

Agenda and papers for the Community Pharmacy IT Group (CP ITG) meeting
to be held on 19th November 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.

Those who attend the meeting may invite relevant colleagues from within their organisation, that cannot attend, to dial-in to parts relevant to them.

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 3rd September 2019 were emailed out to the group alongside this agenda.
4. **Actions and Matters Arising**
Outstanding actions have been carried forward within the workstream updates appendix.

Action

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|----|--|-------------|
| 5. | Community Pharmacy Digital priorities and comments on the interim workstreams (pages 3-14) (Appendix CP ITG 01/11/19) | 11:10-12:00 |
| 6. | Prescription form changes and amendments to the EPS Dispensing Systems Specification (pages 15) (Appendix CP ITG 02/11/2019) | 12:00-12:30 |
| 7. | NHS Digital workstreams: EPS Controlled Drugs and urgent care prescribers, EPS Phase 4 roll-outs, transfer of patient information and Real-time prescription charge exemption checking (pages 16-17) (Appendix CP ITG 03/11/19) | 12:30-13:00 |
| 8. | Summary Care Record (SCR) Reasonable Adjustments flag and electronic health records updates (pages 18-22) (Appendix CP ITG 04/11/19) | 13:30-14:00 |

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| 9. | Community pharmacy patient medication record (PMR) system survey: generalised results so far and next steps (pages 23-24) (Appendix CP ITG 05/11/19) | 14:00-14:20 |
| 10. | Use of NHS website's medicines A-Z directory within IT systems (page 25) (Appendix CP ITG 06/11/19) | 14:20-14:30 |
| 11. | Update on the Supporting cyber-security and Information Governance (IG) workstream (pages 26-27) (Appendix CP ITG 07/11/19) | 14:30-14:40 |

Report

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|-----|--|-------------|
| 16. | Updates on other CP ITG workstreams projects (pages 28-34) (Appendix CP ITG 08/11/19) | 14:40-14:50 |
| 17. | Post-meeting CP ITG communications and messages | 14:50-14:55 |
| 18. | Any other business | 14:55-15:00 |

Upcoming pharmacy/healthcare IT events

- 22nd November 2019: [NHS Digital Industry Briefing](#) (Agenda: GPIT Futures, NHS Login, Solutions Assurance, User Experience & Design, Natural Language processing), Leeds
- 20th-21st May 2020: [Digital Health and Care Congress](#), London
- 5th-6th June 2020: [Clinical Pharmacy Congress](#), London
- 24th-25th June 2020: [Digital Healthcare Show](#), London
- 2nd July 2020: [Next Generation of NHS](#), Manchester
- Various: [DigitalHealth.net upcoming webinars and events](#)

Future meetings

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

Subject	Community Pharmacy IT Group's digital priority work
Date/time of meeting	19th November 2019: 11.10-12.00
Status	Public
Overview	A sub-group, which included representation from each of the member bodies, prepared content under the sub-headings agreed at a previous meeting.
Proposed actions	<ol style="list-style-type: none"> 1. During the meeting, the Chair will divide the group into three or four sub-groups to collectively discuss the top two or three priorities that fit into each of the categories; interoperability and openness; inclusion; privacy and security; infrastructure; innovation; and capabilities. Each group's scribe will write down the top priorities and notes will be collected after the discussion session. 2. The sub-groups may also comment on those IT implications relating to the Community Pharmacy Contractual Framework service development grid, - see Appendix 01B/11/19 3. The sub-groups will be asked to look at the group's revised list of workstreams (Appendix 01C/11/19) and to suggest any new tasks or activity that could be considered relating to those.

Report:

At the last meeting the group had:

- agreed to collectively seek a facilitator for a 2020 vision longer session to progress the group's vision work; and
- discussed that its future vision work may break down what will be needed within 1/2/5/10 years, its priorities, and communicate those in a patient-centric manner to demonstrate the benefits.

A facilitator has yet to be identified.

CP ITG action

Ahead of a possible 2020 facilitated session, the group is asked at its November 2020 meeting:

- To break into groups to discuss two to three priorities for each of the seven categories (categories: user need; privacy and security; interoperability and openness; inclusion; infrastructure; innovation; and capabilities).
- To also discuss the IT implications and preparations that may be necessary ahead of the future developments identified in the Community Pharmacy Contractual Framework service development grid (last page of this appendix).

Work on refining the priorities will continue after the group's meeting. The drafted list of priorities identified so far, is set out below.

Draft Community Pharmacy IT Group digital priorities list

Background

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).
- ☐ **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

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

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)

Community Pharmacy Contractual Framework service development grid and IT implications/preparations

This grid illustrates how changes to the services within the [Community Pharmacy Contractual Framework \(CPCF\)](#) are expected to be phased. The roll out of all pilots will be subject to each pilot demonstrating that the substantive service will offer value for money.

		2019/20	2020/21		2021/22		2022/23		2023/24	
		H2	H1	H2	H1	H2	H1	H2	H1	H2
1.	Community Pharmacist Consultation Service (CPCS) - NHS 111 referrals	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	GP CPCS pilot	✓	✓							
3.	GP CPCS implementation		✓	✓	✓	✓	✓	✓	✓	✓
4.	NHS 111 Online CPCS pilot planning and implementation	✓	✓	✓						
5.	NHS 111 Online CPCS implementation		✓	✓	✓	✓	✓	✓	✓	✓
6.	Urgent Treatment Centre CPCS pilot				✓	✓				
7.	Urgent Treatment Centre CPCS implementation						✓	✓	✓	✓
8.	Palliative care medicines service pilot planning and implementation		✓	✓						
9.	Palliative care medicines service implementation				✓	✓	✓	✓	✓	✓
10.	All pharmacies to be Health Living Pharmacy (HLP) Level 1		✓	✓	✓	✓	✓	✓	✓	✓
11.	Hypertension and Atrial Fibrillation (AF) case finding pilot planning and implementation	✓	✓	✓						
12.	Hypertension and AF case finding service implementation				✓	✓	✓	✓	✓	✓
13.	Stop smoking referrals from secondary care pilot planning and implementation	✓	✓	✓						
14.	Stop smoking referrals from secondary care implementation				✓	✓	✓	✓	✓	✓
15.	Point-of-Care-Testing (POCT) and treat for common ailments pilot planning and implementation	✓	✓	✓						
16.	POCT and treat for common ailments implementation				✓	✓	✓	✓	✓	✓
17.	Hepatitis C testing service	✓	✓	✓						
18.	Medicines Use Review (MUR) phase out	✓	✓	✓						
19.	Medicines reconciliation service		✓	✓	✓	✓	✓	✓	✓	✓
20.	Discuss and agree expanded scope of New Medicine Service (NMS) to other therapeutic areas				✓	✓	✓	✓	✓	✓

Community Pharmacy IT Group workstream list

Report:

- At its last meeting, the group considered interim revisions for its workstream list and tasked a sub-group to comment on the proposed amendments and accept these.
- The workstream list may also be reviewed in due course after the group's digital vision work has been progressed.

CP ITG action:

- The group is invited to suggest sub-workstreams that may fit into the main workstream areas:

Revised workstreams	Tasks related to the workstream could include
<p>WS1 Supporting the development of interoperability/integration: 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 and pharmacy systems.</p> <p><i>Relevant webpage(s) include:</i> /interoperability and /dosesyntax</p>	<p>Electronic referrals: 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.</p> <p>Transfer of information: Supporting information to be passed from and to community pharmacy in a structured manner – ideally via clinical systems where possible and making use of relevant standards.</p> <p>Anonymised pharmacy service data to support evaluation: PMR and pharmacy systems could also collate fully anonymised appropriate patient interaction data to support the evaluation and further development of pharmacy services.</p> <p>Standards: Keep a watching brief on work by relevant parties such as PRSB.</p>
<p>WS2 Supporting the development of PMR systems: This group will help with consideration of usability and interoperability for pharmacies. This can then support further work by the group with NHSX, NHS Digital, PMR system suppliers and contractors to develop a roadmap for development of PMR systems. The group should support PMR systems by helping to identify useful future development options – maintaining the list of commonly requested features.</p> <p><i>Relevant webpage(s) include:</i> /systems</p>	
<p>WS3 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. NHS Digital's Internet First policy developments will be considered and implications for community pharmacy IT arrangements. 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. A standardised approach is required where there is a change by a pharmacy from one PMR system to another given there are clinical (including patient safety), ethical and</p>	

<p>legal risks related to the potential for data to be inappropriately transposed.</p> <p><i>Relevant webpage(s) include: /itcontingency; and /connectivity</i></p>	
<p>WS4 Supporting EPS and its enhancements: real-time exemption checking, support of Phase 4 roll-outs, improving the efficiency of eRD (electronic Repeat Dispensing) work flows in 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. The group are also to support the next generation of EPS.</p> <p><i>Relevant webpage(s) include: /eps</i></p>	
<p>WS5 Promoting a wider IT roadmap: to support useful and usable IT beyond PMR systems and EPS. The group will conduct further work to develop its vision.</p>	
<p>WS6 Supporting cyber security and information governance: supporting the use of minimum hardware specifications and the development of the Data and Security Protection (IG) Toolkit for community pharmacy, NHS Digital training resources and developing guidance and resources for pharmacy teams on cyber security and information governance (including data protection laws and handling patient requests for access to their data).</p> <p><i>Relevant webpage(s) include: /ig</i></p>	
<p>WS7 Supporting NHSmail: work with NHS Digital, 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. Guidance will also give examples of how NHSmail can be used.</p> <p><i>Relevant webpage(s) include: /NHSmail</i></p>	
<p>WS8 Tackling issues related to the practical use of pharmacy IT and promoting good IT practices: e.g. tackling issues such as: frequency of forced password changes, use of alternative credentials (alternatives to Smartcards) for users and changes to support improved patient safety. Additionally, promotion of good practices such as: WiFi within pharmacies.</p>	
<p>WS9 Consider the development of apps, wearables and technologies in healthcare: consider the development of guidance and a principles, where required, for new pharmacy and patient technologies covering, appropriate usage and security for data, promotion of all pharmacies equally within technologies etc. User research which indicates patient expectations within this arena may also be considered to help the group's wider work.</p> <p><i>Relevant webpage(s) include: /apps</i></p>	

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Subject	Prescription form changes and amendments to the EPS Dispensing Systems Specification
Date/time of meeting	19th November 2019: 12:00-12:30
Overview	Changes to the reverse of the paper prescription are being made, e.g. to recognise the introduction of Universal Credit. New prescriber endorsements are being introduced. PMR suppliers have been updated with new information before the meeting.

The group are to discuss Confidential Appendix 02/11/19. The group are also to be invited to comment about changes after the meeting.

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Subject	NHS Digital workstreams: EPS Controlled Drugs and urgent care prescribers, EPS Phase 4 roll-outs, transfer of patient information and Real-time prescription charge exemption checking
Date/time of meeting	19th November 2019: 12:30-13:00
Status	Public
Overview	EPS Phase 4 is rolling out to those GP practices using the TPP SystmOne GP system during late 2019 and early 2020. Pharmacies in Leeds are successfully sending electronic flu vaccination notifications to GP practices systems as part of an NHS Digital pilot. Real-time prescription charge exemption checking is rolling out amongst further early adopter sites.
Proposed action	Provide comments on the developments and any actions required.

EPS Schedule 2 / 3 Controlled Drugs for urgent prescribers and their systems

Report:

- IC24 urgent care prescribing system is preparing EPS Schedule 2/3 Controlled Drugs.

CP ITG action:

- The group may comment on considerations if urgent care prescribers have EPS CDs rolled out.

EPS Phase 4

Report:

- NHS Digital began piloting [EPS Phase 4](#) in late 2018. 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 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 the GP system suppliers have been working on.
- 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.
- 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. NHS Digital, PSNC, and others are involved in national comms.

CP ITG action:

- Use your networks to communicate that Phase 4 is rolling out and pharmacy staff will want to ensure they will be able to process and claim EPS Phase 4 prescriptions in the correct manner.

Transfer of patient information

Report:

- Since mid-October 2019 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.

Next Steps:

- 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 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.

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 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 RTEC-using teams pleased with the ease of use. RTEC has been rolled out to additional early adopters. As of early November 2019, around forty PSL-using contractors were using RTEC. Further assurance work has been completed.

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 rollouts 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 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 providing an opportunity that in the unlikely event early adopters experienced 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 rollout for these planned imminently. Testing of RTEC and DWP may begin to occur from early December.

CP ITG action:

- Those within the group involved with the early use of RTEC may wish to comment on their experience so far.

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Subject	Summary Care Record (SCR) and electronic health care records updates
Date/time of meeting	19th November 2019: 13.30-14.00
Status	Public
Overview	SCR and electronic health care records developments continue.
Proposed actions	The group is to be updated and will be asked to comment on the SCR Reasonable Adjustments Flag piloting work.

Summary Care Record (SCR) Reasonable Adjustments Flag

Report:

- 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.

How it works?

- 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.
- Access is controlled via NHS Smartcards and the appropriate Role Based Access Codes (RBAC), so that only authorised healthcare professionals and administrative staff with the relevant security permissions can access the information in the flag. Administrative staff who only have access to demographics information on the Spine can clearly see the presence of the flag, but not the information contained within it.
- Health and care organisations create the flag when the patient and/or carer has provided consent or in line with existing best interest decision processes. Along with the details of adjustments to care, the flag can optionally contain details of the patient's disability, long term condition or impairment. Some patients may prefer not to share this information and the solution developed supports this choice.
- The reasonable adjustment flag has been developed to support the needs of all patients within the remit of the Equality Act; including those with physical or sensory disability, learning disability, autism or long-term conditions such as dementia.

How the reasonable adjustment flag can help?

- The national flag complements the existing recording of reasonable adjustments, which services are required to record locally and enhances the effectiveness of initiatives such as the national Accessible Information Standard.
- The flag contains key adjustment information promoted from local records to benefit the patient at reception, or on referral to other organisations where information about adjustments or other special requirements may be incomplete or unknown.
- The flag provides an immediate visible alert; providing basic context, it is a prompt for key adjustments and can signpost to further information in shared clinical records; crisis plans, care passports or from other organisations, other healthcare professionals, the patients' carer or the patient themselves.

- The flag prompts staff with key information on their duties under the Equality Act and provides a means of delivering on them. It offers pick lists of common adjustments defined using clinical codes – such as communication needs defined using the Accessible Information Standard - as well as the opportunity to create highly individualised bespoke adjustments for patients.
- 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:

Jemma INSLEY DoB 01-Sep-2014 Female NHS 946 376 5980 GP Practice M85019
Address 1 LITTLE LOW COTTAGES, BRINKLEY ROAD, CARLTON, NEWMARKET, SUFFOLK, UNITED KINGDOM, CB8 9JX

[Patient Details](#)
[FGM - IS](#)
[Reasonable Adjustments](#)

⚠ Please consider reasonable adjustments for this patient

The Equality Act (2010) states the NHS and other public organisations have a duty to provide equal access to all services. This is called making reasonable adjustments. For example, providing wheelchair access. The Reasonable Adjustment Flag provides details of the reasonable adjustments that should be considered when providing care and treatment for a patient.

Reasonable Adjustments:

Potential Adjustment	Additional detail	Category	Added	
Requires contact via carer	John is Jemma's brother and main carer. All communication should be coordinated via John and his details are displayed on the PDS screen	Requires specific contact method	NHS CONNECTING FOR HEALTH (X09) 2ND FLOOR,PRINCES EXCHANGE,2 PRINCES	Delete
Reasonable Adjustments under the Equality Act (2010)	Jemma cannot tolerate crowded spaces such as waiting rooms. If possible please locate in a quiet room or John will wait in the car with Jemma until summoned into the appointment via text.	Bespoke Reasonable Adjustment	NHS CONNECTING FOR HEALTH (X09) 2ND FLOOR,PRINCES EXCHANGE,2 PRINCES	Delete

Patient impairment(s) to consider when making adjustments:

Patient impairment	Additional detail	Added	
Sensory disability - such as sight, hearing or verbal	Jemma is deaf	NHS CONNECTING FOR HEALTH (X09) 2ND FLOOR,PRINCES EXCHANGE,2 PRINCES	Delete
Learning disability	Severe learning disability	NHS CONNECTING FOR HEALTH (X09) 2ND FLOOR,PRINCES EXCHANGE,2 PRINCES	Delete

[Add more Patient Impairments](#)

Consent provided by:
Reasonable Adjustment flag was created with ; Best interest decision made on behalf of the patient (Mental Capacity Act 2005)

Flag details:
Created on: 29-Aug-2019 14:34
Last updated on: 29-Aug-2019 14:34

CP ITG action:

- The group is asked to provide feedback about the pilot flag and its:
 - design;
 - usage;
 - future guidance that could assist those health and care staff recording or viewing the flags.

Summary Care Record (SCR) and integration within pharmacy systems

Report:

- Pharmacists and technicians have been accessing patient information through Summary Care Record (SCR) 1-click feature [available](#) in PharmOutcomes and Sonar systems since June 2019.
- PSNC has published a [Factsheet comparing standard SCR to SCR with Additional Information \(AI\)](#). Around 5% of patients so far and 25% of patients within some areas have SCR with AI.

CP ITG action:

- PMR suppliers may wish to comment about plans for future SCR integration.

Case study: electronic health record (EHRs) design

Report:

- At PRSB's annual meeting a case study was considered to assist those developing EHRs. Those present heard about requested design principles that were used when developing within a local electronic health record system used by South London & Maudsley NHS Foundation Trust and its work supporting use of local health and care records. The design of these has been improving over time and certain design principles have become more requested:
- Example of design principle requested: use of red and amber to highlight areas that require action for a particular health care worker:

Patient Overview

Search ePJS Patient Search Patient ePJS Record Back to Carenotes

Name	Date of Birth	Age	Ethnicity	Address	Phone Number	NHS Number	Trust ID	Location	Zone
Christian B	11/04/1989	28y 11m	British	18 Testname Road	07894 123456	87678767876	76891	Community Team	Zone

My Network Contact Info

Family Friends and Carers

Key Carer
Maureen Baverstock

Other
Alex Smith
Matt Levy

Team Care Coordinator
Jane Stewart

GP
Matt Tanner

[View Active Team](#) [View Pending Team](#)

Home Alert 1 This is the alert description 12/04/2018 13:30pm
Home Alert 2 This is a dismissable alert: 12/04/2018 13:30pm

A.L.S. Requires access ramp. Blind in one eye.

My Mental & Physical Health History

Diagnosis Mental Health

Primary diagnosis: F20 Schizophrenia 12/04/2018 13:30pm

Secondary diagnosis: Addiction to nicotine 12/04/2018 13:30pm

Diagnosis Physical Health

Primary diagnosis: Rheumatoid Arthritis 12/04/2018 13:30pm

Cluster 12: Ongoing or recurrent Psychosis (high disability) 12/04/2018 13:30pm

[Medical History](#) [Psychiatric History](#)
[Family History](#) [Personal History](#)
[Social Circumstances](#) [Substance Misuse](#)

Risk Assessment [View Active Team](#) [View Pending Team](#)

Child Risk [View Active Team](#) [View Pending Team](#)

Carers Assessment [View Active Team](#) [View Pending Team](#)

CPA [View Active Team](#) [View Pending Team](#)

My Care Plans

[Goals](#) [Plans](#)

Assessment Alert 1 This is the alert description 12/04/2018 13:30pm

Medication [View Active Team](#) [View Pending Team](#)

Medication Alert 1 This is the alert description 12/04/2018 13:30pm

- Example of design principle requested: Ability to move to different sections of different patients' care records without multiple clicks/taps.

Primary diagnosis: Rheumatoid Arthritis 12/04/2018 13:30pm

Cluster 12: Ongoing or recurrent Psychosis (high disability) 12/04/2018 13:30pm

Buttons: New EPR, Notes, Medical History, Psychiatric History, Family History, Personal History, Social Circumstances, Substance Misuse

Caseload (Staff)
Patients: 13

Patient	Quick entry	A&E Last 7 Days	Zone	Assessment Status
Tkest, Tracy	+	05/06/2019		Risk Assessment <input checked="" type="checkbox"/> Care Plan <input checked="" type="checkbox"/> Child Risk <input checked="" type="checkbox"/> Physical Health <input checked="" type="checkbox"/>
Tkest, P	+	A&E 1	07/06/2019	Risk Assessment <input checked="" type="checkbox"/> Care Plan <input checked="" type="checkbox"/> Child Risk <input checked="" type="checkbox"/> Physical Health <input checked="" type="checkbox"/>
Tkest, Ruper	+	A&E 1	11/06/2019	Risk Assessment <input checked="" type="checkbox"/> Care Plan <input checked="" type="checkbox"/> Child Risk <input checked="" type="checkbox"/> Physical Health <input checked="" type="checkbox"/>
Tkest, Jackie	+	07/06/2019		Risk Assessment <input checked="" type="checkbox"/> Care Plan <input checked="" type="checkbox"/> Child Risk <input checked="" type="checkbox"/> Physical Health <input checked="" type="checkbox"/>

- Example of design principle requested: Show/hide tiles within local records can be helpful so that clinicians can get to what they need more easily:

Physical Health Screens

- + General Health
- + Flu Vaccination
- + Allergies
- + Skin type
- + Special Risks
- + Continence
- + Falls
- + Walking or balance
- + Eyesight / Hearing
- + Nutrition
- + Fluid Intake
- + In the past 24 hours, have you had any of the f...
- + Dietary Preference
- + Waterlow
- + Substance Misuse
- + Summary

Physical Health Screens (Detailed View)

- + General Health
- Flu Vaccination
 - Yes, has had flu vaccination
 - No, has not had flu vaccination
- Allergies
 - Do you have any allergies?
 - Click here to add an ePJS Alert for any allergies
- Skin type
 - Healthy
 - Tissue Paper
 - Dry
 - Oedematous
 - Clammy (Temp)
 - Discoloured
 - Broken Spot
- + Special Risks
- + Continence
- Falls
 - Yes, has fallen in the past year
 - No, has not fallen in the past year

- Example of design principle requested: Colour coded and greyed out buttons avoid the need for drop-down menus resulting in fewer clicks and quicker confirmation of the interaction:

Substance Misuse			
Smoking			
Non-smoker (never smoked)		Non-smoker (used to smoke)	
Non-smoker (may relapse)			
Light smoker < 10 daily		Moderate smoker 10 – 19 daily	
Heavy smoker 20 or over daily			
Time to first cigarettes of the day (minutes)?			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
Within 5 minutes		6 to 30 Minutes	
31 to 60 Minutes		Over 60 minutes	
Has the patient been advised that stopping smoking is the best thing for their health and free support is available?			
Advice offered			
Does the patient consent to a referral to support from a specialist adviser?			
Consents to Smoking Referral		Does not consent to Smoking Referral	
+ Alcohol Audit			
Frequently - day and night		Frequently - day	
Occasionally throughout the day			
At least once a week		At least once a month	
What type of e-cigarette / vaping device are you currently using?			
Disposable (non- rechargeable)		Device that uses prefilled cartridge / pods	
Device that you refill with e-liquids		A modular system - own combination	

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Subject	Community pharmacy patient medication record (PMR) system survey
Date/time of meeting	19th November 2019: 14:00—14:20
Status	Public
Overview	The group are to receive an update about the results so far.
Proposed actions	The group are asked to promote further survey submissions via various communications networks.

Report:

The group recently launched its survey to gather the views of community pharmacy teams about their PMR systems and which enhancements they would like to see prioritised. Survey respondents are completing the survey within 8 minutes on average. Results so far indicate as per below:

"What PMR interoperability would you prioritise?"

- 1st *NHSmile and ability to notify pharmacy staff of new NHSmile messages, e.g. audible/screen alert*
- 2nd *SCR integration*
- 3rd *Patient messaging systems, e.g. to alert patients when their script is ready for collection*

"Where do you think the focus for your PMR supplier should be over the next few years when developing your PMR system?"

- 1st *Keeping up with changes in the NHS pharmacy contract*
- 2nd *Integrate the PMR with other technology and systems*
- 3rd *Integrating recording for commissioned services and healthy living advice*

Top clinical data that wish to easily record into the system

- 1st *Allergies*
- 2nd *Clinical interventions*
- 3rd *Patient-specific medical information*

Comments about desired features included

- *"Text messages to patients"*
- *"Enabling multiple patients' PMRs to be open at once"*
- *"Highlighting NMS patients"*
- *"Fewer pop-ups"*

"Top preferences for communicating with PMR suppliers" [to raise a query or suggest a feature]

- *Sending messages from within the PMR system*
- *Web chat*

Comments about training preferences

- *"Online modules would be good"*
- *"It needs to be easy to access and off site e.g. from home in your own time."*
- *"Online interactive training from any device"*

Most wanted filters for sorting prescriptions

- 1st *Patient*
- 2nd *Prescription approaching 180-day limit*
- 3rd *Prescription Age*
- 4th *Incomplete prescriptions*

CP ITG action:

- The group are asked to use their communications networks to encourage further survey submissions.
- All of the PMR suppliers are asked if they are willing to include an item within their newsletters and on their website. Example copy is included below.

Template communications to promote survey submissions

Example newsletter text

Community Pharmacy IT Group is gathering the views of community pharmacy teams about their PMR systems and which enhancements they would like to see prioritised. Please complete the short survey at: <https://www.surveymonkey.co.uk/r/XWL5WRP>

Example tweet

The whole pharmacy team are encouraged to each complete this short PMR system survey to help future plans: <https://www.surveymonkey.co.uk/r/XWL5WRP>

Additional information about the survey

- All pharmacy staff can now take part in this work by completing the online Community pharmacy patient medication record (PMR) system survey; it should take around 5-10 minutes to complete depending on your answers. CP ITG would like to hear the views of all community pharmacy team members, therefore multiple members of staff at each pharmacy can complete the survey if they wish. Staff at multiple head offices may also complete the survey in relation to specific pharmacies. Your responses will be anonymous.
- This survey will help the CP ITG and PMR suppliers to explore how best to prioritise future enhancements, which should ultimately benefit pharmacy team members and patients, so CP ITG encourages all pharmacy team members to take part and share their views. The anonymous results will be shared with PMR suppliers.

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Subject	Use of NHS website's medicines A-Z directory within IT systems
Date/time of meeting	19th November 2019: 14:20—14:30
Status	Public
Overview	The NHS website includes a Medicines A-Z directory that is further developing. The NHS website team are seeking feedback and welcome IT-related feedback from the group.
Proposed actions	The group is to be updated and share any views regarding IT developments that could relate to the information within the nhs.uk Medicines A-Z directory.

Report:

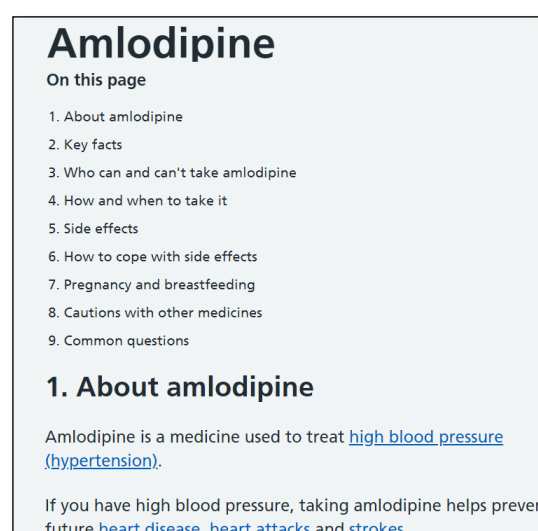
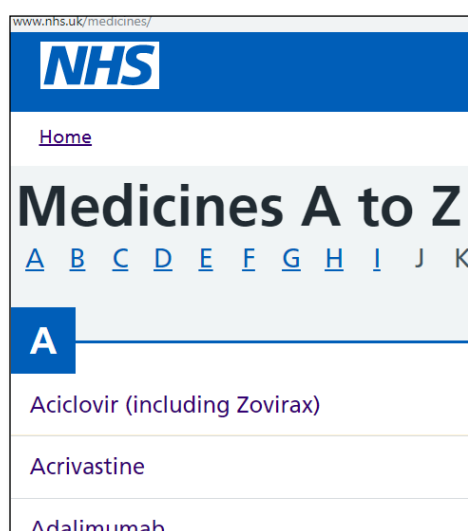
- The NHS website includes a Medicines A-Z directory at nhs.uk/medicines. The patient-facing online directory may occasionally promote discussion between patients and the pharmacy team. The directory offers patient-friendly information on commonly used medications, with guidance on dosage to management of side effects. Information within the tool will align with what is set out within patient information leaflets (PIL). Patients at home may be able to refer to the A-Z to look-up their medicine, if they want to re-check something, even if their PIL has been lost. The tool has been further developed during 2019 to use plain English. The directory has more than two million visitors each month – many of those visitors located within England.
- The group's PMR survey has resulted with some comments for a desired feature: that Patient Information Leaflets may be printed out more easily.

Next Steps:

- The directory will continue to develop. Example screenshots are found at the bottom of this page.
- Pharmacy professionals and those within this group can also help improve the A-Z directory further by taking the [10-minute survey about the A-Z directory](#) before the survey closes on **30th November 2019**. Survey results will inform further development.

CP ITG action:

- The group is asked to provide thoughts on pharmacy IT development opportunities relating to the Medicines A-Z directory. E.g. should patient tools (provided by pharmacy systems or not) that refer to medicines, link to it using Dictionary of medicines and devices (dm+d) coding?



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Subject	Update on the Supporting cyber-security and Information Governance (IG) workstream
Date/time of meeting	19th November 2019: 14:30—14:40
Status	Public
Overview	This paper provides an update on work undertaken on cyber-security and IG.

Windows transition

Report:

- After the group's last meeting the group has published Windows 7 transition guidance.

CP ITG action:

- Provide feedback on any developments since the publication of the guidance.

Cyber and data security

Report:

- [Department of Health and Social Care have published a progress report](#) referencing the recommendations that had followed the 2017 WannaCry cyber-attack. The report highlights the actions taken by DHSC and others to improve cyber resilience in health and care. It describes progress over the past 12 months and looks forward to 2020.
- 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 number of pharmacies. Many pilots have taken place. NHS Digital have resource for a few more independent pharmacy contractors to be able to take part.

CP ITG action:

- Independent pharmacy contractors within the group, are encouraged to indicate their willingness to taking part in the cyber and data pilots. There are likely to be two more slots available.

Data and Security Protection Toolkit update

Report:

- Dan Ah-Thion is continuing discussions on the new Data and Security Protection (IG) Toolkit's (DSPTK) arrangements with NHS Digital and NHSE&I. 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 within the pharmacy profile will be:
 - "Q. Is your organisation compliant with the national data opt-out policy?"
 - "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 on 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.

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Subject	Updates on other CP ITG work streams
Date/time of meeting	19th November 2019: 14:40—14:50
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, or commenting during the 'any other business' section of the meeting, if there is time.

1

Supporting the development of interoperability/integration

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 and pharmacy systems.

Relevant webpages include: psnc.org.uk/interoperability and psnc.org.uk/dosesyntax

General interoperability matters

Report:

- PRSB continues to develop guidance surrounding the [standards relating to how medication dose and timings are communicated](#) digitally between systems.
- The [NHS digital service manual has been updated](#) to support those making digital products and services in the NHS. It offers those building digital services in the NHS a range of styles, principles and guidance to help with design, development, writing content and accessibility.

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.

Local Health and Care Records update

- The [LHCREs and LHCRs webpage](#) sets out information about LHCRs for pharmacy teams and Local Pharmaceutical Committees (LPCs). NHSE&I previously announced 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 [LHCRE programme will be working within Manchester](#) with the Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership to increase investment in technology to support integrated care for people living with long-term conditions.

Next steps:

- Community pharmacy LHCRE champions are being nominated for each of the 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.

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

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 and a dataset for the Community Pharmacist Consultation Service will be added. If you would like to comment onto this, please contact Dan Ah-Thion.

3	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. NHS Digital's Internet First policy developments will be considered and implications for community pharmacy IT arrangements. 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. A standardised approach is required where there is a change by a pharmacy from one PMR system to another given there are clinical (including patient safety), ethical and legal risks related to the potential for data to be inappropriately transposed. Relevant webpages include: psnc.org.uk/itcontingency ; and psnc.org.uk/connectivity
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Seeking a standard process for importing PMR data into a new PMR system

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:

- Further collaboration is required on this workstream.

4	Supporting EPS and its enhancements <i>Real-time exemption checking, support of Phase 4 roll-outs, improving the efficiency of eRD (electronic Repeat Dispensing) work flows in 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. The group are also to support the next generation of EPS.</i> Relevant webpages include: psnc.org.uk/eps
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General EPS matters

Report:

- NHS Digital are further considering the group's 'Next Generation of EPS' document and some next steps. NHSX is also anticipated to further consider the next generation of EPS.
- NHS Digital is continuing to support the rollout of EPS within urgent care clinical systems (Advanced Adastral, 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 75% of community pharmacy prescriptions received by the NHBSA are now EPS prescriptions.
- EPS CD progress was reported at previous meetings. Almost 100% of GP practices are live with EPS CDs. The GP system Microtest is working on enabling the EPS CDs feature for its 45 GP practice customers.

Next Steps:

- NHS Digital is supporting, Microtest, which is hoping to progress their piloting of EPS CDs to their 45 GP practice users. If that is completed successfully, a Microtest pilot might begin later. Full EPS CDs remains a prerequisite for full Phase 4 roll-out for those 45 GP practices which use the Microtest GP system.

5

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 1st July 2019. It draws staff from NHSE&I, DHSC and NHS Digital.
- Some [discussions at NHS Expo highlighted that improvements to infrastructure, data access and workforce training are essential for delivering the benefits of innovation in health care](#).
- The [AHSN Network launched a new digital gateway](#) for innovators, streamlining access to support experts across the country who may help companies deliver innovation for the NHS and care sector.
- Case study: an exploration the [potential of mobile technology and the digital relationship with the patient being enhanced to improve communication](#) between health professionals and patients – including some global case studies.
- [Raconteur.net looks at three health systems around the world and asks what the NHS can learn from how they are using technology](#). Within Denmark an online portal (sundhed.dk) serves as a central access point for health care professionals and patients to view test results, prescriptions and treatment plans.
- HSJ.co.uk reports on [the benefits of AI in health care and how the NHS might be well placed to take them forward](#).
- [Scotland's Digital Health and Care Institute \(DHCI\) has received £10 million in funding](#) from the Scottish Funding Council (SFC) and the Scottish Government Health and Social Care Directorate. This money will enable the DHCI to continue to work on projects such as the development of 5G and on developing links between academia, the public sector and industry.
- [£50 million in funding to improve IT systems across NHS Wales](#).
- 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 NHSmail <i>The group will work with NHS Digital, 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. Guidance will also give examples of how NHSmail can be used.</i> Relevant webpages include: psnc.org.uk/NHSmail
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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.

8	Tackling issues related to the practical use of pharmacy IT and promoting good IT practices <i>E.g. tackling issues such as: frequency of forced password changes, use of alternative credentials (alternatives to Smartcards) for users and changes to support improved patient safety. Additionally, promotion of good practices such as: WiFi within pharmacies.</i> Relevant webpages include: psnc.org.uk/smartcards
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Community Pharmacist Consultation Service (CPCS)

Report:

- The NHS Community Pharmacist Consultation Service (CPCS) launched on 29th October 2019 as an Advanced Service. The service, which replaced the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and Digital Minor Illness Referral Service (DMIRS) pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.
- In 2019/20 the CPCS will take referrals from NHS 111, but over the course of the five years of the CPCS 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. The potential volume of referrals is not certain at this stage, but the GP Forward View suggested that around 20 million appointments in general practice alone do not require a GP.
- 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. During 2019/20 and 2020/21, contractors providing the service use the CPCS IT systems made available to them by NHSE&I.
- From April 2021, contractors providing the CPCS will need to procure their own CPCS IT system. By that time, it is hoped that other pharmacy IT suppliers, including PMR system vendors, will have been able to develop support for the CPCS, so that community pharmacy contractors have a choice of potential IT solutions to support the provision of the service. Read more at: [Community Pharmacist Consultation Service](#).

- Community Pharmacist Consultation Service IT requirements and support from 1st April 2020: The service specification requires that from this date, the pharmacy must have IT equipment accessible within the consultation room to allow contemporaneous records of the CPCS consultations to be made within the CPCS IT system.

Other

Report:

- PSNC has 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' campaigns.
- 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.
- NHSE&I has published a [new toolkit to support Using online consultations in primary care](#). The toolkit is intended to assist different professionals, including clinicians, at different points in their implementation journey.

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.

9	Consider the development of apps, wearables and technologies in healthcare
	<i>Consider the development of guidance and a principles, where required, for new pharmacy and patient technologies covering, appropriate usage and security for data, promotion of all pharmacies equally within technologies etc. user research which indicates patient expectations within this arena may also be considered to help the group's wider work.</i>
	Relevant webpages include: psnc.org.uk/apps

NHS App

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 in due course. 95% of GP practices are now at least partially 'NHS App ready'.
- NHS App team are working on further features including:
 - EPS nomination selection:** NHS App team previously presented to the group regarding the development of the feature. The feature is expected to go into testing during late 2019.
 - Push notification capability:** Users to receive app notifications relating to their care. 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:** NHS App are working with 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. 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 ability to view letters and documents as part of the detailed medical record. Target release date: Early 2020.
- **Personal Health Records (PHRs) integration with 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:** 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).

Next Steps:

- PSNC to work with NHSE&I and others to monitor the testing and potential roll-out of the NHS App EPS nomination feature.
- The NHS App team indicated they would 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.

NHS login and identity authentication

Report:

- NHS login for patients continues to develop.

NHS login update and self

Report:

- The plan is for the verification and authentication process involved with NHS login sign-up to further continuously improve. NHS Digital announced that the [number of providers that use NHS login has further increased](#).
- NHS Digital Lead Delivery Manager working on NHS login [spoke about the future plans for NHS login](#) which "has the potential to become the ID verification and authentication product integrated across a wide number of health and social care platforms."
- The NHS login integration toolkit is being developed to enable future suppliers to assess if NHS login is suitable for their system or app and to proceed with integration. This will mean assist suppliers with integrating when they are ready and at their own pace

Next Steps:

- NHS login will continue to develop, and further suppliers are anticipated to integrate with NHS login to provide patients with an enhanced experience for their digital access to health and care information.

Other apps and wearables developments

Report:

- Some pharmacy contractors may choose to enable relevant patients to book a pharmacy appointment with the pharmacy, using a patient app. Patient apps with the feature will be added to: psnc.org.uk/apps.
- [New rules introduced by NHS England and NHS Improvement will limit the number of out-of-area patients that can be registered at a single practice](#) in a bid to ensure that a rise in digital-first providers does not create inequalities around access to GP services.
- [NICE has launched a survey to inform a second phase of work aimed at improving how people use the evidence standards framework for digital health technologies](#). The survey will give stakeholders the opportunity to highlight what they would like NICE to focus on and prioritise. The survey is open until mid-October.
- [Chelsea and Westminster Hospital NHS Foundation Trust has launched an innovation programme](#). Examples of projects it will be supporting include the UK's largest study of wearable monitoring technology and the roll-out of the new Mum & Baby app.
- PRSB will consider whether it can support the endorsement of higher quality apps.
- Health app evaluation [Organisation for the Review of Care and Health Applications \(ORCHA\) evaluated more than 5,000 apps against 260 performance and compliance factors and found that 15% met the minimum safety requirements](#).

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