PSNC Service Development Subcommittee Agenda

for the meeting to be held on Wednesday 5th February 2020

at 14 Hosier Lane, London, EC1A 9LQ

commencing at 1pm

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

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/02/2020**)
5. Actions and Matters Arising

Action

6. Discharge Medicines Service (**Appendix SDS 02/02/2020**)
7. Pharmacy Quality Scheme for 2020/21 (**Appendix SDS 03/02/2020**)
8. Proposal for revised National Chlamydia Screening Programme policy (**Appendix SDS 04/02/2020**)
9. NICE draft Quality Standard: Community pharmacies: promoting health and wellbeing (**Appendix SDS 05/02/2020**)
10. Hepatitis C Testing Service (**Appendix SDS 06/02/2020**)
11. Nationally directed clinical audit (**Appendix SDS 07/02/2020**)
12. Public health campaigns for 2020/21

Report

13. Community Pharmacist Consultation Service (**Appendix SDS 08/02/2020**)
14. Pharmacy Integration Fund pilots (**Appendix SDS 09/02/2020**)
15. Update on NHS IT projects (**Appendix SDS 10/02/2020**)
16. Any other business

Minutes of the PSNC Service Development Subcommittee meeting

held on Wednesday 27th November 2019

at 14 Hosier Lane, London, EC1A 9LQ

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

In attendance: Fin McCaul, Indrajit Patel, Lucy Morton-Channon, Adrian Price, Rosie Taylor, Helen Pinney, Alastair Buxton, Sue Killen, Luvjit Kandula, Mark Griffiths, Jas Heer, Janice Perkins, Jay Patel, Marc Donovan, Gordon Hockey, Anil Sharma, David Broome, Mark Burdon, Peter Cattee, Mike Dent, Sam Fisher, Stephen Thomas, Has Modi, Simon Dukes

Item 1 – Welcome from Chair

Item 2 – Apologies for absence

2.1. None.

Item 3 – Conflicts or declarations of interest

3.1. Janice Perkins declared an interest as the Chair of the Community Pharmacy Patient Safety Group. Gary Warner declared that he is a Managing Partner at Pinnacle Health Partnership LLP and the organisation is providing IT support for a limited time for CPCS.

Item 4 – Minutes of the last meeting

4.1. The minutes of the subcommittee meeting held on 4th September 2019 were agreed.

Item 5 – Actions and Matters arising

5.1. All actions had been completed.

Item 6 – Community Pharmacist Consultation Service

6.1 Alastair Buxton advised that the implementation of the service had gone very well. He acknowledged that there had been some snags, which was expected, but the number of challenges were relatively low compared to initial expectations. The latest figures show that 10,147 contractors have signed up to provide the service, which is very impressive. NHSE&I are also very pleased with how the service has been implemented

6.2 Alastair Buxton also highlighted the work of the Urgent Care Delivery and Implementation Group and that they had provided a lot of support for the implementation of the service.

6.3 Mark Burdon highlighted that there will be further opportunities for training next year, which is CPD rather than a contractual requirement of the service. The feedback so far, has been that the CPPE training has been very well received.

6.4 Faisal Tuddy highlighted their struggle with reaching the locum population and this was acknowledged as an ongoing issue. Helen Pinney will be sending out further communications to the locum agencies and it was agreed that this issue would require ongoing work.

6.5 Clare Kerr noted that the UCDIG will continue to meet for the next six months and asked the committee to feed back any issues to her, Alastair Buxton or Mark Burdon so these could be considered at the meetings.

6.6 Jas Heer asked about the risk of the service prompting people to bypass NHS 111 and just go straight to the pharmacy. Alastair Buxton advised that data capture to address this issue was being considered with DHSC and NHSE&I and a time and motion study may be conducted to collect data.

6.7 Fin McCaul enquired about the IT funding and specification for the service from 1st April 2021. Alastair Buxton advised that funding for contractors will be discussed as part of negotiations for 2021/22. It was unlikely that a formal IT specification would be developed, but PSNC would shortly publish a dataset for the service, which would support the development of IT systems to support the service. Various standards, such as the ITK and those developed by the Professional Record Standards Body would also need to be applied by IT developers.

Item 7 – Pharmacy Quality Scheme for 2020/21

7.1 Alastair Buxton provided a verbal update on the recent discussions with NHSE&I and DHSC, including the approach to be taken to the 2020/21 scheme.

7.2 Alastair Buxton then worked through NHSE&I's proposed criteria for the 2020/21 PQS and committee members provided comments on the different criteria.

Item 8 – Hepatitis C Testing Service

8.1 The subcommittee considered the paper and the draft service specification and provided feedback.

Item 9 – Nationally directed clinical audit

9.1 The subcommittee considered the audit proposal from NHSE&I and agreed the proposal. Further work was required to develop the audit documentation.

Item 10 – Public health campaigns for 2020/21

10.1 The subcommittee considered the list of proposed campaign topics and other potential topics. Six topics were agreed as PSNC's preferences for further discussion with NHSE&I.

Item 11 – Medicines optimisation services and the Medicines reconciliation service

11.1 The information in the agenda was noted and the subcommittee considered the draft medicines reconciliation service specification, providing feedback.

11.2 A discussion was held around whether there could be a core dataset which hospitals provide to contractors; Gary Warner explained that currently each hospital already engaged in a post-discharge service is providing different information to pharmacy teams.

Item 12 – Pharmacy Integration Fund CVD case finding pilot

12.1 The information in the agenda was noted.

Item 13 – Vaccination and Immunisation Review

13.1 The information in the agenda was noted.

Item 14 – NICE Quality Standard submission

14.1 The information in the agenda was noted.

Item 15 – Update on NHS IT projects

15.1 The information in the agenda was noted.

15.2 Gary Warner highlighted that PSNC, with the Community Pharmacy IT Group, has launched a survey to gather the views of community pharmacy teams about their PMR systems and which enhancements they would like to see prioritised. He encouraged the committee to compete the survey which is available through a news story on the PSNC website (https://psnc.org.uk/our-news/pharmacy-systems-enhancements-survey/).

Item 16 – Any other business

16.1 None.

Return to agenda item

Subject	Proposal for revised National Chlamydia Screening Programme policy
Date of meeting	5th February 2020
Committee/Subcommittee	SDS
Status	Public
Overview	PHE are consulting on proposed changes to the NCSP. Some pharmacies provide a chlamydia screening and treatment service as part of locally commissioned NCSP services, so the policy change may affect them.
Proposed action	Consider whether PSNC should make a response to the consultation and if yes, what points we would wish to make.
Authors of the paper	Alastair Buxton

Introduction

Public Health England (PHE) are consulting on proposed changes to the National Chlamydia Screening Programme (NCSP). This follows a review of the programme and an initial consultation with stakeholders.

Some pharmacies provide a chlamydia screening and treatment service as part of locally commissioned NCSP services, so any policy change may affect their provision of the service.

The PHE consultation is set out below.

PHE consultation:

1. Background

Chlamydia is one of the most common sexually transmitted infections (STIs) in England; in 2018, chlamydia infection accounted for 49% of all newly diagnosed STIs. It is passed on through sex without a condom and is particularly common in sexually active young people.

If left untreated, the infection can spread to other parts of the body and lead to long-term health problems in women, such as pelvic inflammatory disease (PID), ectopic pregnancy and infertility.

To ensure that the design, implementation and evaluation of the National Chlamydia Screening Programme (NCSP) is based on the best available evidence, Public Health England (PHE) convened an external peer review of the scientific evidence for the NCSP. A panel of national and international experts was called together to review current policy, practice and evidence relating to screening for chlamydia.

The group met in London in October 2017. Having reviewed the evidence, the panel provided the NCSP with **recommendations**. Initial comments on these recommendations were sought from professional stakeholders and young people in 2018. These have helped inform the proposed revised policy version 2 (v2) position.

The purpose of this document is to consult with a wider range of stakeholders on the proposed revised policy for chlamydia screening in England. This proposal would implement recommendations from the review group and align the NCSP with the latest scientific evidence. We are keen to hear views on these proposed changes

2. Current NCSP policy version 1

The NCSP provides opportunistic testing to sexually active young people aged 15 to 24 years to:

- prevent and control chlamydia through early detection and treatment of asymptomatic infection;
- reduce onward transmission to sexual partners;
- prevent the consequences of untreated infection;

- raise awareness and skills of health professionals to screen for chlamydia, and provide the information; and
- young adults need to reduce the risk of infection and transmission.

The current chlamydia testing policy in England recommends that anyone under 25 who is sexually active gets tested for chlamydia every year or upon change of sexual partner.

3. Proposal NCSP policy version 2

Informed by the review's findings, PHE is proposing that NCSP policy should focus on reducing the harms of untreated chlamydia rather than aiming to reduce infection in the overall population. Most of the harm caused by untreated chlamydia is in women.
The proposed revised principal aim of the programme is to prevent the adverse consequences of untreated chlamydia infection

With secondary aims:

- to reduce re-infections and onward transmission of chlamydia; and
- to raise awareness of good sexual health.

It is therefore proposed that opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) should focus on women, combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment.

In practice this would mean that chlamydia screening offered in community settings, such as GPs and community pharmacies, will target young women only, for example through offering screening at contraceptive appointments. Services available at specialist sexual health services would remain unchanged.

Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

3.1 Proposed revised policy version 2 for the NCSP

The best way to protect against any STI is to consistently use a condom. Health promotion should continue to be offered to people requesting or being offered a chlamydia test.

The NCSP recommends that anyone whose partner is known to be infected, or who has symptoms of chlamydia infection, has a chlamydia test. Symptoms include pain when peeing, unusual discharge from the vagina, penis or anus; symptoms in women include pain in the tummy, bleeding after sex and bleeding between periods; symptoms in men include pain and swelling in the testicles.

To detect and treat chlamydia infection in women as early as possible, the NCSP also recommends that all women under the age of 25 get tested:

- annually
- after having sex with a new partner

To ensure that this happens, it is recommended that all sexually active women under the age of 25 accessing a sexual and reproductive health service (including online), any service offering contraception, termination of pregnancy service, GP or pharmacy should be offered a chlamydia test. Local areas should also consider offering appropriate outreach programmes in line with local need.

Everyone who is diagnosed with chlamydia should be treated as early as possible and supported to notify their sexual partner(s) and should be re-tested around 3 months after treatment. The standard period between test and treatment is to be shortened from the current 6 weeks to 3 weeks.

Anyone of any gender who is concerned they might be at risk of chlamydia should contact their local sexual health clinic or GP for professional health advice about whether to get tested. Some groups of people are at higher risk of STIs (including chlamydia).

4. Rationale

The reasons for focusing on prevention of the adverse consequences of untreated chlamydia infection in women are that:

- there is no consistent evidence that screening of both men and women at the levels that can be feasibly achieved has measurably reduced the prevalence of chlamydia infection in the population;
- most of the harm caused by untreated chlamydia is in women - there is consistent evidence that untreated chlamydia infection in women increases their risk of ill-health and infertility;
- shortening the duration of infection through early detection and treatment decreases the risk of pelvic inflammatory disease which can lead to infertility and ectopic pregnancy;
- testing frequently and soon after any new sexual partner will reduce the duration women are infected, which should reduce the risk of harmful consequences for women;
- men who have chlamydia are at much lower risk of harm, and infection will often resolve without treatment in those without symptoms - any man who is concerned they might be at risk of chlamydia can still access health advice at local services, online or by telephone; and
- many people get re-infected after treatment and there is evidence that repeat infections increase the risk of harm - it is therefore important that sexual partners of a person diagnosed with chlamydia are informed of the need to get tested and treated and that any person diagnosed with chlamydia gets re-tested 3 months after their treatment

5. Next Steps

The outcomes from this consultation will inform the final proposed NCSP policy. This proposed policy will then undergo an Equality Impact Assessment prior to a final decision being made.

If you have any queries about this consultation, please contact NcspTeam@phe.gov.uk

Respond to the consultation by 25 February 2020
https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=86KK9m91H

Consultation questions:

The rationale for responses is requested for all questions.

- Do you support this change in focus of the programme?
- Do you have any concerns about the proposed change in the primary focus of the programme?
- Would you be concerned if the primary focus did not change?
- Regarding the proposed focus of chlamydia screening on young women, this means that chlamydia screening outside of specialist sexual health services should only be proactively offered to young women (not young men).
  - Do you support this proposed recommendation?
  - Do you have any concerns about this proposed recommendation?
  - Would you be concerned if this proposed recommendation was not implemented?
- Regarding the proposal to increase the chance of diagnosing infection early by offering screening to young women at all contraceptive interventions and promoting testing at partner change (or annually if no partner change)
  - Do you support this proposed recommendation?
  - Do you have any concerns about this proposed recommendation?
  - Would you be concerned if this proposed recommendation was not implemented?
- Regarding the proposal to optimise the management of those diagnosed with chlamydia (this means more rapid treatment, greater number of partners tested and treated, and greater proportion retested after treatment)
  - Do you support this proposed recommendation?
  - Do you have any concerns about this proposed recommendation?
  - Would you be concerned if this proposed recommendation was not implemented?
- Do you believe there would be any unintended consequences of the proposed changes?
- Please outline potential unintended consequences of the proposed changes, detailing any evidence/ experience related to your concerns and how they might be addressed.
- If the proposed changes were adopted what specific guidance, tools and communications materials would be helpful to support implementation?
- Any other comments?

Subcommittee action

The subcommittee is asked to consider whether PSNC should make a response to the consultation and if yes, what points we would wish to make.

Return to agenda item

Subject	NICE draft Quality Standard: Community pharmacies: promoting health and wellbeing
Date of meeting	5th February 2020
Committee/Subcommittee	SDS
Status	Public
Overview	NICE are consulting on draft quality standards titled "Community Pharmacies: promoting health and wellbeing". This paper summarises the quality standards, which will apply to community pharmacy contractors and others, such as service commissioners. PSNC needs to consider the appropriateness of the standards and respond to the NICE consultation. The **draft quality standard** is open for consultation until 5pm on 14th February 2020.
Proposed action	Review the draft quality standards and advise on the content of PSNC's consultation response to NICE.
Authors of the paper	Alastair Buxton

Introduction

In 2018, NICE published **Community pharmacies: promoting health and wellbeing** (NICE guideline NG102), which described ways in which community pharmacy teams and others could better support the promotion of health and wellbeing.

As is generally the case, following the development of guidelines, NICE will then look to develop quality standards. This work started in mid-2019.

The **draft quality standard** is open for consultation until 5pm on 14th February 2020.

What are NICE quality standards?

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

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

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

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. NICE says that taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Topic engagement stage

The topic engagement stage is the first point in development of a quality standard when stakeholders are invited to feed into the development process, by identifying key topics which could be covered by the standard. PSNC submitted a response to this phase of the process, highlighting the following potential key areas for quality improvement:

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?
Integrated working	NG102 recommends that community pharmacies should be assisted to gradually integrate into existing care and referral pathways as health and wellbeing hubs. Such integration will help pharmacy teams to provide higher quality care to patients and the public, working collaboratively with other health and care providers.	Ensuring community pharmacies are properly integrated into the local health and care team is a priority for Government and the NHS, as demonstrated by this being a feature of the changes to the NHS Community Pharmacy Contractual Framework. Such a development would need to be aligned to the development of Primary Care Networks across England, which is an NHS priority.

Using a tailored approach	NG102 recommends that pharmacy teams should use a tailored approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect. Such an approach is important to ensure that interventions are as effective as possible and that they meet the needs of the individual.	Ensuring a tailored approach is used to the provision of interventions is essential to ensure pharmacy teams meet the needs of individuals, but also that they are sensitive to the wider needs of their local community, which may be different from those that are dominant across larger organisational areas, such as the local authority area. Such a tailored approach is expected of Health Living Pharmacies (HLP). All community pharmacies in England will be expected to be HLPs from 1st April 2020.
Referrals and signposting	NG102 recommends that local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and service providers. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors. Pharmacies already make referrals and signpost people to other sources of treatment and support. The extent to which this happens in individual pharmacies and the availability of information to pharmacy teams on referral pathways and signposting options is variable across the country. Reducing this variation would improve the quality of the service provided to patients and the public.	Improving the quality and impact of pharmacy referrals and signposting could support health improvement and more effective use of health and care resources. How to support community pharmacy teams to work collaboratively with Social Prescribing Link Workers within Primary Care Networks would be an important matter to consider, aligning any quality standard with a current priority policy initiative for NHS England and NHS Improvement.
Record keeping and auditing	NG102 recommends that community pharmacy teams should consider using minimum data sets to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. Community pharmacy teams make a great many public health and other interventions each day, but these are not always recorded in a consistent manner, which allows audit and reflection on practice.	Improving record keeping could support the ongoing provision of services and support to individuals, and the future development of service provision at individual pharmacy level and beyond.

The proposed quality standard

The quality standard covers how community pharmacies can support the health and wellbeing of the local population. It describes high-quality care and services in priority areas for improvement and it is aimed at commissioners, service providers (community pharmacies), health, public health and social care practitioners, and the public.

There are four proposed quality statements:

Statement 1 - Community pharmacies and local commissioners work together to integrate community pharmacy services into existing care and referral pathways.

Statement 2 - Community pharmacies and local commissioners promote healthcare services and support available from community pharmacies.

Statement 3 - Community pharmacies work with local commissioners to establish population needs, identify gaps in services and agree actions to address health inequalities.

Statement 4 - People who have a long-term health condition or need support to adopt a healthier lifestyle are offered health and wellbeing advice and education when they use community pharmacy services.

For each of these statements, the **draft quality standard document** contains a rationale for the statement and suggested quality measures.

Questions for consultation

NICE have posed the following questions about the proposed quality standard:

Questions about the quality standard

Question 1 - Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 - Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 - Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Local practice case studies

Question 4 - Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form.

Subcommittee action

The subcommittee is asked to read the full **draft quality standard document** and consider the content, in relation to the above consultation questions and the general acceptability and appropriateness of the quality statements to be applied to community pharmacy practice.

Return to agenda item

Subject	Community Pharmacist Consultation Service
Date of meeting	5th February 2020
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides an update on the implementation of the CPCS.
Proposed action	None.
Authors of the paper	Alastair Buxton

Introduction

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

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

Progress since the last subcommittee meeting

Since the last subcommittee meeting, the UCDIG has continued to meet on a regular basis to review the progress being made with the rollout of the service and to identify any additional guidance or support required by pharmacy teams, NHS 111 providers or regional NHSE&I teams.

Overall, NHSE&I and DHSC are delighted with the progress of the service, with referrals from NHS 111 higher than anticipated, consultation completion rates being better than expected and problems, complaints or "noise" in the NHS system being very low, even over the busy Christmas and New Year period.

The **Secretary of State issued a positive press release on the service** on 12th January 2020 and this has resulted in further positive coverage by regional media.

Further guidance to contractors to address areas of concern or frequent questions, such as the supply of controlled drugs has been issued via briefings and news stories on the PSNC website, and the FAQs continue to be added to.

CPCS data

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

The initial negative feedback from LPCs on the availability of CPCS data is not now being received and the LPCs have welcomed the development of the CPCS dashboard, which gives them access to more detailed data on the service. NHSE&I are considering how more data on the service could be made publicly available.

Return to agenda item

Subject	Update on NHS IT
Date of meeting	5th February 2020
Committee/Subcommittee	SDS
Status	Public
Overview	This report provides an update on the following NHS IT topics: Data Security and Protection Toolkit (2019/20), Real-time exemption checking (RTEC), NHSmail, Summary Care Record (SCR), EPS Phase 4, EPS Controlled Drugs, and NHS App. Additional topics and detail are included within **Community Pharmacy IT Group (CP ITG) papers**.
Proposed action	None
Author of the paper	Daniel Ah-Thion

Data Security and Protection Toolkit (2019/20)

PSNC has issued communications and guidance relating to the completion of this year's Toolkit.

PSNC again worked closely with NHS Digital and contractor testers this year to keep the workload manageable but the data security protections appropriate in the time leading up to the release of this guidance. The final key differences this year include:

- a handful of completely new mandatory questions;
- improvements to the wording for more than half of the questions;
- some questions from last year have been simplified following recommendations from PSNC and others;
- the Toolkit will show the answers submitted by the pharmacy last year for many questions, allowing the contractor to simply check the information is still accurate and adjust if needed; and
- an improved headquarters (HQ) batch submission feature enabling contractors with three or more pharmacies to more easily complete one submission for all their pharmacies (where processes across pharmacies are aligned).

PSNC has improved its **Data security and information governance hub** during December 2019 to support Toolkit completion and published new guidance materials for the 2019/20 Toolkit submission:

- **Toolkit completion: Five steps to complete the Toolkit (overview)**
- **Toolkit completion: Question-by-question guidance (mandatory questions)**
- **Toolkit completion: Using the Data Security and Protection Toolkit's HQ batch submission feature – step-by-step guide** and associated **Checking pharmacies linked to HQ code using ODS portal factsheet**.
- Data and security templates were also further updated: **psnc.org.uk/igtemplates**

PSNC, with the NHS Digital Toolkit team will present a webinar on the topic on February 7th 2020.

PSNC also hosted a meeting with the PMR suppliers and NHS Digital, and work continues with all parties to help the PMR suppliers with their preparation of PMR-specific guidance for contractors.

We have also begun discussions with NHS Digital about the draft question set for 2020/21.

Real-time exemption checking (RTEC)

The **RTEC** system will be rolled out in phases. Phase One comprises maternity, medical, pre-payment, low income scheme and HMRC exemptions.

NHSBSA exemptions: As of mid-January 2020, around forty Positive Solutions Ltd. (PSL)-using contractors were using RTEC. A phased roll-out will occur to other customers over the next few months. Positive Solutions will use a 'handshake' approach for the rollouts, which involves asking those contractors that are about to go live whether the training materials provided have been cascaded to the pharmacy team and will be used.

DWP exemptions: Five of the contractors using RTEC for NHSBSA exemptions started piloting

RTEC for DWP exemptions (excepting Universal Credit (UC)) in December 2019; the early feedback has been positive. The NHSBSA are now working on assuring their processing of these prescriptions can be seen to be working as expected and PSNC's audit team will also be looking at this.

PSNC will 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.

All the pharmacy system suppliers with EPS have committed to delivering RTEC and a couple are now close to testing.

NHSmail

PSNC met with NHS Digital's NHSmail team in November 2019 and provided comments on its draft NHSmail questionnaire prior to its December publication.

PSNC has continued to receive feedback that the shared NHSmail box email address naming convention results in overly long email addresses, which are not ideal for communicating over the phone etc. PSNC has pressed for shorter alias addresses to beaded to the pharmacy mailboxes.

The NHS Digital questionnaire published in December 2019 provided an opportunity for community pharmacy, dentistry and social care NHSmail users to provide feedback and express their preferences. All three sectors use a similar naming convention and NHSmail directory system. We will discuss the survey results and next steps with NHS Digital. Development would be required to enable an automated alias system, e.g. enabling each pharmacy to have an alias: *nhspharmacy.[ODS code]@nhs.net*.

During November and December 2019 PSNC and NHS Digital agreed upon a process to enable those specific PSNC staff that required NHSmail, to obtain NHSmail accounts. Further work is now being undertaken to try to agree a process by which LPCs can be allocated NHSmail accounts.

Summary Care Record (SCR) and Smartcards

Reasonable Adjustments Flag (RAF): NHSE&I and NHS Digital have added a RAF in the NHS Spine to enable health and care professionals to record, share and view patients' key reasonable adjustments across the NHS. This is intended to enable staff and services to carry out their legal duty to make reasonable adjustments wherever the patient is treated. The use of this is being piloted within Gloucestershire and Devon. A more detailed explanation of SCR RAF was provided within the previous SDS agenda papers.

PSNC and CP ITG discussed the RAF with NHS Digital at the last meeting of the group, including recommending that it would be most appropriate for community pharmacists, rather than other health and care workers, to make the suggestion that the patient may require MDS as a reasonable adjustment.

Process for obtaining SCR Smartcard rights: NHS Digital are testing of a new online application form that can be used to request SCR rights onto Smartcards. The new form allows greater automation to speed up the processing times. NHS Digital are gathering feedback from those

testing the form to help with further developments and PSNC has provided comments on the form when it visited the SCR team in Leeds during November 2019.

Guidance: PSNC has published some revised and new Smartcard and SCR guidance materials since the last SDS meeting:

- **Smartcard model overview factsheet**
- **Smartcard service and escalation route factsheet**
- **SCR checklist factsheet**
- **SCR multi-site arrangements briefing**
- **Smartcard processes and tips factsheet**
- **Using Care Identity Service (CIS) for advanced Smartcard management factsheet**

EPS Phase 4

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

Further national roll-out began from 18th November 2019. GP practices using the TPP SystmOne GP system will continue to have Phase 4 rolled out in the coming months, with dates for EMIS, Microtest and Vision GP practices to be finalised later (some dates anticipated to be imminently). Specific dates are updated on **NHS Digital's EPS Phase 4 deployment schedule webpage**. As of mid-January 2020, there were 166 TPP GP practices live with a further 230 planned to go live imminently.

EPS Controlled Drugs

The IC24 urgent care prescribing system successfully piloted use of EPS Schedule 2/3 Controlled Drugs during the final weeks of 2019. PSNC contacted community pharmacy contractors within the pilot area to confirm they had no problems with the pilot. IC24 has been granted rollout authority for EPS CDs.

NHS App

The **NHS App** roll-out continues. All practices using TPP or EMIS systems have now been connected. This means that patients at 95% of practices in England are able to use all the features of the NHS App. GP practices using Vision or Microtest systems will be connected on 3rd February 2020.

The NHS App team are working on further features including:

- *EPS nomination selection*: The feature is currently expected to go into piloting during March 2020 (for a pilot).
- *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*: the NHS App team 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: March 2020.

- *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. The first suppliers started to become available through the NHS App from November 2019.
- *Delegated proxy access*: Giving other people secure access to an NHS App account. 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. Planned release: practices using EMIS clinical system have now had proxy access enabled. Practices using TPP clinical system will be switched on soon.
- *Medical record documents*: Providing ability to view letters and documents as part of the detailed medical record. Target release date: January 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).

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