

Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 3rd September 2019 at NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers and NHS Digital. Further information on the group can be found on the [PSNC website](#).

Present

Richard Dean (chair), Association of Independent Multiple pharmacies (AIM), Dean and Smedley pharmacy
Dan Ah-Thion (Secretariat), Pharmaceutical Services Negotiating Services (PSNC)
Melanie Brady, Day Lewis Pharmacy
David Broome (vice chair), PSNC/Stancliffe Pharmacy
Alastair Buxton, PSNC
Dane Argomandkhah, Cohens Chemist
Matt Armstrong, CCA/Boots
Vishal Babu Takkallapelly, Tesco Pharmacy
Paul Clifford, Celesio/AAH
Gareth Elliott, Boots
David Evans, National Pharmacy Association (NPA)/Daleacre Healthcare Pharmacy
Sanjay Ganvir, Greenlight Pharmacy/Camden and Islington LPC
Andy Gent, CegedimRx
Mary Gough, Company Chemists' Association (CCA)
Stephen Goundrey-Smith, Royal Pharmaceutical Society (RPS)
Martin Hagan, NHS Business Services Authority (NHSBSA)
Sima Jassal, EMIS Health
Gareth Jones, NPA
Sunil Kochhar, PSNC/Regent Pharmacy
Ian Lynch, Positive Solutions
Fin McCaul, PSNC/Prestwich Pharmacy
Coll Michaels, NPA
George Radford, CCA/Lloydspharmacy
Vishen Ramkisson, NHS Digital
Jeff Shelley, Titan/Invatechhealth
Janson Woodall, Well pharmacy
Geoff Young, NHS Digital Windows 10 programme

Apologies for absence from members

Steve Ash (AIM), Andrew Lane (NPA), Ravi Sharma (RPS), Craig Spurdle (CCA) Iqbal Vorajee (AIM) and Heidi Wright (RPS).

Minutes of previous meeting and matters arising

The group accepted the minutes of the previous meeting. Remaining actions were carried into the agenda papers' 'next steps' for this meeting.

CP ITG Work Plan items

1 Supporting the development of patient medication record (PMR) systems

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

PMR systems and Serious Shortage Protocols (SSPs): The topic was discussed at the group's last meeting and details are also set out within Appendix CP ITG 06/06/19 and Appendix CP ITG 05/09/19 and at PSNC's [SSPs webpage](#). Contractors which are following the SSPs will have freedom to adopt any of the approaches described within the existing guidance. It was noted that from a governance perspective, pharmacy teams may wish to avoid dual recording and that some pharmacy teams will find it easier to use the paper method to start with, but the group discussed supporting development of suitable electronic SSP solutions over time. The electronic solution for use of SSPs may be tested with real or test prescriptions in due course. PSNC has provided some comments to PMR suppliers that have developed their SSP guidance.

Action: Suppliers that have not already, were asked to finalise the short system-specific how-to factsheets on the SSP process and the use of the NCSO endorsement functionality for EPS scripts. PMR suppliers were asked to contact Dan Ah-Thion once the factsheet weblinks are finalised. PSNC will then be able to add the internet links to the SSPs hub webpage – ideally before mid-October 2019.

NHS Community Pharmacist Consultation Service (CPCS): The group discussed Appendix CP ITG 10/09/19 and Anne Joshua (NHS England's Head of Community Pharmacy Strategy) with Alastair Buxton provided additional updates. [CPCS](#) will be launching in October 2019 as an Advanced Service and it is anticipated to be a crucial and long-term development and a top priority for all of the pharmacy sector. Pharmacy teams are anticipated to want to see their PMR systems integrate with the service.

PMR survey: The group, at its previous meetings, discussed the developments relating to an upcoming PMR survey.

Action: The group will promote the PMR survey: Information and the survey is online [here](#).

2 Connectivity, business continuity arrangements and dealing with outages

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

3 Supporting EPS and its enhancements

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

EPS Phase 4 update: The group discussed the Phase 4 update within Appendix CP ITG 01/09/19. Further Phase 4 verbal updates were provided by Rich Cole (NHS Digital). The pharmacy Phase 4 sub-group had considered the matter during July 2019 on behalf of PSNC and approved further deployments in line with NHS Digital's Phase 4 deployment plan document. NHS Digital are working with a GP system to overcome a recently arising GP system issue (not solely Phase 4 related). Some imminent roll-out dates may be determined shortly if the issue is overcome soon. Rollouts are expected to be on a GP system-by-system basis. Communications will be delivered as needed at the appropriate point and NHS Digital, PSNC, DHSC and others will be involved with those.

Real-time prescription charge exemption checking (RTEC) update: The piloting at the four pilot pharmacies continues. A payment issue was identified, and relevant payments have been passed to the four pharmacy contractors. NHSBSA are working with others on assurance activities in the coming weeks which may enable wider rollouts once completed. NHSBSA explained the issue had partially related to an expectation that each of the RTEC prescriptions would be assigned with a certain 'code' (equivalent to 'Z' 'unspecified') but this had not been the case. David Broome said although there were differences between the number of exempt prescriptions declared, and number of prescriptions priced as exempt, an earlier look at comparing these patterns should have helped to identify the issue earlier. Further deployments to ten early adopter pharmacy sites is anticipated shortly dependent upon further assurance work continuing to progress as expected. NHSBSA plan to work on a related 'lessons learned' exercise

which can be shared with PSNC. Some information governance arrangements are being finalised. Rollouts for Department for Work and Pensions (DWP) RTEC are anticipated to be phased: DWP exemptions aside from Universal Credit (UC) ones firstly (late 2019) and UC exemptions (first quarter of 2020). It is anticipated that in March 2020 all but one pharmacy system supplier will be working with RTEC and DWP UC and non-UC RTEC will also be in place. Other types of exemptions - such as education and Ministry of Defence relate to smaller volumes. These two categories are due to be formally considered for RTEC after the other categories are rolled out. RTEC for such categories looks problematic e.g. education exemptions are not currently centrally stored.

4 Seeking a standard process for importing PMR data into a new PMR system

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

Outstanding action: PMR suppliers agreed a further telecon could help to progress the workstream. Dan Ah-Thion to facilitate a telecon.

5 Seeking the development of interoperability/integration where appropriate

The information in the agenda was noted and the group agreed the proposed next steps. The group discussed Appendix CP ITG 03/09/19 in relation LHCR topics.

Local Health and Care Records (LHCR) dataset and related datasets. The group continued to agree that there should be standardised identifiers for when "ordered medicines", "dispensed medicines", "significant OTC medicines" (recognising IG frameworks to be developed for this) were recorded and communicated between systems (pharmacy or other systems). There is a danger LHCR record fields and current pharmacy information flows fields as they are now, might not yet capture a full enough picture. The LHCR core dataset in its current form does not include these items, but their inclusion one day is crucial to ensure the best care of patients, to meet patients' expectations that there is a shared record regarding their medicines. The benefit with community pharmacy connecting with LHCR information includes that important medicines information could flow from pharmacy systems into the LHCR 'shared record' with the medicines information beyond 'prescribed medicines'. Stephen Goundrey-Smith also said it would be helpful for such items to be included either within a PRSB-endorsed standard where required – whether shortly or later. Dan Ah-Thion to further feed back to PRSB.

Local Health and Care Records (LHCR) IG framework. Dan Ah-Thion has collated some pharmacy comments onto the LHCR IG framework document. RPS will provide some comments. It may be published at the end of September 2019 at the earliest. A separate LHCR cyber framework document is also being developed in the coming months and PSNC will comment onto this and others may also comment by contacting Dan Ah-Thion.

Action: The group are invited to contact Dan Ah-Thion if they wish to comment onto the LHCR IG framework before the 26th September 2019 deadline. The framework may be published at the end of September 2019, at the earliest.

Local Health and Care Records (LHCR) local and national developments. James Wood (Chief Executive Officer for Community Pharmacy Surrey and Sussex) updated the group about developments within his area. James has been working with the LHCR programme on a feasibility study to further explore community pharmacy connectivity to LHCR information and has used some of the [community pharmacy LHCR resources](#) during that process. A decision has been made to potentially enable access to pharmacy which may be on-boarding during 2021, with a commitment to explore what write access could mean. One of the arguments that had been made was the limited SCR was only 'part of story' and that pharmacy contractors have strict IG arrangements already in place. East London is also making progress regarding

LHCR access. Yorkshire and Humber GP practices want pharmacy to be able to access the relevant parts of the record. Initial LHCR access is anticipated to involve separate portals with separate logins. Pharmacy system suppliers may one day have ability to pull down and send information to LHCRs. It would be problematic for suppliers to be working with many LHCR projects and the group discussed that detailed PRSB LHCR standards and a standardised transmission process would be useful aside from the standardised PRSB record fields. Pharmacy system suppliers would also need to weigh the cost, benefit and demand for connecting to LHCR information.

Action: The group are encouraged to suggest local LHCR champions for different localities such as the LHCR exemplar areas – now or in the future.

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

Transfer of patient information (flu vaccination): The group discussed Appendix CP ITG 01/09/19. A verbal update was provided by Fleur Bradley (from NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme). The programme is 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 during September 2019. Work is also continuing with the other three main GP systems, and may occur later with further pharmacy system suppliers as well. The associated Professional Record Standards Body (PRSB) developed dataset is intended to be able to be used for transfer of similar information as well. A Fast Healthcare Interoperability Resources (FHIR) compatible solution can be used. The work is expected to move to another NHS Digital programme.

6 Developing a wider IT roadmap

Community Pharmacy Digital Vision work: A sub-group prepared Appendix CP ITG 02/09/19 which aligned with the principles in the Government's digital vision as the group had previously requested, and the group have also commented on it via email and telephone requests. The session to discuss top priorities for the seven categories (user need; privacy and security; interoperability and openness; inclusion; infrastructure; innovation; and capabilities) planned for the September 2019 meeting did not go ahead during the September meeting as planned (because of unscheduled sessions on arising new news). However, the group provided some high-level comments about some of the potential next steps:

- It would be helpful to reconsider a separate meeting on the topic during 2020 if a facilitator can be secured for this. The group agreed to pursue achieving this.
- The digital vision considerations could be broken down into what is wanted in 1/2/5 years.
- A document that is intended for wider publication could later be developed and could be made more 'accessible' and 'patient-centric'. It could provide a narrative/story and illustrate the value to patients of community pharmacy digital developments. Communications experts might feed in later on this, but if the 2020 facilitated session goes ahead, this should be done first.
- The work should further emphasise the priority of items listed within the vision document: (1) reducing those separate login credentials required and separate systems to log into being required; and (2) digital signatures from patients should be captured to assist with paperlessness objectives.

Community Pharmacy Group workstream: The sub-group that had previously set out the group's workstreams agree to meet via telecon before the next meeting to consider some changes to the existing workstreams - including some proposed streamlining set out within Appendix CP ITG 06/09/19. If necessary, a later 2020 telecon may also be set-up after further development of the group's digital vision work has progressed so that the workstreams continue to align with the group's vision work. Others within the group to contact Dan Ah-Thion to express interest in taking part with either telecon.

7 Supporting cyber security and Information Governance

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

Windows 10: Geoff Young (NHS Digital Windows 10 programme) provided an update to the group about how to prepare for and work with Windows 10 ahead of the January 2020 deadline. After this deadline free support for Windows 10 is scheduled to end. Materials and webinars are available that explain more. Computers/laptops and mobile devices within consultation rooms need consideration. The Spine Warranted Environment Specification (WES) should ideally include additional operating systems such as Apple's iOS in the future. WES-related requirements might be included within future Pharmacy Quality Scheme (PQS) frameworks – potentially to include an April 2020 review point. The WES outlines when Microsoft ends free support for certain Windows versions.

Action: The group approved of the [Windows transition communication](#) being issued by the group after some final imminent comments, recognising that the detail may be of most interest for IT support and PMR suppliers.

The Data and Security Protection Toolkit (DSPTK) and the opt-out system: The DSPTK came online early during the financial year, but the pharmacy profile will be discussed further, and guidance is anticipated in due course. The group discussed Appendix CP ITG 09/09/19. Patients have been informed their personal data will not be used with planning/research as the basis with effect from end of March 2020.

Action set out within the agenda papers: Pharmacy contractors and their 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 those PMR suppliers which have already declared they will meet this expectation will start to be maintained on the PSNC website before the group's next meeting.

IG survey: 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. [NHSX IG guidance survey is opened until 20th September 2019](#).

Action: The group and pharmacy staff are encouraged to complete the survey and encourage their networks and other pharmacy staff to do so as well before the 20th September 2019 close date.

NHS login for patients and NHS Digital data security centre (DSC) community pharmacy cyber pilots: NHS login work continues to develop. The exploratory NHS Digital DSC pharmacy cyber work also continues, and pilot candidates are required.

Action: The group were encouraged to support additional regional pharmacy chains and multiples taking part with the NHS Digital community pharmacy cyber pilots by contacting Dan Ah-Thion.

8 Promote the ability to collate fully anonymised appropriate patient interaction data from all systems

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

9 Supporting Electronic referral solutions

The information in the agenda was noted and the group agreed the proposed next steps. Andrew Coates (NHS Digital IPACS) provided a verbal update. 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. The ward piloting this was a low admission ward. The ratio of admission notifications to discharge notifications

was low partially because the ward may discharge from one ward to another. Aside from the IT, good usage of any related solution partially relates to: education/training, process and cultural change.

10 Supporting NHSmail

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

11 Tackling issues related to the practical use of pharmacy IT

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

USB ports: Some of the existing pharmacy IG guidance suggests these should typically be used as a last resort to reduce risks such as accidental malware upload via a USB memory stick device. The group discussed cases where USB devices were needed such as for ambulatory blood pressure monitoring devices, and certain localised services. One practical solution for larger pharmacy organisations involved mapping devices and USB ports at stores, and confirming they were locked down, but reopening specific ports and recording these ports are to be able to be used for specific purposes. It was recognised this a large task, to map out USB port usage, requiring dedicated head office resource, but if it is done, this can benefit overall governance and enable the practical use of USB ports in those situations where USB port usage is required. This is to be further explored or discussed after the group's September 2019 meeting.

12 Consider the development of apps and wearables in healthcare

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

13 WiFi

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

Any other business

- Key communications following the meeting to include: Windows 10 messages.

Future meetings

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