Generation of EPS' document and some next steps. The report was shared with NHS Digital at the end of March 2019 and Dan Ah-Thion met with NHS Digital at PSNC offices to talk through the development of the document so far.
- NHS Digital has confirmed that a new Patient Medication Record (PMR) system called Titan has been granted EPS accreditation. The system supplier, Invatechhealth, has set out details about the system on their website. Their contact details and a link to their website is listed alongside other supplier details.
- 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.
- PSNC will continue to hold regular meetings with NHSBSA's EPS utilisation lead to discuss further NHSBSA/pharmacy related EPS/eRD utilisation developments. More than 70% of all prescriptions received by the NHBSA are now EPS prescriptions.

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. This mentions that 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" although that passage could be subject to change in a future BNF edition.

Next Steps:
- NHS Digital is working with the other GP practice supplier, Microtest, which is hoping to progress their deployment of EPS CDs to their GP practice users. If that is completed successfully, a

Microtest pilot might begin later. Full EPS CDs remains a necessary prerequisite for full Phase 4 roll-out for those 45 GP practices which use the Microtest GP system.

- Group members that had problems with CD/non-CD mixed EPS prescriptions raised by GPhC inspectors may wish to share relevant extracts of the inspection reports with Dan Ah-Thion, so that those can be highlighted to the appropriate place.

- Group members are asked to share their views at future meetings, about the importance of PMR systems enhancing the way in clinical periods of validity are presented - at item level and form level - and presented to users for EPS prescriptions, given that some prescriptions may include a mix of both Schedule 2/3 CDs and non-CDs. Pharmacy staff which have concerns about the topic should also continue to feedback directly to their system supplier as well using the usual EPS escalation routes.

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 about the usability has been positive, with pilot pharmacy teams pleased with the ease of use, noting they would like to see the Department for Work and Pensions (DWP) exemptions included within the system in the near future.

Next Steps:

- NHSBSA, NHS Digital are working on assuring that NHSBSA's processing of RTEC prescriptions can be seen to be fully working as expected during recently priced dispensing months, prior to the next stage of roll-outs and the PSNC audit team have fed into this process. PSNC will also 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, during September 2019 at the earliest, and roll-out would possibly be completed before December 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, NHSBSA and PSNC will issue some additional communications regarding the roll-out plans – including a mail-out to pharmacies.

- NHS Digital have a roadmap from future suppliers, and all the pharmacy system suppliers with EPS have committed to delivering RTEC. A couple are undertaking development, and the rollout for these planned from October 2019.

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.

5	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:

- 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.
- INTEROPen, which facilitates a collaboration between industry, standard organisations and health and care providers, have announced an adjustment to their funding model from one in which NHS Digital in the past provided a substantial part of the funding, to one in which suppliers and others may be invited to contribute an annual membership fee. Suppliers which wish to inform the model and shape of INTEROPen the INTEROPen supplier update survey. INTEROPen's contact information is also available on the INTEOPen website for any of the group which wish to comment on changes or feed into their future work.
- Healthcareitnews.com interviewed Grahame Grieve, FHIR Product Director, HL7 International interoperability organisation about future interoperability issues. Grieve's view is that: "Clinical Interoperability (the ability to switch patients, teams, and algorithms/AI between different care providers) is not an interoperability problem, but a clinical practice problem... change will be driven by business and wider cultural considerations and that sponsors of the changes (governments/businesses) will assume Clinical Interoperability exists [even before it does]".
- NHS Digital plans to overhaul the design of its digital services after putting out a notice to formally withdraw its common user interface (CUI) standard. Future standards will be intended to better suit touchscreens, voice assistants and other new end-user technologies entering the digital health ecosystem. The older CUI standards were better suited to desktop personal computer usage.

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.

Summary Care Records update

Report:

- SCR 1-click became available in Sonar and PharmOutcomes: Pharmacists and technicians can now access vital patient information quickly through a new Summary Care Record (SCR) 1-click feature that is available in the PharmOutcomes and Sonar systems. The 1-click function allows pharmacy professionals logged in with their Smartcard to click straight through to a selected patient's SCR whilst using PharmOutcomes or Sonar, without having to log in separately and complete a manual search by entering an NHS number. This can help SCR to be used as part of providing pharmacy services such as NUMSAS and the Digital Minor Illness Referral Service. Having access to a patient's Summary Care Record speeds up care and reduces the need for phone calls to GP practices, delays to care and the need for referrals to other services, particularly out-of-hours. PSNC and the Community Pharmacy IT Group have encouraged all pharmacy system suppliers to similarly implement SCR 1-click functionality into their software.

Next Steps and CP ITG action

- A call could be arranged amongst CP ITG member bodies after the meeting to discuss and coordinate a joint SCR campaign. The summer holiday period was determined as an unsuitable time for this because fewer communications are believed to be picked up.

6	Developing a wider IT roadmap
	To support useful and usable IT beyond PMR systems and EPS.

Report:

- NHSX is a new joint organisation for digital, data and technology that formally launched from July 1st 2019. It draws staff from NHS England and NHS Improvement, DHSC, and NHS Digital.
- DHSC says that the Chief Executive Officer, Matthew Gould of NHSX is tasked with having strategic responsibility for setting the national direction on technology across organisations. The CEO is 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;
  - setting national strategy and mandating cyber security standards; and
  - championing and developing digital training, skills and culture so NHS staff are digital-ready.
- NHSX have highlighted five core missions:
  - reduce the burden on staff, so they can focus on patients;
  - give citizens tools to access information and services directly;
  - ensure clinical information can be safely and digitally accessed;
  - improve patient safety across the NHS; and
  - increase NHS productivity.
- Programme teams that have joined NHSX from NHS England and the Department of Health and Social Care include
  - artificial intelligence;
  - cyber security;
  - data transformation and policy;

- o digital and technology strategy and oversight;
- o digital urgent and emergency care, including NHS 111 online;
- o digitising pharmacy;
- o digitising providers - including global digital exemplars, our most digitally advanced trusts;
- o elective care - including e-referrals;
- o empowering the person - our citizen-facing digital portfolio, including the NHS App;
- o integrating care locally;
- o local health and care records;
- o primary care digital
- o transformation - including GP systems, data and digital services;
- o social care; and
- o technical architecture.
- McKinsey & Company published a report bringing together [research from more than 30 countries in order to look at what is needed to better deliver digital transformation in health care](). The report highlighted:
  - o 'the need to start with a high-value, low-cost innovation';
  - o 'a central long-term investment into technologies transforming care across the whole care cycle is necessary to achieve the ambition of digital transformation'; and
  - o 'a central innovation budget can create benefits systemwide'.
- 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:
- 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 prepared its text for auto-population last year. This year some new questions are expected to be present and Dan Ah-Thion will be in contact with PMR suppliers about these.
- NHS Digital completed the Toolkit 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).
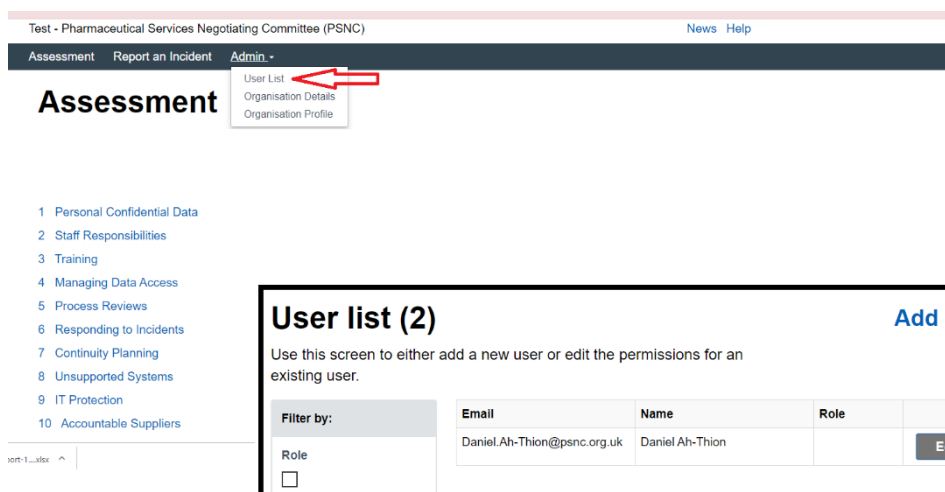
- PMR suppliers are asked to create/use an email address which can be used to register for the DSPTK, and which can then be communicated to customers. Contractors will then be able to select their PMR supplier within the toolkit – using the relevant PMR system email address. PMR suppliers are also asked 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. Exploratory work and some pharmacy visits are anticipated to further explore the issue. If you would like to take part, please contact Dan Ah-Thion.

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

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. If you would like to comment on this, please contact Dan Ah-Thion.

10	Supporting NHSmail
	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.
	Relevant webpages include: psnc.org.uk/NHSmail

NHSmail general

Report:

- Since late June 2019, pharmacy teams can now have up [to 10 individual NHSmail accounts for staff members](#), which can then be used to access their pharmacy's shared NHSmail address.
- Community pharmacies will be [required to have a shared NHSmail account to deliver the Community Pharmacist Consultation Service (CPCS)](#), but only accounts listed accurately in the NHSmail pharmacy directory will be recognised as meeting this requirement. Whilst most pharmacies will have their NHSmail set up correctly, contractors are advised to make sure that their pharmacy's account follows the naming style: nhspharmacy.location.pharmacyname ODScode@nhs.net. This naming style indicates the email address appears in the community pharmacy directory so that other NHS providers can find the email address more easily when they need it.
- Summer 2019 update: There are around 57,280 mailboxes assigned to Community Pharmacies, of which 11,950 are shared by the pharmacy. A further 22,601 are active individual user accounts (accessed at least once in the last 90 days) whilst there are also a number of inactive accounts.

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. Previously the group had noted that identifying other health care providers within NHSmail was challenging and an item remaining on the NHSmail wish list. PSNC may soon be able to communicate some improvements which NHS Digital have applied to support NHSmail users find other health care providers.
- 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.

NHS Digital testing work on NHSmail Skype for Business is completed for now

Report:

- NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme performed a small testing study during 2018-19 to check that NHSmail Skype for Business could technically work for primary care providers such GP practice and community pharmacy. The study proved that the functionality works technically. Suitable IG arrangements would be required where patient data is communicated across the platform. A business case would be required to justify roll-out, and a deeper understanding of the anticipated usage and benefit. As of September, funding is not in place for NHS Digital exploratory work at this time.

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 has published website guidance about the [use of fax machines in the NHS](#) and the need for NHSmail and other methods to replace them. PSNC is working with LPCs to identify lessons from local Axe the Fax'. Contact Dan Ah-Thion if you would like to attend one of two upcoming telecons anticipated to occur mid-September 2019.

- 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 a previous 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. Other group members may also pass across information.

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:
- Details about the NHS App have been explored at the group's previous meetings. The NHS App is available on the Google Play store and the Apple App store. The last two of the four main GP system suppliers (Vision and Microtest), will be on-boarded at a later date, so they can fully integrate with the app. NHSE&I expect the app to be a universal offer for patients, whichever GP practice they use; a full launch, with an associated publicity campaign is expected to commence later in 2019. More than three quarters of GP practices are now at least partially 'NHS App ready'.
- Some pharmacy contractors may choose to enable relevant patients to book a pharmacy appointment with the pharmacy, using a patient app. Patient Access (an app related to the EMIS GP clinical system) is one the apps that enables this feature. Further information has been added to psnc.org.uk/apps.
- Health Service Journal reported on the health app regulatory framework and highlighted DHSC comments that the safety of health apps should be tested in government 'sandbox' using a model similar to that taken by the Financial Conduct Authority with financial technology firms.
- MedCity News reported 'Telemedicine' companies in USA are exploring the use of television sets to deliver health care to people in their homes in the hope the use of this familiar technology will broaden the appeal of 'telemedicine' for people who are less comfortable with other forms of technology to support their health.
- The government announced that the NHS is collaborating with Amazon to deliver patient information to Alexa users. The voice assisted technology will automatically search the NHS website when UK users ask health related questions. Amazon's algorithm uses information from the NHS website to provide answers to voice questions such as: "Alexa, how do I treat a migraine?", "Alexa, what are the symptoms of flu?" and "Alexa, what are the symptoms of chickenpox?".
- HSJ reported 10 apps pulled from NHS app library after failing to go through data protection checks.
- Digital Health Age reported on an NHS Trust that developed a text messaging service to help quit smoking: This automated text service was developed to provide daily support to patients.
- Digital Health reports NHS England has launched a consultation in response to the expansion of digital-first GP providers. The consultation looks at rules on registering patients from outside a geographical area. It also suggests that it might be 'more beneficial' to launch digital providers in areas where 'there is an identified need', for example in more deprived areas where there is a shortage of doctors.

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 and NHS Improvement'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 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.