# PSNC Service Development Subcommittee Agenda

## for the meeting to be held on Wednesday 27th November 2019

## at 14 Hosier Lane, London, EC1A 9LQ

## commencing at 10am

**Members:** Richard Bradley, Clare Kerr, Sunil Kochhar, Prakash Patel, Faisal Tuddy, Gary Warner (Chairman)

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/11/2019**)
5. Actions and Matters Arising

**Action**

6. Community Pharmacist Consultation Service (**Appendix SDS 02/11/2019**)
7. Pharmacy Quality Scheme for 2020/21 (**Confidential Appendix SDS 03/11/2019**)
8. Hepatitis C Testing Service (**Confidential Appendix SDS 04/11/2019**)
9. Nationally directed clinical audit (**Confidential Appendix SDS 05/11/2019**)
10. Public health campaigns for 2020/21 (**Confidential Appendix SDS 06/11/2019**)
11. Medicines optimisation services and the Medicines reconciliation service (**Confidential Appendix SDS 07/11/2019**)

**Report**

12. Pharmacy Integration Fund CVD case finding pilot (**Confidential Appendix SDS 08/11/2019**)
13. Vaccination and Immunisation Review (**Appendix SDS 09/11/2019**)
14. NICE Quality Standard submission (**Appendix SDS 10/11/2019**)
15. Update on NHS IT projects (**Appendix SDS 11/11/2019**)
16. Any other business

# Minutes of the PSNC Service Development Subcommittee meeting

# held on Wednesday 4th September 2019

# at 14 Hosier Lane, London, EC1A 9LQ

Present: Richard Bradley, Clare Kerr, Sunil Kochhar, Faisal Tuddy, Prakash Patel, Gary Warner (Chair)

In attendance: Sian Retallick, Alice Hare, Fin McCaul, Indrajit Patel, Anil Sharma, Margaret MacRury, Lucy Morton-Channon, Jay Patel, Adrian Price, Sian Retallick, Rosie Taylor, Helen Pinney, Alastair Buxton, Zoe Long, Sue Killen, Luvjit Kandula

Item 1 – Welcome from Chair

Item 2 – Apologies for absence

2.1. None.

Item 3 – Conflicts or declarations of interest

3.1. Gary Warner declared that he is a Managing Partner at Pinnacle Health Partnership LLP and the organisation has been asked by NHS England and NHS Improvement (NHSE&I) to provide IT support for a limited time for CPCS, which will be discussed under item 10 on the agenda.

Item 4 – Minutes of the last meeting

4.1. The minutes of the subcommittee meeting held on 22nd May 2019 were agreed.

Item 5 – Actions and Matters arising

5.1. Actions 1 to 3 had been completed.

Item 6 – Healthy Living Pharmacy (HLP) status becoming a Terms of Service requirement

6.1. The subcommittee considered the paper and discussed the issues related to pharmacies that do not have a consultation room.

Item 7 – The Government's Prevention Green Paper

7.1 The subcommittee considered the paper and discussed the questions which they felt should be answered. The subcommittee agreed that a broad response should be provided, and it should not be limited to the questions suggested in the agenda. However, whether a response is provided to each question will depend on the context of the questions, as this was not reflected in the agenda paper.

Item 8 – Hepatitis C Testing Service

8.1 Alastair Buxton provided a verbal update on discussions with NHSE&I, which had taken place the previous day.

Item 9 – Medicines optimisation services within the CPCF

9.1 Clare Kerr provided a verbal summary of the paper. Several additions to the paper were suggested, including recognising the need for the service to be provided in a personalised manner, including reflecting the ethnicity of patients.

Item 10 – Community Pharmacist Consultation Service

10.1 The final draft of the service specification had been published on Monday, alongside the opening of the registration system for the service. Communications had been issued to LPCs and contractors regarding this news, encouraging contractors to register to provide the service as soon as possible.

10.2 Additional information on the service had been added to the PSNC website, including the publication of a template standard operating procedure for the service.

10.3 NHSE&I will be asked to consider changing the service specification to require a review of standard operating procedures every two years, rather than annually.

Item 11 – Update on NHS IT projects

11.1 The information in the agenda was noted.

Item 12 – Final report from PSNC's Research Fellow

12.1 The information in the agenda was noted.

Item 13 – Any other business

13.1 None.

Return to agenda item

| | |
|---|---|
| Subject | Community Pharmacist Consultation Service |
| Date of meeting | 27th November 2019 |
| Committee/Subcommittee | SDS |
| Status | Public |
| Overview | This paper provides a summary of activity undertaken to support the launch of the Community Pharmacist Consultation Service (CPCS), initial data on the first few weeks of service provision and feedback on the service and issues identified so far. |
| Proposed action | Provide any additional feedback on the implementation of the service and identify further actions which can be taken to support contractors to successfully provide the service. |
| Authors of the paper | Alastair Buxton |

## Introduction

The Community Pharmacist Consultation Service (CPCS) was launched on 29th October 2019. Prior to that, the Urgent Care Delivery and Implementation Group (UCDIG), formed by NHS England & NHS Improvement (NHSE&I) and PSNC, supported the development of resources to assist contractors, LPCs and the NHS to implement the service.

The UCDIG has members from community pharmacy contractor companies, the NPA, NHSE&I regional teams, NHSE&I's central team and DHSC. Clare Kerr is co-chair of the group and Mark Burdon and Alastair Buxton are also members of the group.

## Progress since the last subcommittee meeting

Since the last subcommittee meeting, the service specification was finalised and submitted to the NHSE&I gateway approval process. A draft version of the service specification was published on the NHSBSA website ahead of the final gateway approved version being published on the NHSE&I website on 10th October 2019.

The service specification was also used to draft the Secretary of State Directions, which provide the legal basis for commissioning the service. These were reviewed by PSNC and agreed after several changes had been made by Government lawyers.

The UCDIG also supported the drafting of a toolkit to assist with implementation of the service. The draft version of the toolkit was likewise published on the NHSBSA website ahead of the final gateway approved version being published on the NHSE&I website on 7th November.

A template Standard Operating Procedure was also drafted by the UCDIG and published on the PSNC website.

All the above documents, additional resources to support contractors to implement the service and frequently asked questions (74 at the time of setting the agenda) are available at or via **psnc.org.uk/cpcs**.

## CPD opportunities

As announced in the 5-year CPCF agreement, NHSE&I and Health Education England (HEE) are using funding from the Pharmacy Integration Fund (PhIF) to commission continuing professional development sessions for pharmacists related to the service.

This training will build on the CPD already delivered in some of the **DMIRS** pilot areas. It will aim to enhance the efficiency of pharmacists to undertake effective consultations, communications and clinical assessments. With a particular focus on identifying red flags, referring appropriately to the wider NHS network, if needed and effective patient follow-up, the CPD will ensure patient care continues to be as safe as possible.

A limited number of training places are available from the Centre for Pharmacy Postgraduate Education (CPPE) in 2019/20, but the main roll out of the training will be in 2020/21. HEE is currently commissioning this training and further information on availability of local sessions in 2020 will be released in due course.

## The CPCS IT system

NHSE&I have used the PhIF to procure IT functionality ("the CPCS IT system" referenced in the service specification) to support the service in 2019/20 and 2020/21. This system will receive the ITK (Interoperability Toolkit) referral messages from NHS 111, allow the maintenance of clinical records of service provision, send post-event messages to patients' GP practices, support payment claims to be made to the NHSBSA and provide data to support service management and evaluation.

Two pharmacy IT systems have the capability to receive ITK messages and they have been contracted to provide the IT support for the service in 2019/20:

- **Sonar Informatics** – covering London; and
- **PharmOutcomes** – covering the rest of England.

## Claiming payment for the service

All payments must be claimed via the **NHSBSA Manage Your Service (MYS) portal**; no paper-based claims process is available for the service. The CPCS IT system will be able to pre-populate claim information in MYS each month, so that the contractor then just needs to login to MYS at the start of the following month to confirm that the information is correct and to submit the claim.

NHSE&I agreed with PSNC that claims for referrals received from 29th – 31st October 2019 will be incorporated into the November 2019 submission claim. This approach allowed the IT system suppliers extra time to test the transfer of claims data into MYS; unfortunately, this could not be fully achieved before the end of October, due to the late provision of a test environment by the NHSBSA.

## CPCS data

PSNC and LPCs have been given access to the Future NHS platform, where data on the service is available, which LPCs can use to support their contractors. The UCDIG is using this data to monitor the rollout of the service, including the performance of individual NHS 111 providers.

CPCS summary data at 18/11/19:

There were 10,015 pharmacies registered to provide CPCS (87% of all pharmacies)

## CPCS issues identified by PSNC

Details of issues related to the CPCS which have been identified by PSNC, either from contractor or LPC reports of issues or from two CPCS-focused conference calls held with 25 LPCs across England on 8th and 11th November 2019 are set out below. These issues were discussed at the last UCDIG meeting and work is ongoing to address them and ensure additional support is provided, where necessary.

While there have inevitably been "snags" in the implementation of the service, overall progress has been good, with less issues encountered at a local or national level than might have been predicted before the commencement of the service.

### Quality of the service provision data available to LPCs to support contractors

- Most LPCs have expressed dissatisfaction with the initial data being provided to them on CPCS, via the spreadsheets uploaded to the Future NHS platform. In particular, the lack of a date of referral within the spreadsheet makes it difficult for them to assess when it is appropriate to contact a pharmacy to ensure they are dealing with referrals in a timely manner.
- Some LPCs have asked for access to data directly from the CPCS IT system, but the national NHSE&I team have determined that this is not possible, due to the data provisions within the contracts used to procure both systems.
- It is expected that the soon to be launched CPCS dashboard will address the reported shortcomings of the current spreadsheet data.

### Escalation routes

- There have been local problems getting the correct contact details for escalation of patients where necessary (Annex C information). Some NHSE&I regional teams initially refused to collate this information when asked to do this by the LPC, but prompted by a request from PSNC, the national team sent a communication asking for this work to be undertaken. Further reminders have been issued to specific regional teams at the request of PSNC, where LPCs have reported ongoing difficulties in obtaining the correct information.
- In some areas there has been confusion about how GP OOH services are accessed, i.e. where access is via NHS 111. This needs to be clearly explained within the local information provided to complete Annex C. PSNC will publish additional information on this topic.
- The CPCS IT suppliers intend to include the local escalation details within their systems, but they have not yet received all the data, so this is likewise delaying making this available to contractors within the IT systems.
- Contractors in London and the north west have full access to DoS via MiDoS or Service Finder respectively. All other contractors currently do not have access to DoS information. This means that they currently have no easy way of obtaining bypass numbers for general practices, where there is a need to urgently escalate a patient to their own general practice. The pharmacies also lack information on which other contractors in their area are providing CPCS, hence referring a patient in need of an urgent supply of a medicine or appliance to another pharmacy providing CPCS, where the referring pharmacy does not have the item in stock will not be easy.
- Lack of access to DoS needs to be addressed in the medium-term, potentially via access to Service Finder, but we understand the rollout of pharmacy access has been deprioritised by NHSX.
- Short-term, NHSE&I regional teams could be asked to issue a list of pharmacies providing the CPCS to local pharmacies on a monthly basis. An alternative option which could be explored, would be the NHSBSA hosting a list of CPCS pharmacies on their website. This matter is currently being discussed with NHSE&I.

### Temporary suspension from DoS

- Some pharmacies have been temporarily suspended from DoS, i.e. they will not receive any CPCS referrals. This has happened at the request of pharmacies, due to their temporary inability to provide the service, e.g. a locum not having a smart card

to access SCR, or following a decision by the NHS, e.g. where a referral has been made, but a patient has not been able to contact the pharmacy.

- Following the suspension, regional NHSE&I teams will contact the pharmacy to discuss the issue and where appropriate the suspension from DoS will be lifted. As no guidance has been issued to regional teams on how to tackle these scenarios, different approaches are being seen across the country. PSNC has asked the national NHSE&I team to issue guidance to regional teams on how to deal with temporary suspensions.
- Further communications will be issued by PSNC to contractors to remind them that they must ensure that any locums they engage are able to provide the CPCS.

### NHSmail contact details for GP practice notifications

- Some general practices refuse to provide or validate the details of an NHSmail address to which CPCS post-event messages can be sent by the CPCS IT systems. A similar issue also exists in relation to notifications of flu vaccinations being sent to general practices. This is despite annual efforts by the IT system suppliers to contact general practices to obtain the details of their preferred NHSmail account for receipt of notifications.
- PSNC has asked the national NHSE&I team to issue guidance to regional teams on the importance of tackling this issue where it exists. Due to the perceived lack of a contractual lever that regional teams can use with general practices which fail to identify an appropriate NHSmail account, the national team may also need to consider the need for a contractual lever to be discussed with the GPC.

### Rates of closure of minor illness referrals versus completions

- Several LPCs reported that they are seeing a higher level of closures (i.e. not completed) of minor illness referrals compared to urgent supply referrals. This could be related to misinterpretation of some of the referral details included by NHS 111, e.g. patient to see GP within 72 hours. PSNC has added an FAQ to explain that this type of referral is appropriate for pharmacy management and it should not be closed, on the basis that the pharmacy cannot assist the patient. Further communications on this topic are planned.
- Overall, it seems that there is still a lack of understanding amongst many pharmacists as to how NHS 111 operates and the different types of referrals they may receive. CPPE's revised urgent care eLearning programme will address this topic in due course, but in the interim period, it would be useful to identify other information which could be provided to pharmacists to help develop their understanding. PSNC is working with the national DoS team to develop some text on the topic which PSNC and other organisations can use in communications to contractors.

### "Incorrect" referrals

- Several LPCs have reported that contractors have received referrals where the patient needed an urgent supply, but the referral arrived as a minor illness referral. There are workarounds in the CPCS IT systems using manual entry templates; PSNC will work with the system suppliers to draft FAQs on how to tackle this scenario in each system.

### Training/briefing of NHS 111, IUC CAS and GP OOH staff

- While in the main the briefing/training of NHS 111 call advisers seems to have gone well, LPCs and contractors have reported a general lack of awareness of the service

when they have sought to escalate patients via NHS 111, IUC CAS and GP OOH services. Staff in the latter two environments seem to be particularly lacking in knowledge about the service and their role in supporting pharmacists to escalate patients from the service.

- Ongoing training/briefing of NHS 111 staff was always expected to be necessary to effectively embed the CPCS in urgent care provision. It seems that additional effort on comms directed to staff in IUC CAS and GP OOH providers is urgently required.

### Access to CPCS CPD training

- Several complaints have been received from LPCs and contractors about the lack of access to the current CPPE CPCS training. PSNC has issued a website news story and added an FAQ on this topic, to explain that further training is currently being commissioned by HEE for rollout in 2020/21.

### Other matters being discussed with NHSE&I

- The process for national and local review of CPCS incidents and how LPCs can be involved in this process to ensure that learning from incidents is disseminated to contractors.
- How data on local referrals can appropriately be shared with contractors, CCGs and other stakeholders to identify the value of the service.

## Subcommittee actions

The subcommittee is asked to provide any additional feedback on the implementation of the service and identify further actions which can be taken to support contractors to successfully provide the service.

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| Subject | Vaccination and Immunisation Review |
| Date of meeting | 27th November 2019 |
| Committee/Subcommittee | SDS |
| Status | Public |
| Overview | PSNC was invited to join the advisory group for the NHSE&I Vaccination and Immunisation Review. This review was initiated following discussions between NHSE&I and the GP Committee of the British Medical Association.<br><br>The review is still ongoing, but an interim report was recently published on the initial findings. This paper highlights the elements that are of most relevance to community pharmacy. |
| Proposed action | None |
| Author of the paper | Alastair Buxton |

## Introduction

The NHS Long Term Plan and Investment and Evolution: a five-year framework for GP contract reform committed NHSE&I to undertake a review of vaccination and immunisation, procurement, arrangements and outcomes in 2019.

PSNC was invited to join the advisory group for the review.

The review is still ongoing, but an interim report was published on 25th October 2019, to share the initial findings.

## The key points in the interim report

The purpose of the review is to:

- Ensure the system incentivises achievement of appropriate uptake rates for immunisations in line with national public health uptake rates;
- Reduce the administrative burden on general practice by simplifying the system if possible;
- Clarify what is expected on call/recall for all Section 7a immunisations;
- Address anomalies in the system that directly incentivise some vaccines but not others;
- Look at how the NHS deals with outbreaks and catch-up programmes; and
- Consider whether the NHS should extend the list of chargeable travel vaccines.

The Review forms part of a wider package of reforms to strengthen general practice and enable delivery of NHS Long Term Plan goals. An advisory group was established in April 2019 to oversee the review; this comprises representatives from the GPC, DHSC, NICE, NHSE&I, PSNC, PHE, RCGP and RCN.

The Advisory Group has met on five occasions since April 2019, with a focus to date on reviewing available data on uptake of vaccines and current GP contractual arrangements including, the current structure of general practice payments; incentive schemes including the childhood target incentive scheme; and call and re-call requirements and opportunistic vaccination.

The advisory group noted the following key points in their review of current arrangements:

- Coverage for most vaccines is high and comparable with other high-income countries, although there has been a small but steady decline in the last few years.
- The challenges of ensuring up-to-date data about practice performance on key immunisation targets and maintaining an accurate medical record were also noted, together with their importance in supporting accurate data collection. Issues with data flows between secondary care, community pharmacy and general practice were noted.

The advisory group agreed to develop a set of future proofed recommendations which will support fair and transparent funding arrangements for general practice and community pharmacy which also secures value for money for the tax-payer.

The advisory group also suggested that NHSE&I should consider the potential for incentives to be aimed at primary care networks in the future, particularly where achieving optimal vaccination coverage is best addressed at a community level and where there is a shared endeavour between different providers. This includes whether there are vaccines which could be safely and efficiently delivered by providers in the network other than general practice, building upon the contribution of Community Pharmacy to seasonal influenza coverage.

Additionally, NHSE&I should consider widening the range of health professionals who deliver convenient MMR vaccinations, possibly including health visitors and community health professionals, in addition to the expansion of the existing school health services.

## Next steps

The Review will continue for the remainder of the year. In the second half of the Review, the advisory group will consider:

- Travel vaccinations;
- Outbreaks and catch up programmes; and
- Further areas for improvement.

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| Subject | NICE Quality Standard submission |
| Date of meeting | 27th November 2019 |
| Committee/Subcommittee | SDS |
| Status | Public |
| Overview | In September 2019, NICE undertook a short public topic engagement exercise on the Community pharmacies: promoting health and wellbeing quality standard, which the organisation is developing.<br><br>A PSNC submission was made, which is set out in this paper. |
| Proposed action | None |
| Author of the paper | Alastair Buxton |

## Introduction

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.

The standards are derived from high-quality guidance, such as that from NICE or accredited by NICE. They are developed independently by NICE, in collaboration with health, public health and social care practitioners, their partners and service users. Information on priority areas, people's experience of using services, safety issues, equality and cost impact are considered during the development process.

NICE quality standards are central to supporting the government's vision for a health and social care system that is focused on delivering the best possible outcomes for people who use services, as detailed in the Health and Social Care Act 2012.

## The Community pharmacies: promoting health and wellbeing quality standard

Following the publication of the NICE guideline **Community pharmacies: promoting health and wellbeing** (NG102) in 2018, the organisation has now started to develop a related quality standard, as is their standard practice.

The initial stage of this work is to determine the key areas for quality improvement that should be covered by the quality standard. This was the topic on which NICE were conducting a short public engagement exercise. The following submission was made from PSNC.

**National Institute for Health and Care Excellence**
**Community pharmacies: promoting health and wellbeing**
We would like to hear your views on these questions:
What are the key areas for quality improvement that you would want to see covered by this quality standard? Please prioritise up to 5 areas which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.

**Quality improvement comments**

| **Key area for quality improvement** | **Why is this important?** | **Why is this a key area for quality improvement?** Evidence of information that care in the suggested key areas for quality improvement is poor or variable and requires improvement? | **Supporting information** If available, any national data sources that collect data relating to your suggested key areas for quality improvement? |
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| Key area for quality improvement 1 **Integrated working** | NG102 recommends that community pharmacies should be assisted to gradually integrate into existing care and referral pathways as health and wellbeing hubs. | Ensuring community pharmacies are properly integrated into the local health and care team is a priority for Government and the NHS, as demonstrated by this being a feature of the changes to the NHS | |

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| | Such integration will help pharmacy teams to provide higher quality care to patients and the public, working collaboratively with other health and care providers. | Community Pharmacy Contractual Framework. Such a development would need to be aligned to the development of Primary Care Networks across England, which is an NHS priority. | |
| Key area for quality improvement 2 **Using a tailored approach** | NG102 recommends that pharmacy teams should use a tailored approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect. Such an approach is important to ensure that interventions are as effective as possible and that they meet the needs of the individual. | Ensuring a tailored approach is used to the provision of interventions is essential to ensure pharmacy teams meet the needs of individuals, but also that they are sensitive to the wider needs of their local community, which may be different from those that are dominant across larger organisational areas, such as the local authority area. Such a tailored approach is expected of Health Living Pharmacies (HLP). All community pharmacies in England will be expected to be HLPs from 1st April 2020. | |
| Key area for quality improvement 3 **Referrals and signposting** | NG102 recommends that local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and service providers. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors. Pharmacies already make referrals and signpost people to other sources of treatment and support. The extent to which this happens in individual pharmacies and the availability of information to pharmacy teams on referral pathways and signposting options is | Improving the quality and impact of pharmacy referrals and signposting could support health improvement and more effective use of health and care resources. How to support community pharmacy teams to work collaboratively with Social Prescribing Link Workers within Primary Care Networks would be an important matter to consider, aligning any quality standard with a current priority policy initiative for NHS England and NHS Improvement. | |

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| | variable across the country. Reducing this variation would improve the quality of the service provided to patients and the public. | | |
| Key area for quality improvement 4 **Record keeping and auditing** | NG102 recommends that community pharmacy teams should consider using minimum data sets to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. Community pharmacy teams make a great many public health and other interventions each day, but these are not always recorded in a consistent manner, which allows audit and reflection on practice. | Improving record keeping could support the ongoing provision of services and support to individuals, and the future development of service provision at individual pharmacy level and beyond. | |

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|---|---|
| Subject | Update on NHS IT |
| Date of meeting | November 2019 |
| Committee/Subcommittee | SDS |
| Status | Public |
| Overview | This report provides an update on the following NHS IT topics:<br>• Transfer of patient information across clinical systems;<br>• NHS App;<br>• EPS Phase 4, EPS Controlled Drugs;<br>• Real-time Exemption Checking; and<br>• The Summary Care Record (SCR) Reasonable Adjustments Flag. |
| Proposed action | None |
| Author of the paper | Daniel Ah-Thion |

## Transfer of patient information across clinical systems

Since mid-October 2019, community pharmacies in Leeds have been successfully sending electronic flu vaccination notifications to GP practices as part of an NHS Digital pilot. The notifications are securely transferred from PharmOutcomes to GP practices using the SystmOne clinical system. This means that vaccine details can be added directly to a patient's record, without practice staff having to transcribe the information manually. This is expected to save time for GP practice staff, help improve data quality and reduce the likelihood of transcribing errors.

If the pilot is a success, NHS Digital will work with the system suppliers to rollout the functionality to all PharmOutcomes and SystmOne users. Work is ongoing to develop similar functionality with the other pharmacy and GP system suppliers.

The piloting of flu vaccination notifications will help to inform the potential transfer of other standard notifications from pharmacy to GP practice systems. This may include emergency supply notifications and could one day include notifications for other types of vaccinations.

The Professional Records Standards Body (PRSB) developed 'pharmacy information flows' standard notifications and supported a generic design so that initial notifications could act as templates for similar notifications. This also means that system suppliers may more easily make those changes required to enable the structured flow of various information.

## NHS App

The **NHS App** roll-out, which began at the end of 2018, will continue across England in the next 12 months. The NHS App team presented to the Community Pharmacy IT Group (CP ITG) at the group's June 2019 meeting.

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 in due course. 95% of GP practices are now at least partially 'NHS App ready'.

The NHS App team are working on further features including:

- *EPS nomination selection*: The CP ITG had previously suggested this feature be added to the NHS App development roadmap. NHS App team did add it to the roadmap and they have been carrying out work to prepare the feature. The NHS App team presented to CP ITG to explain the development work and the challenges. The CP ITG and PSNC provided feedback about the changes required and those comments have since been incorporated into the development plans. The feature is expected to go into testing during late 2019 and early 2020.
- *Push notification capability*: Users to receive app notifications relating to their care. The NHS App team are investigating which reminders and notifications would most improve user experience - this could include reminders for referral appointments, reminders for online consultations and screening invitations. Target release date: March 2020.
- *NHS Electronic Referral Service (NHS e-RS) integration*: The NHS App team are working to incorporate the NHS booking system for hospital appointments (NHS e-RS) into the

NHS App. This may enable patients to book their appointments when their GP refers them to a hospital specialist. Target release date: December 2019.

- *Online consultations integration*: use of open standards to help suppliers who provide triage systems to integrate them with the NHS App, guiding patients to the best care route for them. Target release date: End of 2019.
- *Delegated proxy access*: Giving other people secure access to an NHS App account. The NHS App team are working on a set of features that will enable NHS App accounts to be accessed securely by named users in addition to the patient, where appropriate consent is in place. Examples could include parents accessing a child's account; carers booking an appointment for a patient; or patients setting delegate access for someone to act on their behalf. Target release date: Early 2020.
- *Medical record documents*: Providing the ability to view letters and documents as part of the detailed medical record. Target release date: Early 2020.
- *Personal Health Records (PHRs) integration with the NHS App*: PHR providers may integrate local solutions into the NHS App according to relevant open standards. This will give users greater access to their medical records. Target release date: 2020.
- *Health checks and assessments access*: The NHS App team are investigating how to give users access to the NHS Health Assessment tool, currently being designed by Public Health England (PHE) for patients to check aspects of their own health, through the NHS App. Target release date: 2020 (under review with PHE).

Work on the 'medicine is ready for collection' notification feature has been halted for now. The reasoning explained is that the NHS App team have discovered that different pharmacy systems have different 'flags' and 'statuses' and these would not currently be consistent across different systems and therefore could not yet align with patient expectations. There is not yet a common technical standard to record the 'ready for collection' or the 'delivered' status onto a prescription item.

The CP ITG will continue to consider other 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 including the testing of the EPS nomination feature.

## EPS Phase 4

NHS Digital began piloting **EPS Phase 4** at the end of November 2018. Around 60 GP practices piloted the functionality.

Further national roll-out began on 18th November 2019. GP practices using the TPP SystmOne GP system will have Phase 4 rolled out in the coming months, with dates for EMIS, Microtest and Vision GP practices to be decided shortly. Specific dates are updated at **NHS Digital's EPS Phase 4 deployment schedule webpage**.

No significant issues were identified with the pilot from a community pharmacy perspective, but some pharmacies found that they initially mistakenly tried to dispense against the token rather than the electronic prescription. Communications have been issued by PSNC and others to highlight that during the ongoing Phase 4 deployment, more EPS Phase 4 tokens will be received into pharmacies and staff should be aware of the need to identify the tokens and they may wish to consider the **list of Phase 4 top tips for pharmacy teams**. The pilot identified

some Phase 4 issues in GP clinical systems, which some of the other GP system suppliers have been working on before the national roll-out for GP practices using those systems also begins.

During the ongoing deployment, GP practices are being 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.

PSNC, NHS Digital, and others will use their communication networks to communicate to pharmacy teams that an increased number of EPS Phase 4 tokens will be received as Phase 4 starts to roll-out to TPP GP practices in the coming months.

## EPS Controlled Drugs

Almost 100% of GP practices are live with EPS CDs. The GP system Microtest is used by around 45 GP practices; Microtest has not yet rolled out the EPS CDs feature but continues to work on enabling it.

The IC24 urgent care prescribing system is preparing for the testing of EPS Schedule 2/3 Controlled Drugs in the coming months. NHS Digital are due to discuss the progress and plans with the CP ITG at the group’s November 2019 meeting.

## Real-time exemption checking (RTEC)

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 testing for Phase One began with several pharmacy contractors that use the Positive Solutions Ltd (PSL) PMR system – from late February 2019. The feedback from the early adopter pharmacies about the usability is positive, with pilot pharmacies pleased with the ease of use. RTEC has been rolled out to additional early adopters. As of mid-November 2019, around forty PSL pharmacies were using RTEC.

Prior to the second stage of rollouts, the NHSBSA and NHS Digital worked to ensure the processing of RTEC prescriptions at the NHSBSA was as expected during the recently priced dispensing months. The PSNC audit team also fed into this process. PSNC will also continue to work with NHS Digital, the Department of Health and Social Care (DHSC), NHSBSA and NHSE&I on the planning for this change in process within pharmacies.

Further rollout for pharmacy contractors that use PSL is anticipated during the next few months. There is a phased roll-out planned, providing an opportunity that in the unlikely event early adopters experience significant new issues, the rollout can be paused as required.

The communications support plan for each site that goes live is also to be determined but is anticipated to include email contact and a mail-out with RTEC training materials. All the pharmacy system suppliers with EPS have committed to delivering RTEC. A couple are undertaking development, and the piloting for these is being planned.

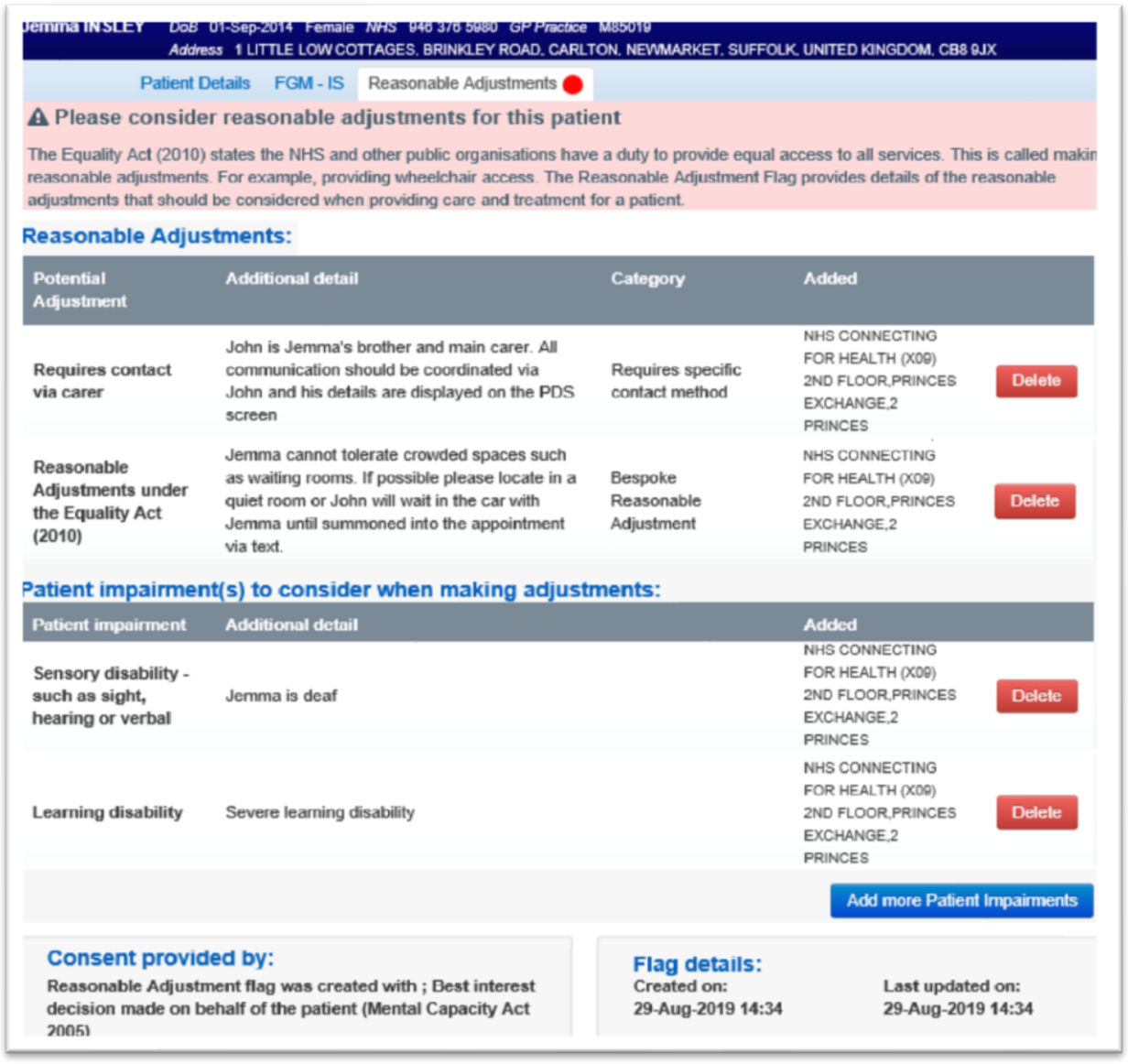
## Summary Care Record (SCR) Reasonable Adjustments Flag

NHSE&I and NHS Digital have built a Reasonable Adjustment Flag in the NHS Spine to enable health and care professionals to record, share and view patients’ key reasonable adjustments across the NHS; enabling staff and services to carry out their legal duty to provide

adjustments, wherever the patient is treated. The use of this is being piloted within Gloucester and Devon.

The flag is part of the NHS Spine. Health and care professionals and administrative staff can view, create, add or remove information on the flag using the Summary Care Record Application (SCRa). In the future, a (FHIR) software interface will be available, which will enable all the different clinical information and screening systems to integrate with the Spine flag.

The Reasonable Adjustments red circle indicator is clearly visible in SCRa alongside the patient's demographics. Clicking on the tab provides access to the information in the flag:




The NHS Digital team working on the flag are gathering additional feedback from the CP ITG at the group's November 2019 meeting.

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