

**Agenda and papers for the Community Pharmacy IT Group (CP ITG) meeting**  
**to be held on 3rd March 2020**  
**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, Sunil Kochhar, Andrew Lane, Fin McCaul, Coll Michaels, George Radford, Ravi Sharma, Craig Spurdle, Iqbal Vorajee and Heidi Wright.

**Secretariat:** Dan Ah-Thion.

**Dial-in details**

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

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 19th November 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. | <b>Views on the next generation of the Electronic Prescription Service (EPS)</b> (pages 3-5) ( <a href="#">Appendix CP ITG 01/03/20</a> )                    | 11:10-11:40 |
| 6. | <b>Community Pharmacy Digital priorities</b> (pages 6-12) ( <a href="#">Appendix CP ITG 02/03/2020</a> )   | 11:40-12:10 |
| 7. | <b>Reasonable Adjustments flag</b> (pages 13-14) ( <a href="#">Appendix CP ITG 03/03/20</a> )  | 12:10-12:20 |
| 8. | <b>Community pharmacy patient medication record (PMR) system survey: selected summary results</b> (pages 15-17) ( <a href="#">Appendix CP ITG 04/03/20</a> ) | 12:20-12:30 |

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|-----|--|-------------|
| 9.  | <b>Pharmaceutical Interface Product (PIP) Codes and data flows across the pharmacy supply chain</b> (page 18-19) ( <a href="#">Appendix CP ITG 05/03/20</a> )  | 12:30-12:50 |
| 10. | <b>Service Finder</b> (pages 20) ( <a href="#">Appendix CP ITG 06/03/20</a> )  | 13:20-13:50 |
| 11. | <b>Updates on other CP ITG work streams: short discussion</b> (on less use of paper, Windows 10 transitions, data security, the upcoming CP ITG IT arrangements survey, a new standards forum, NHSmail shared mailbox aliases survey update) (pages 21-24): ( <a href="#">Appendix CP ITG 07/03/20</a> ) | 13:50-14:25 |

## Report

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|-----|---|-------------|
| 12. | <b>Prescription form changes and amendments to the EPS Dispensing Systems Specification</b> (page 25) ( <a href="#">Appendix CP ITG 08/03/20</a> )  | 14:25-14:30 |
| 13. | <b>NHS Digital workstreams</b> (EPS Phase 4 roll-outs, transfer of patient information) and <b>NHS BSA Real-time prescription charge exemption checking workstream</b> (pages 26-28) ( <a href="#">Appendix CP ITG 09/03/20</a> ) | 14:30-14:45 |
| 14. | <b>For report: updates on other CP ITG workstreams projects</b> (pages 29-35) ( <a href="#">Appendix CP ITG 10/03/20</a> )  | 14:45-14:50 |
| 15. | <b>Post-meeting CP ITG communications and messages</b>  | 14:50-14:55 |
| 16. | <b>Any other business:</b> to include comments about an invitation from Pharmacy Show for CP ITG to present   | 14:55-15:00 |

## Upcoming pharmacy/healthcare IT events

- 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
- 4th-5th September 2020: [ConfedExpo](#), Manchester
- 29th-30th September 2020: [Healthcare Efficiency Through Technology \(HETT\) / UK Health Show](#), London
- 18th-19th October 2020: [Pharmacy Show](#), Birmingham
- Various: [DigitalHealth.net upcoming webinars and events](#)

## Future meetings

- 2nd June 2020
- 1st September 2020
- 19th November 2020
- 9th March 2021 (to be confirmed)

Subject	Views on the next generation of Electronic Prescription Service (EPS)
Date/time of meeting	3rd March 2020: 11:10-11.40
Status	Public
Overview	NHSX is seeking views on the future of EPS and the CP ITG is to further develop its EPS-future document in line with its revised workstream structure.
Proposed action	The group is asked to comment further about views on EPS-future so that feedback can be prepared for sharing with NHSX following the meeting.

**Report:**

- Last year, CP ITG collated lessons and principles for a future generation of EPS and shared those with NHS Digital.
- NHSX will be considering the development options for the EPS system and invites CP ITG to submit fresh comments following its March 2020 meeting.
- During February 2020 a CP ITG sub-group considered the EPS-future feedback gathered during 2019 and aligned this with CP ITG's revised workstreams (which align with the NHSX five missions). A summary version is presented within Summary Appendix 01A/03/20 (below) with a more detailed version available at share-link file Appendix 01B/03/20 ([here](#)).

**CP ITG action:**

- The group is asked to discuss Summary Appendix 01A/03/20 and
  - whether some items should be removed/amended/added;
  - priority and difficulty (feasibility) levels associated with items on the list;
  - on the safety warnings issue mentioned within Appendix 01A/03/20

## Views on the next generation of Electronic Prescription Service (EPS)

Community Pharmacy IT Group (CP ITG) have collated views about the key priority items which could help EPS to progress [NHSX missions](#). Technology should be iterative and keep improving to help those who can benefit from the technology – ultimately the patients. EPS technology is no exception and CP ITG would support developments that build on the huge patient outcome successes of EPS to date. CP ITG have set out priority items categorised into four areas (which also align with NHSX missions): *Infrastructure and adaptability*; *Interoperability and security*; *Reducing burden*; and *Good use and enhancement of EPS*.

### 1. Infrastructure and adaptability

- 1a. Underlying structure was based on concepts from more than 20 years ago** and cannot easily be adapted to enable iterative enhancements should be updated even if various systems would require alignment e.g. reconsideration of Fast Healthcare Interoperability Resources (FHIR) standards compatibility across EPS and its systems and potential benefits to grow adaptability.
- 1b. Current IT strategies outside of sector are moving to increasingly cloud-based solutions.**
- 1c. Spine to be made more adaptable.** Changes to Spine such as those that had begun to be made to Spine during the transition from Spine 1 to Spine 2 were intended to support making the wider EPS system more 'agile', and further changes enabling agility would enable more innovations.
- 1d. Improvements needed to burdensome streamline assurance process** for EPS changes so it is quicker, easier and cheaper for NHS Digital assurance teams and suppliers to progress EPS changes more quickly and introduce additional innovations but safely (the technical challenge and delay with enablement of EPS controlled drugs illustrates the challenge with EPS-upgrades).
- 1e. User comments should be sought prior to EPS changes** by wider circulation of drafted specifications for comment earlier during development (e.g. CP ITG, PMR suppliers etc).

### 2. Interoperability and security

- 2a. EPS or health record compatibility with private prescriptions and over the counter medicines so the EPS or health record is more comprehensive in the patient interest.**
- 2b. Transparency of resilience metrics** (e.g. regular pharmacy systems metrics on availability published onto NHS Digital service status checker page and service status checker webpage moved to a www webpage instead of an nww one).
- 2c. Enable important EPS changes to be pushed out** to pharmacies without their need to manually choose to 'update' (where relevant stakeholders (e.g. CP ITG and NHS Digital) agree).
- 2d. NHS Spine outages have potential to have significant impact on safe and legal supply of prescription medicines.** Spine has been resilient and strong measure are already in place, but as risk of failure has major impact, continued reinforcement is needed to maintain strong continuity.

### 3. Reducing burden

- 3a. The Smartcard process to securely access NHS systems is outdated when compared to processes outside of sector where biometrics are used** (e.g. smartphones / banking online etc.).
- 3b. Smartcard management and usage is time consuming.** Future improvements would enable admin efficiencies in both pharmacy and NHS.
- 3c. More standardisation of Smartcard Registration Authority (RA) policy implementation needed.**
- 3d. Enable paperless prescription processing (mobile devices in pharmacy)** including NHS Digital guidance for pharmacy contractors and pharmacy system suppliers to explain how that can be done securely, with EPS use being possible on mobile devices (an NHS Digital trial has been in progress for a while exploring SCR access on a mobile device within a pharmacy).
- 3e. Enable paperless prescription processing (electronic tokens developed and suitable guidance and standards in place)** (EPS Phase 4 prescriptions and NHS Digital token specification updated to specify electronic token requirements).
- 3f. Repeat prescription management (unless signed up to digital ordering) is too often driven by paper requests,** more use of NHS App and other apps and pharmacy supplier integration with them could join up the process and improve the patient experience.

- 3g. **The EPS prescription has a limit of 4 items, but some patients have more prescriptions than this.** When these arrive at the pharmacy at different times, there is the risk some medicines but not all are passed to the patient. [A caveat: NHS Digital and system suppliers have advised major technical challenges with adjusting the limit, EPS may need to be more amendable for change].
- 3h. **User testing of EPS changes should continue** e.g. NHS Digital should continue to work with EPS users such as those in the CP ITG and the wider pharmacy sector.
- 3i. **Pharmacy teams don't have sight of automated end-to-end sight of processed vs priced prescriptions.** Less time for claiming activities would allow extra time to support patients. There would also be less reliance on waiting for Pricing Authority schedules which arrive relating to medicines dispensed up to three months earlier. Solutions may involve NHSBSA making Manage Your Service system APIs and specifications being made publicly available.

#### 4. Good use and enhancement of EPS

- 4a. **Clinical info should be displayed within or alongside EPS prescription** (may not require big change to EPS itself given such information might be 'pulled' from elsewhere and displayed).
- 4b. **Linear, constrained, electronic prescription information flow between GP to spine to specific pharmacy limiting flexibility** – e.g. a limited feedback loop such as dispensed information (e.g. 'not dispensed' status does not auto-flow to the GP practice system and the patient's record).
- 4c. **Computable dose standards (dose syntax) standards are available but not yet used.** No alignment of GP and hospital standards for dosages. No dose standardisation from GP into pharmacy dispensing systems.
- 4d. **Hospital discharge information and reconciliation currently happens outside of PMR system** adding complexity and increasing risk of info being missed in a critical patient care pathway.
- 4e. **No toggle between manually download prescriptions or auto-pushed downloads** instead there is a focus on a manual 'pull' download system to download new EPS prescriptions into the pharmacy system. Note: Pharmacy systems can enable a scheduled auto-download at set times.
- 4f. **EPS/systems should provide emphasis with supporting synchronisation of medicines in a smooth manner:** system support for medicine timings to be aligned to boost adherence efforts, systems that support synchronisation will support improved patient outcomes.
- 4g. **eRD uptake is low and eRD improvements are needed to make more flexible** (easier to add or remove acute items or adjust treatment periods – for prescriber and pharmacy).
- 4h. **System safety warning messages (EPS ones and others) should be reviewed carefully on ongoing basis to keep these displaying only where necessary** to ensure pop-up messages are kept to a minimum so that when they do appear they are important and can be acted upon.
- 4i. **The electronic 'right-hand-side' prescription area is frequently over-loaded with unnecessary / old information and the specifications relating to this part of the prescription should be improved.** New guidance would also be required if changes are implemented.
- 4j. **Data portability needed for when pharmacies switch to a new system for continuity of care.**
- 4k. **Frequently the EPS nominated pharmacy lacks the visibility of EPS medicines ordered** (via NHS APIs/ NHS App) to address patient queries, e.g. when a medicine hasn't been prescribed in error.
- 4l. **Some GP practices post-date some EPS items despite little guidance supporting this but pharmacies don't yet have early sight of these items.** This delays the time to obtain items within time e.g. medicines in shorter supply.
- 4m. **Limited NHS insight from EPS and dispensing data from spine transactions.**
- 4n. **EPS and systems should enable pharmacy teams to design their own reports in more and more ways** (e.g. age/medicines etc) to enable teams to innovate with patient care methods.
- 4o. **Standardised EPS messages for 'to be collected' and 'delivered' so pharmacies can optionally use these statuses** (which must be easily recordable to keep burden low).

This list has been developed and collated by CP ITG and incorporates pharmacy team feedback and future versions can continue to do so. If you require further information about the list or items on it, or you work within a community pharmacy and want to suggest changes, please contact [it@psnc.org.uk](mailto:it@psnc.org.uk).

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Subject	Community Pharmacy IT Group's digital priority work
Date/time of meeting	3rd March 2020: 11.40-12.10
Status	Public
Overview	The group's revised workstreams and recent digital priorities comments both align with NHSX's five mission: interoperability and security; reducing burden; good use of digital to improve productivity; to improve outcomes; and patient tools.
Proposed actions	<p>The group is asked to comment about the revised workstreams (Appendix CPITG 02A/03/20).</p> <p>The group may discuss Appendix CPITG 02B/03/20 during the meeting: including those top priorities falling under each of the group's five workstream areas.</p>

### Report:

- At the group's November 2019 meeting: the wider group split into smaller subgroups to identify and write down the highest digital priorities as well as how those worked alongside the group's workstreams.
- The group has previously discussed aligning digital priorities work with its workstreams.
- The notes from the mini groups from the previous meeting have informed
  - A revised set of workstreams. These align with NHSX's five mission: interoperability and security; reducing burden; good use of digital to improve productivity; good use of digital to improve patient outcomes; and patient tools. The group's revised workstreams are set out at Appendix CPITG 02A/03/20.
  - A revised set of digital priorities set out at Appendix CPITG 02B/03/20
- Appendices CPITG 02C/03/20 and 02D/03/20 are set out further below for information to assist considerations about digital priorities.

### CP ITG action

- The group is asked to comment on
  - The proposed revised workstreams (Appendix CPITG 02A/03/20).
  - Appendix CPITG 02B/01/20 during the meeting, including the top priorities falling under each of the group's five workstream areas and whether those listed based on the written notes remain suitable or not.

The drafted list of priorities identified so far, is set out below.

## Revised Community Pharmacy IT Group workstream list

**Workstream area 1/5: Interoperability and security: Ensuring information about people's health and care can be safely and securely accessed, wherever it is needed.**

### **WS1a. Supporting the development of interoperability/integration:**

This could be between different community pharmacy systems 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. The group will also support the development; of electronic referral solutions, for referral into and from community pharmacy; and transfer of information passed from and to community pharmacy in a structured manner – ideally via clinical systems e.g. flu vaccine, emergency supply, New Medicines Service, Community Pharmacist Consultation Service notifications from pharmacy to GP systems, smoking cessation referrals from secondary care, interoperability with hospital systems for discharge information etc. The group supports pharmacy systems extracting anonymised information to support evaluation and further development of pharmacy services. The group will keep a watching brief on developments relating to Professional Record Standards Body and group participants may feed into Professional Record Standards Body (PRSB) pharmacy-related work. Relevant webpage(s) include: [psnc.org.uk/interoperability](https://psnc.org.uk/interoperability) and [psnc.org.uk/dosesyntax](https://psnc.org.uk/dosesyntax)

### **WS1b. Supporting NHSmail:**

Work with NHS Digital, promote NHSmail 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. Relevant webpage(s) include: [psnc.org.uk/NHSmail](https://psnc.org.uk/NHSmail)

### **WS1c. Supporting maintenance and demonstration of data security and information governance arrangements:**

Supporting the use of minimum hardware specifications and the development of the Data and Security Protection 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). Relevant webpage(s) include: [psnc.org.uk/ig](https://psnc.org.uk/ig)

**Workstream area 2/5: Reducing burden: Use of digital to reduce the burden on pharmacy teams, so they can focus on patients, and appropriate infrastructure for the task.**

### **WS2a. Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices:**

E.g. tackling issues like frequency of forced password changes, use of alternative credentials (alternatives to Smartcards), multi-login options, for users and changes to support improved patient safety. Additionally, learning and promotion of good practices such as: less use of paper and more WiFi within pharmacies.

### **WS2b. 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](#) and other NHS and wider IT/digital/infrastructure developments will be considered, a watching brief being kept and implications for community pharmacy IT arrangements may be considered. 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 webpage(s) include: [psnc.org.uk/itcontingency](https://psnc.org.uk/itcontingency); and [psnc.org.uk/connectivity](https://psnc.org.uk/connectivity)



**Workstream area 3/5: Good use of digital: Support the use of digital within pharmacy to improve health and care productivity, improve patient safety outcomes and improve cooperation between pharmacy teams and the health and care system.**

**WS3a. Supporting the development of pharmacy systems:**

The group will help with consideration of pharmacy medication records (PMR) systems usability, interoperability for pharmacies and Community Pharmacy Contractual Framework (CPCF) and the five year framework. The work can 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 – importantly to become increasingly patient-focussed and the group will maintain the list of commonly requested features. The group intends to keep a watching brief on potential regulatory changes that may impact pharmacy IT Relevant webpage(s) include: [psnc.org.uk/systems](https://psnc.org.uk/systems)

**WS3b. Supporting EPS and its enhancements:**

The group are to support NHSX, NHSE&I, NHS Digital and others by continuing to develop and share their views on the next generation of EPS. Real-time exemption checking, support of Phase 4 roll-outs, improving the efficiency of eRD (electronic Repeat Dispensing) workflows 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 optimisation log. Relevant webpage(s) include: [psnc.org.uk/eps](https://psnc.org.uk/eps)

**WS3c. Signposting to the Community Pharmacy Patient Safety Group (CPPSG):**

CP ITG may signpost newly emerging patient safety items (with a digital aspect) for CPPSG's consideration as/if needed. Relevant webpage(s) include: [CPPSG](#).

**Workstream area 4/5: Patient tools: Support enabling patients to be able to choose digital tools to access medicines information and pharmacy services directly, so they can receive the best outcomes, recognising the need to also remain inclusive for all patients.**

**WS4a. Consider the development of apps, wearables and technologies in healthcare:**

Consider the development of guidance and 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. Relevant webpage(s) include: [/apps](#)

**Workstream area 5/5: Set out roadmap priorities: Development and promotion of a wider community pharmacy digital roadmap / vision.**

**WS5a. To support useful and usable IT beyond pharmacy PMR systems and EPS.**

The group will conduct further work to develop its vision which should align with its workstreams and the NHSX five missions. The roadmap should demonstrate the value to patients if the pharmacy digital vision is fulfilled. The digital roadmap should incorporate a wide range of feedback from the sector. The group will also seek pharmacy system supplier input and support as to those roadmap items which are more feasible within the nearer future for pharmacy systems.

*Note: The group and its participants should also individually and collectively seek to communicate out to community pharmacy teams in relation to making the case for progress against workstream areas or reporting on the progress and future of workstreams. Note that: Community pharmacy digital capabilities issues may be able to be dealt with by Pharmacy Digital Forum which includes membership from pharmacy organisations and others. Falsified Medicines Directive (FMD) work is led by the Community Pharmacy UK FMD Working Group's activity; that group may seek assistance from the CP ITG if required (relevant webpage(s) include: [FMD Source](#) from FMD group).*

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## Revised Community Pharmacy IT Group digital priorities list

### Workstream area 1/5: Interoperability and security: Ensuring information about people's health and care can be safely and securely accessed, wherever it is needed

- **Records** (e.g. Local Health and Care Records and other information): read and write ability
  - such as auto-view of diagnosis to assist pharmacist and patient discussion
- **Standards:** PMR and other pharmacy systems to use standards (e.g. PRSB)
  - Notifications from pharmacy systems to GP systems start with flu vaccination data but quickly progress to include emergency supply information, Community Pharmacist Consultation Service, New Medicines Service and so on.
  - Interoperability with hospital systems - enabling receipt of structured discharge information.
  - Computable dose standards (dose syntax).
  - Growth of PRSB pharmacy information flows datasets.

### Workstream area 2/5: Reducing burden: Use of digital to reduce the burden on pharmacy teams, so they can focus on patients. Appropriate infrastructure is also necessary to best reduce burden.

- **Ease authentication and notifications** e.g. single-sign in systems and master log-ons, Smartcard alternatives, single interfaces to gather various info needed etc
- **Ensure future technology is usable** i.e.:
  - **Continues to be user tested** - involve CP ITG and pharmacy teams with testing things with dummy or real logins etc so they can comment
  - **Suggestions by the group about how various systems should support workflow prioritisation** e.g. to ease rather than add to workload e.g. notifications/emails, digitally-booked appointments, towards supporting current and future increased referrals from other sectors (Hospital, GP, NHS111 etc) given this is continuing direction of travel
  - **Consider how to introduce less need for use of paper** (e.g. with RTEC, good practices, more mobile devices etc).

### Workstream area 3/5: Good use of digital: Support the use of digital within pharmacy to improve health and care productivity, improve patient safety outcomes and improve cooperation between pharmacy teams and the health and care system (including PMRs, EPS, safety)

- **Further expansion of development and integration of existing and future tools** (or appearance of integration) for SCR, EPS etc. (whether the tools are NHS or otherwise).
  - **Consider further EPS enhancement** for medium and long term and ensure views continue to be fed to relevant place (including NHSX). Support making EPS more adaptable so enhancements are easier. Explore how to best make case or quantify patient outcome benefit with EPS enhancement.
- **Make systems more patient focussed** with suitable information suitably displayed to maximise the impact of each interaction between a pharmacy team member and a patient. Enable the quick recording of patient's information they expect to be recorded.

**Workflow area 4/5: Patient tools: Support enabling patients to be able to choose digital tools to access medicines information and pharmacy services directly, so they can receive the best outcomes, recognising the need to also remain inclusive for all patients**

- *Group discussion:*

- To what extent does the group seek to prioritise its support for:
  - i. more patient tools of NHS and pharmacy variety to meet patients' current and future expectation?
  - ii. CP ITG support for patient tools which are usable and inclusive [where the pharmacy has appropriate place to influence]
- Does the group support or influence a roadmap item in which: group to support enabling of specific pharmacy-related features (e.g. medicines reminders, record keeping dispensed as well as prescribed history –including pharmacy info supplied digitally) in future or will this be left to pharmacy contractors and CP ITG member organisations?

**Workstream area 5/5: Set out roadmap priorities: Development and promotion of a wider community pharmacy digital roadmap / vision.**

- Align this area and other areas further to the pharmacy five-year framework.
- Continue work to develop views on roadmap items and vision.

### Notes from sub-group discussion in Word art format

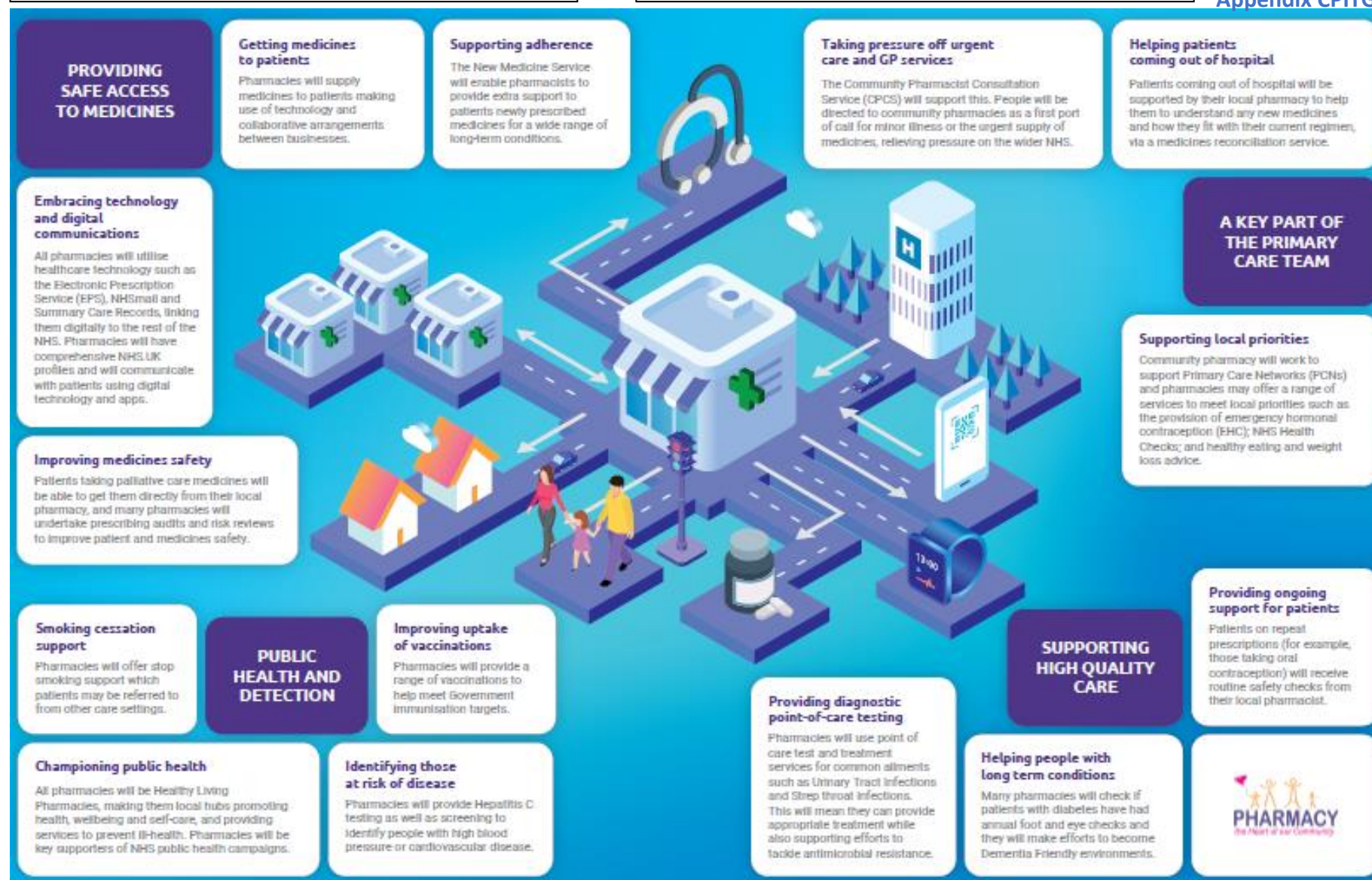
At the November 2019 meeting subgroups discussed and wrote down some top priorities within key areas. The typed notes are set out below within a word diagram. These notes have also informed this appendix.



## Infographic for information: Community Pharmacy: 2019/20 to 2023/24

This infographic is reproduced below to assist digital priority considerations at the March CP ITG 2020 meeting and beyond.

Appendix CPITG 02C/03/20



## For information: Community Pharmacy Contractual Framework service development grid and IT implications/preparations

This grid is reproduced below to assist digital priority considerations at the March CP ITG 2020 meeting and beyond. It continues to illustrate 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.	<b>Community Pharmacist Consultation Service (CPCS) - NHS 111 referrals</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	<b>GP CPCS pilot</b>	✓	✓							
3.	<b>GP CPCS implementation</b>		✓	✓	✓	✓	✓	✓	✓	✓
4.	<b>NHS 111 Online CPCS pilot planning and implementation</b>	✓	✓	✓						
5.	<b>NHS 111 Online CPCS implementation</b>		✓	✓	✓	✓	✓	✓	✓	✓
6.	<b>Urgent Treatment Centre CPCS pilot</b>				✓	✓				
7.	<b>Urgent Treatment Centre CPCS implementation</b>						✓	✓	✓	✓
8.	<b>Palliative care medicines service pilot planning and implementation</b>		✓	✓						
9.	<b>Palliative care medicines service implementation</b>				✓	✓	✓	✓	✓	✓
10.	<b>All pharmacies to be Health Living Pharmacy (HLP) Level 1</b>		✓	✓	✓	✓	✓	✓	✓	✓
11.	<b>Hypertension and Atrial Fibrillation (AF) case finding pilot planning and implementation</b>	✓	✓	✓						
12.	<b>Hypertension and AF case finding service implementation</b>				✓	✓	✓	✓	✓	✓
13.	<b>Stop smoking referrals from secondary care pilot planning and implementation</b>	✓	✓	✓						
14.	<b>Stop smoking referrals from secondary care implementation</b>				✓	✓	✓	✓	✓	✓
15.	<b>Point-of-Care-Testing (POCT) and treat for common ailments pilot planning and implementation</b>	✓	✓	✓						
16.	<b>POCT and treat for common ailments implementation</b>				✓	✓	✓	✓	✓	✓
17.	<b>Hepatitis C testing service</b>	✓	✓	✓						
18.	<b>Medicines Use Review (MUR) phase out</b>	✓	✓	✓						
19.	<b>Medicines reconciliation service</b>		✓	✓	✓	✓	✓	✓	✓	✓
20.	<b>Discuss and agree expanded scope of New Medicine Service (NMS) to other therapeutic areas</b>				✓	✓	✓	✓	✓	✓

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Subject	Reasonable Adjustments flag (RAF) update
Date/time of meeting	3rd March 2020: 12.10-12.20
Status	Public
Overview	RAF piloting continues within Gloucestershire and Devon.
Proposed actions	The group is to be updated and will be asked to comment on the Reasonable Adjustments Flag drop-down portion wording.

**Report:**

- NHS Digital began piloting visibility of RAF within the online SCRa portal from summer 2019. This was used for patients with learning disabilities in Gloucester and Devon. This pilot continues to test the technology behind the flag and gather feedback from staff, patients and carers.
- 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. A more detailed explanation of RAF was provided with screenshots, within the previous SDS agenda papers.
- The RAF is no longer branded as 'SCR RAF' because it is not part of the SCR but is its own record held on the central NHS Spine.
- 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 suggest the patient may require MDS from a community pharmacy team as a reasonable adjustment; and
  - supporting the piloting and future use of the flag, with it potentially having uses if visible within pharmacy systems.

**CP ITG action:**

- The group is asked to provide feedback on the RAF drop-down options. The options are set out within the tables below. Points of likely interest to members are highlighted italicised, underlined, bolded and highlighted yellow – within the last table).

Impairments used in the Reasonable Adjustment (flag) Record	Display Item
Impairments as defined in the Equality Act	Autism Developmental conditions (excluding autism) Dementia Learning disability Mental Health Condition Physical disability Sensory disability - such as sight, hearing or verbal Long-term condition Patient would prefer not to say

There is also an associated supporting free text field for each item.

Category	Code descriptions	Further Code descriptions
<b>Accessible Information Communications support</b>	Does lip read Does use communication device Does use hearing aid support Preferred method of communication written	Uses a non-speech system for communication Uses AAC (augmentative and alternative communication) Uses speech to text reporter

	Uses a citizen/legal advocate Uses alternative communication skill Uses British sign language Uses cued speech transliterator Uses deafblind intervener Uses Deafblind Manual Alphabet Uses electronic note taker Uses lip speaker Uses Makaton sign language Uses manual note taker Uses personal audio recording device to record info Uses Personal Communication Passport Uses sign language Uses alternative and augmentative communication	Uses augmentative and alternative communication Uses functional communication skills Uses gestures for communication Uses technology communication device Uses non-powered communication device Uses non-verbal communication Uses objects for communication Uses photographs for communication Uses powered communication device Uses symbols for communication Uses verbal communication Uses voice amplifier to support communication Uses voice output communication aid Uses telecommunications device for the deaf
<b>Accessible Information requires communication professional</b>	British Sign Language interpreter needed Hands-on signing interpreter needed Makaton Sign Language interpreter needed Needs an advocate Requires deafblind block alphabet interpreter Requires deafblind communicator guide Requires deafblind haptic communication interpreter	Requires deafblind manual alphabet interpreter Requires lip speaker Requires manual note taker Requires sighted guide Requires speech to text reporter Sign Supported English interpreter needed Visual frame sign language interpreter needed
<b>Accessible Information requires specific contact method</b>	Requires audible alert Requires contact by email Requires contact by letter Requires contact by short message service text message Requires contact by telephone	Requires contact by text relay Requires contact via carer Requires tactile alert / Requires visual alert
<b>Accessible Information Requires specific information format</b>	Requires healthcare info recording on own audio device Requires information by email Requires information in contracted (Grade 2) Braille Requires information in Easy read Requires information in electronic audio format Requires information in electronic downloadable format Requires information in Makaton Requires information in Moon alphabet	Requires information in uncontracted (Grade 1) Braille Requires information on audio cassette tape Requires info on CD or DVD Requires info on USB mass storage device Requires information verbally Requires third party to read out written information Requires written info in point sans serif font of 20/24/28+
<b>Additional communications support</b>	Difficulty analysing information Uses apps on mobile device to support communication Uses Tadoma method for communication Uses switches for communication Requires appointment reminders Has My Healthcare Passport	Expresses pain atypically Requires carer to be present at encounters Difficulty processing information at normal speed Difficulty processing information accurately Needs assistance with communication

Category	Code descriptions	Further Code descriptions
<b>Languages support</b>	Abkhazian language interpreter needed	[200+ language related codes...]
<b>Additional support</b>	Has appointed person with personal welfare lasting power of attorney (Mental Support Capacity Act 2005) Requires constant supervision Unsafe to be left alone <b>•Needs assistance with medication regimen adherence</b>	Care to be delivered in consultation with carers Requires enhanced discharge planning Requires extra staff resource for sensory impairment Requires extra staff resource for physical impairment Requires extra staff resource for mental impairment
<b>Individual Care Requirements</b>	Has anticipatory care plan <b>•Uses dispensed monitored dosage system</b> <b>•Self-care deficit for medication management</b> <b>•Needs assistance with medication regimen adherence</b> Requires priority appointment Patient requires minimal waiting time between arrival and being seen Preference for male healthcare professional Preference for female healthcare professional	Requires first appointment Requires Last Appointment Requires home visits where possible Requires extended appointment Requires distraction for any procedure Requires familiarisation for procedures Requires familiarisation with environment of care Needle phobia Dependence on seeing eye dog Has anxiety related to clinical settings
<b>Adjustments to the environment</b>	Requires low noise environment / Noise intolerance Requires single room during inpatient care Requires wheelchair access	Requires low light environment Photophobia Eyes sensitive to light
<b>Bespoke Reasonable adjustments</b>	Requires reasonable adjustments for health and care access (Equality Act 2010)	~

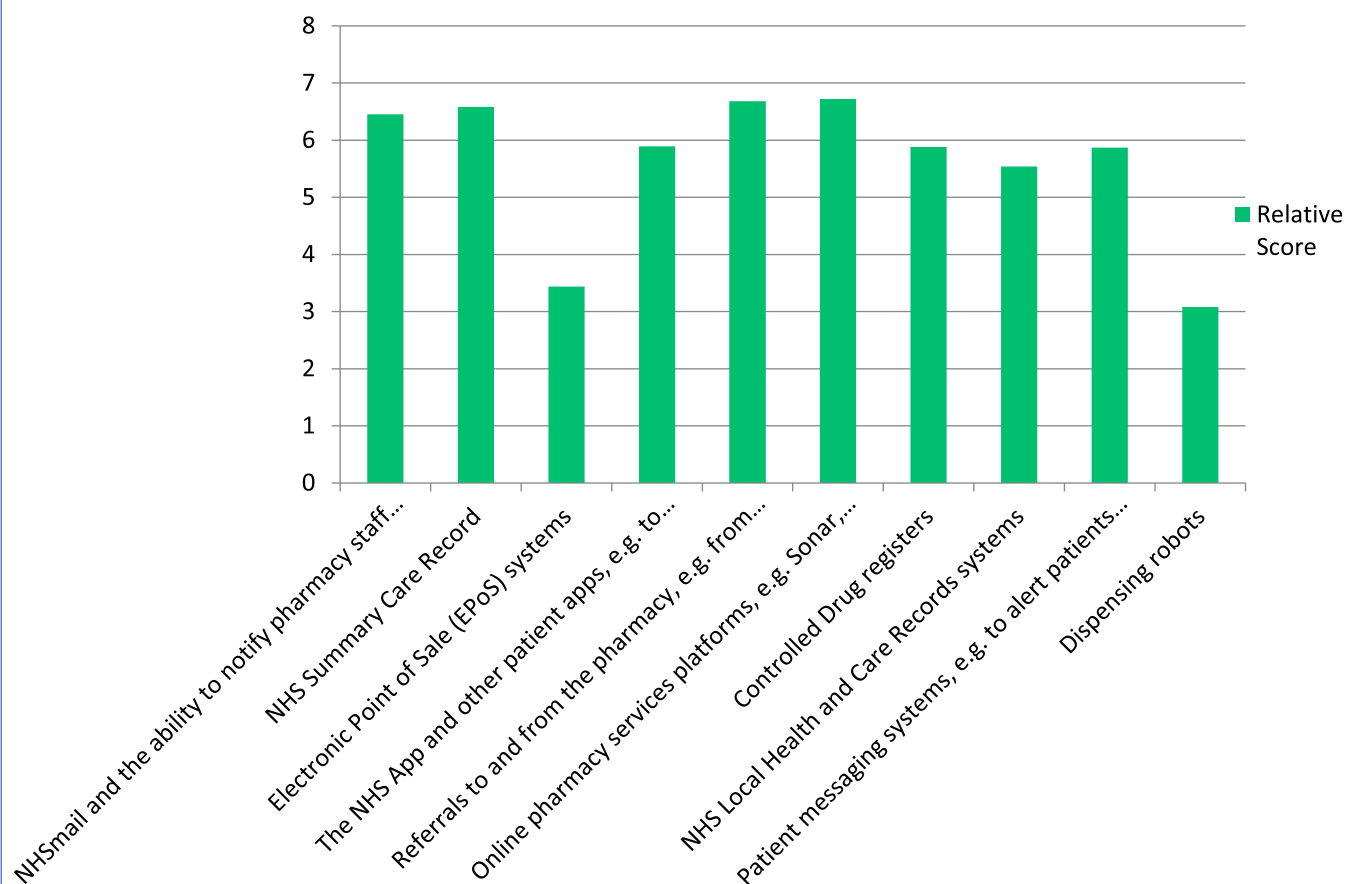
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Subject	Community pharmacy patient medication record (PMR) system survey: Some initial summary analysis
Date/time of meeting	3rd March 2020: 12.20-12.30
Status	Public
Overview	The group are to receive an update regarding selected summary analysis.
Proposed actions	The group are to consider these and the further results. PMR suppliers are asked to also carefully consider those system specific datasets they will receive after the March CP ITG meeting.

### Report:

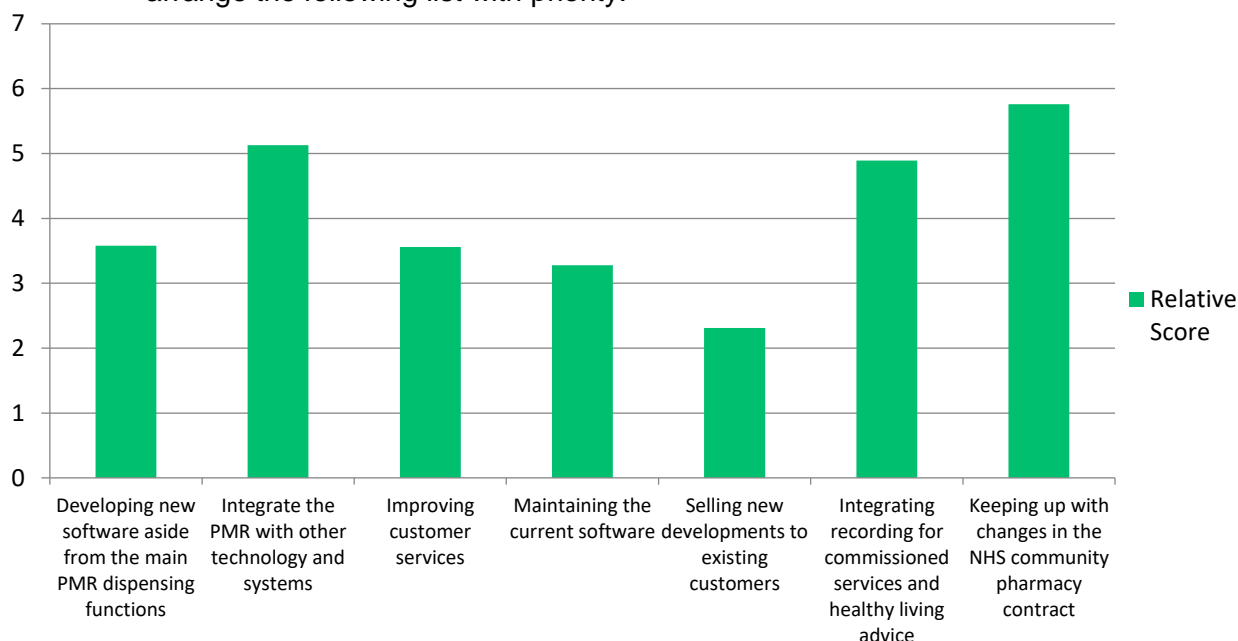
The group launched its survey in the autumn to gather the views of community pharmacy teams about their PMR systems and which enhancements they would like to see prioritised. The survey closed during late February 2020. A few of the early results are set out within this appendix.

Question: Interoperability (different IT systems working seamlessly together) is a feature being developed in many healthcare IT systems. What PMR interoperability would you prioritise? Please arrange the following list with highest priority at the top

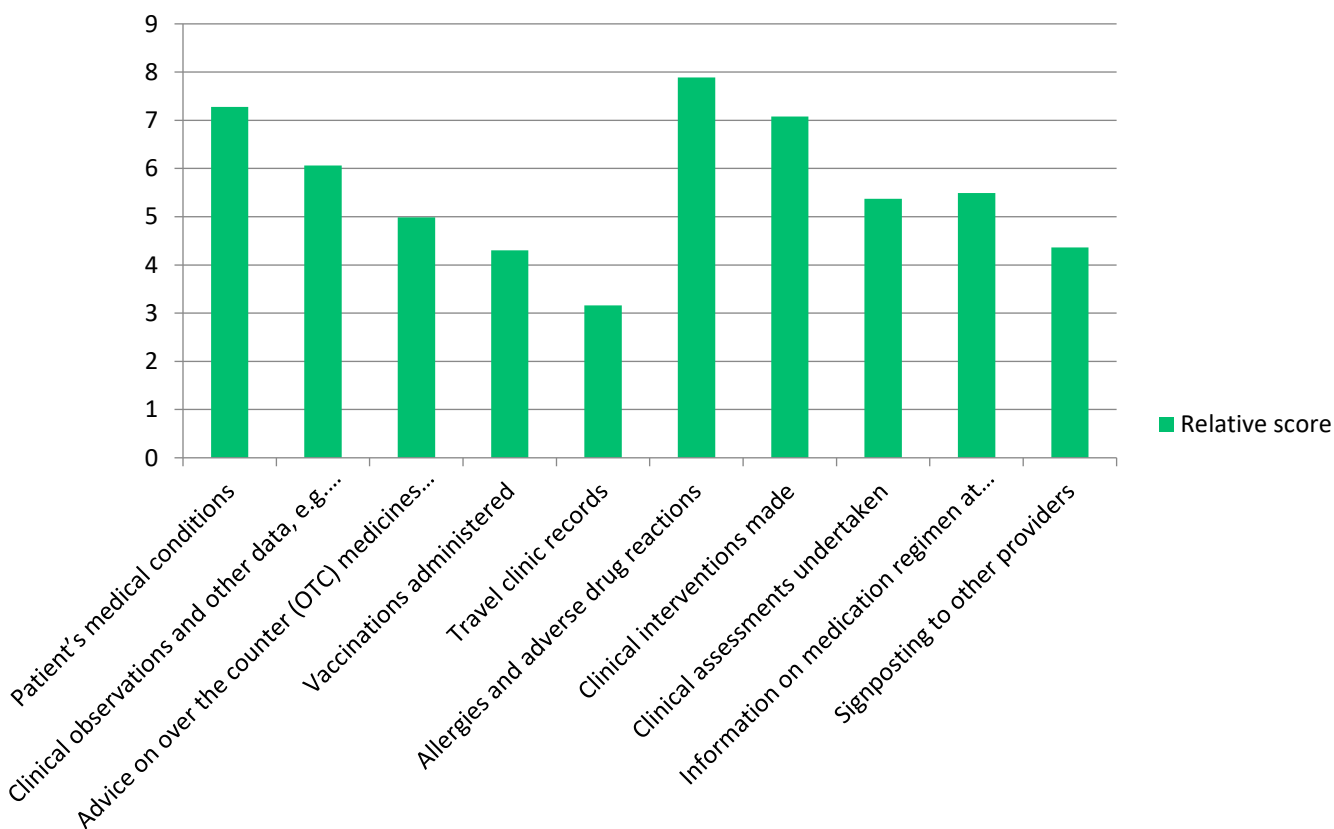




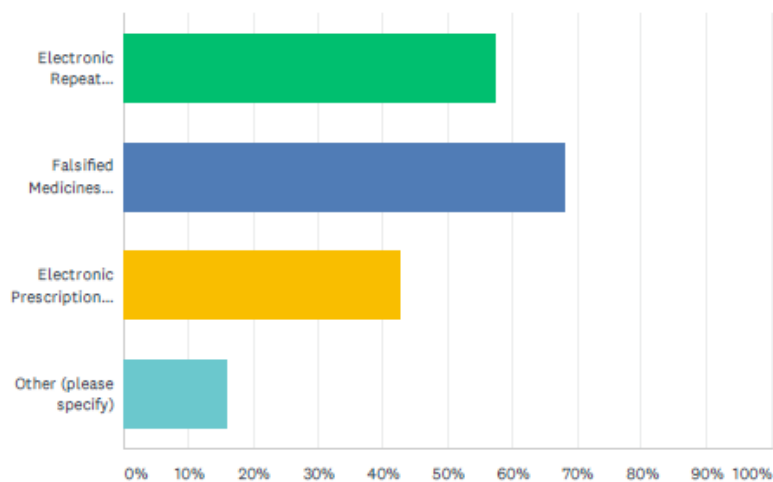
Question: Where do you think the focus for your PMR supplier should be over the next few years when developing your PMR system? Please arrange the following list with priority:



Question: Many PMR systems allow the display and recording of clinical information in patients' records. Please arrange the following list with the most useful clinical information at the top and the least important at the bottom:



Q What topics would you like to receive training on in the future?



**Comments about desired features included**

- *"Text messages to patients"*
- *"Highlighting NMS patients"*
- *"Fewer pop-ups"*

**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"*

**CP ITG action:**

- PMR suppliers are asked to also carefully consider those system specific datasets they will receive after the March CP ITG meeting.

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Subject	Pharmaceutical Interface Product (PIP) Codes and data flows across the pharmacy supply chain
Date/time of meeting	3rd March 2020: 12.30-12.50
Status	Public
Presenters	National Pharmacy Association (NPA) and/or Chemist + Druggist (C+D)
Overview	This paper provides an update about PIP codes and pharmacy supply chain data flows.
Proposed action	The group will consider this information, the infographic and the question listed.

**Report:**

The [PIP](#) Code database is currently used across the pharmacy supply chain for product ordering purposes. The licensing rights for the database are co-owned by C+D and the NPA.

In recent months C+D and the NPA have heard from several areas of the industry about the need for one central data repository to help increase efficiencies around data input, data flow, coding and general supply chain activity.

Alongside introducing any potential efficiencies, there is a need for all the unique coding systems in operation to be able to continue working. Therefore, this central database would need to include them all and allow them to work individually as well as concurrently.

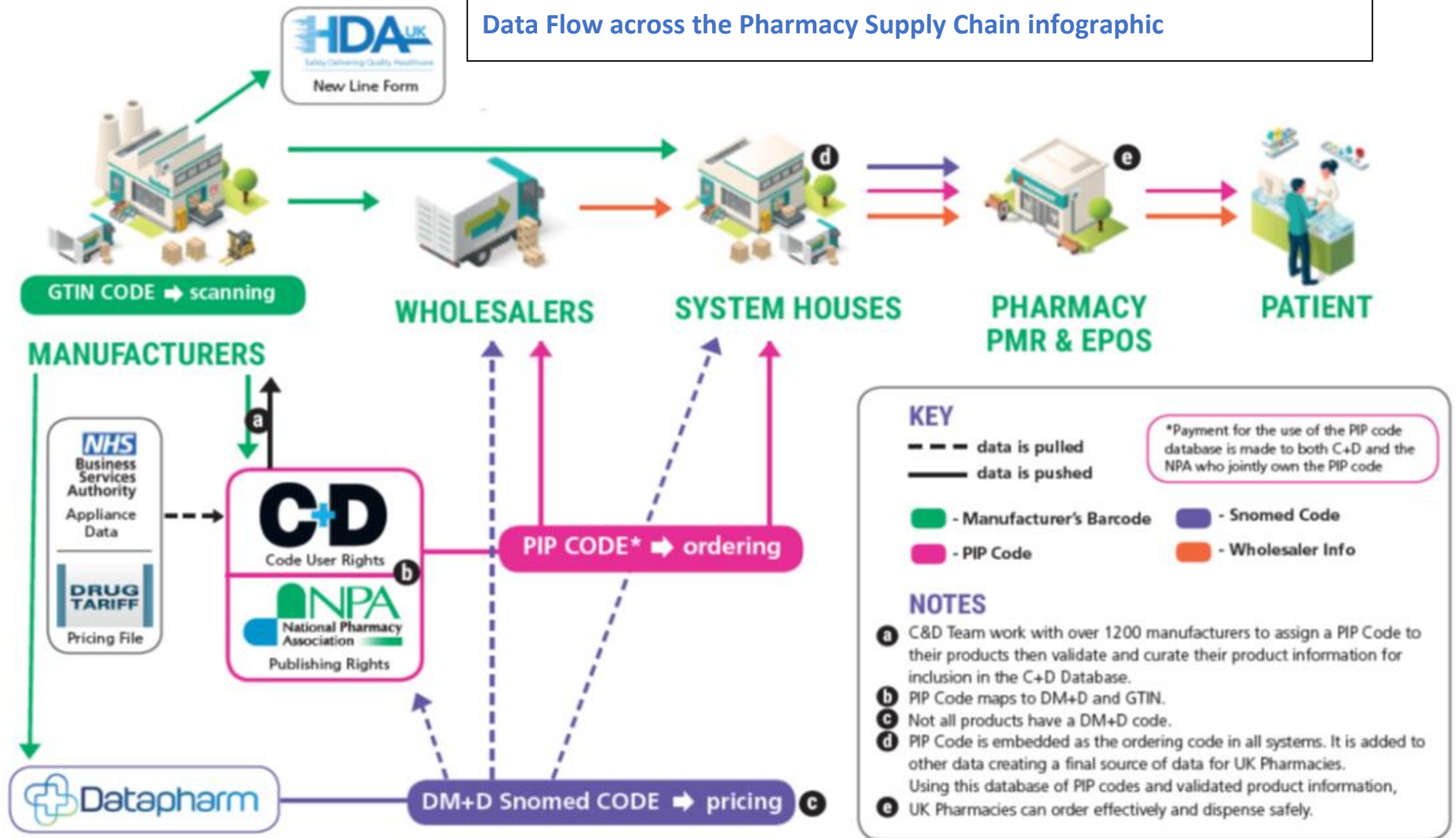
As a data provider at the heart of the supply chain, C+D and the NPA are investigating what this might look like and if it is possible. As a starting point, it has become clear that there is a need to educate the sector on the flow of data throughout the supply chain before anything can be streamlined. We are therefore asking all key stakeholders for their input, agreement and feedback on the following draft infographic which shows the flow of data throughout the pharmacy supply chain.

This infographic will be used across the supply chain with different stakeholders to ensure that there is one consistent view of different data flows and so it is important that it is accurate.

**CP ITG action:**

- Is the information presented on the infographic below technically accurate? Are there further comments?

## Data Flow across the Pharmacy Supply Chain infographic



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Subject	Service Finder
Date/time of meeting	3rd March 2020: 13.20-13.50
Status	Public
Overview	This paper provides an update about the Service Finder tool which uses Directory of Services (DoS) information to enable health and care staff to find out information about other health and care organisations.
Proposed action	The group are to be updated about the tool and there will be an opportunity to discuss the tool with the Service Finder team.

### Report:

- After the group's November 2019 meeting, the group were invited to register (using the [Service Finder link](#) and selecting 'Register' – and a drafted registration factsheet was emailed to the group after the previous meeting. Sign-up is particularly quick if you have NHSmail but even those without NHSmail within CP ITG have been invited to sign-up by mentioning pharmacy / Community Pharmacy IT Group [please contact Dan Ah-Thion if you experience registration issues so he can contact the Service Finder team].
- The group are able to test out the tool and provide feedback to [it@psnc.org.uk](mailto:it@psnc.org.uk) so it can be collated and passed to the Service Finder team.

Early feedback so far had included that:

- An extra login/registration continues to be required this will be a major barrier preventing greater and wider usage (e.g. compared with 'login with my NHSmail details' or an alternative).
- The tool is helpful especially if quick e.g. To look-up the non-public GP practice phone number after a prescription error or the 'forward org details via email' feature e.g. when signposting to an urgent dentist for tooth pain. SF info within pharmacy / other systems could increase usage.
- Connect each SF 'service' to the organisation's [Organisation Data Service](#) (ODS) code, the unique identifier (given postcode etc is not unique to a pharmacy). Include the ODS code within profiles and enable searching by ODS code. ODS codes increasingly support new flows of information.
- The 'I signposted a patient to an organisation' could be recorded electronically one day (to Spine?) and made visible to others e.g. the organisation's shared NHSmail box, or a structured message.
- Grant each organisation profile a master profile with service profiles sitting under enable search by ODS – potentially requiring changes to Directory of Services (DoS) (beyond SF use of DoS info).
- There are many 'clicks' necessary and screens to navigate now in order to reach info such as GP practice non-public phone details. Could a 'pharmacy' option be made available?
- The tool could be very useful especially once there is full coverage of health organisations listed within the tool. Many organisations (e.g. GP practices and community pharmacies) won't yet be listed until local DoS leads have fully input info into the right place.

### CP ITG action:

- The Service Finder team will update the group and need to hear comments about the tool and its future use.

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Subject	Updates on other CP ITG work streams: short discussion
Date/time of meeting	3rd March 2020: 13.50-14.25 (five minutes for each sub-topic within appendix)
Status	Public
Overview	This appendix provides a progress report on some of the other work plan areas. The group members are asked to consider the reports, and briefly discuss these matters in line with the actions set out.
Propose action	The group members are asked to consider the reports, and briefly discuss these matters in line with the actions set out further below.

### Less use of paper within pharmacy

#### **Report:**

- The group's workstream continues to support less use of paper, however pharmacy teams continue to report considerable use of paper and printing for reasons such as: to enable prescription information to move around the pharmacy given limited space for PMR terminals.

#### **CP ITG action:**

- Identify one or more volunteer pharmacy contractors within CP ITG to trial at their pharmacy premises activities to reduce their use of paper processes and report back at the next meeting.

Lessons learned from this trial would inform the drafting of guidance for contractors. David Broome already operates with minimal printing in his pharmacy and he is happy to provide phone support to the volunteers to discuss adaptation of workflows and procedures etc.

### The NHS Community Pharmacist Consultation Service (CPCS) and IT arrangements

#### **Report:**

- The NHS Community Pharmacist Consultation Service (CPCS) launched during late 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.

#### CP ITG action:

- Comment on the developments and system suppliers may provide updates.

### Operating systems (including Windows) transition

#### Report:

- The group published its [Windows 7/10 transition guidance](#) during Autumn 2019.
- Microsoft withdrew free Windows 7 support expired during January 2020.

#### CP ITG action:

- Provide feedback on any developments since the publication of the guidance; and
- Comment on whether upcoming [Windows deadlines listed by Microsoft](#) will impact contractors.

Windows 10 version history	Date of availability	End of service for Home, Pro, Pro Education, and Pro for Workstations editions	End of service for Enterprise and Education editions
Windows 10, version 1909	November 12, 2019	May 11, 2021	May 10, 2022**
Windows 10, version 1903	May 21, 2019	December 8, 2020	December 8, 2020
Windows 10, version 1809	November 13, 2018	May 12, 2020	May 11, 2021**
Windows 10, version 1803	April 30, 2018	November 12, 2019	November 10, 2020
Windows 10, version 1709	October 17, 2017	April 9, 2019	April 14, 2020

Windows 10 version history (Enterprise LTSC/LTSB editions)	Date of availability	Mainstream support end date	Extended support end date
Windows 10 Enterprise LTSC 2019, Windows 10 IoT Enterprise LTSC 2019	November 13, 2018	January 9, 2024	January 9, 2029
Windows 10 Enterprise 2016 LTSB, Windows 10 IoT Enterprise 2016 LTSB	August 2, 2016	October 12, 2021	October 13, 2026
Windows 10 Enterprise 2015 LTSB, Windows 10 IoT Enterprise 2015 LTSB	July 29, 2015	October 13, 2020	October 14, 2025



## Data Security and Protection Toolkit (Toolkit) update

### Report:

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](https://psnc.org.uk/igtemplates).
- During February: PSNC, with the NHS Digital Toolkit team presented a [Toolkit \(2019/20\) webinar \(now available on-demand\)](#).
- PSNC also hosted a meeting with the PMR suppliers and NHS Digital, to help the PMR suppliers with their preparation of PMR-specific guidance for contractors.

### CP ITG action:

- Signpost community pharmacy teams to the guidance and the Toolkit.
- If you would like to feed in to the development of the proposed 2020/2021 question set, please email [it@psnc.org.uk](mailto:it@psnc.org.uk).

## IT arrangements/infrastructure survey

### Report:

- The final draft of the CP ITG IT arrangements and 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 now that the CP ITG PMR preferences survey has closed.

### CP ITG action:

- The group are invited to make final comments about the survey - either during the meeting or by email ([it@psnc.org.uk](mailto:it@psnc.org.uk)) by the 17th March 2020. The draft can be seen at this link: [Draft of the CP ITG IT arrangements and infrastructure survey](#).
- Support the promotion of the survey once it is published.

## SNOMED Implementation Forum

### Report:

- The SNOMED-CT Implementation Forum meets each quarter. This group acts as a user/stakeholder group to monitor the implementation of SNOMED and dm+d in NHS systems and to highlight current and potential future issues. Most attendees join remotely.
- Stephen Goundrey-Smith attended the most recent meeting for RPS and may provide a verbal update about the recent meeting.

### CP ITG action:

- System suppliers are asked whether they could appoint at minimum one representative to attend on behalf of all the pharmacy system suppliers to help ensure SNOMED-CT developments may work for pharmacy sector and to report back key points at future CP ITG meetings (or virtually between CP ITG meetings). Please contact Dan Ah-Thion or Stephen Goundrey-Smith ([it@psnc.org.uk](mailto:it@psnc.org.uk)) by the 17th March 2020.

## NHSmile and shared pharmacy mailbox email address aliases

### Report:

- PSNC met with NHS Digital's NHSmile team in November 2019 and discussed the draft NHSmile questionnaire prior to its December publication which had asked about email aliases.
- PSNC has continued to receive feedback that the shared NHSmile 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 linked to the pharmacy mailboxes following feedback from pharmacy teams and from CP ITG.
- The NHS Digital questionnaire published in December 2019 provided an opportunity for community pharmacy, dentistry and social care NHSmile users to provide feedback and express their preferences. All three sectors use a similar naming convention and NHSmile directory system.

### CP ITG action:

- NHS Digital will further consider the survey results and potential next steps. Development would be required to enable an automated alias system, e.g. enabling each pharmacy to have an alias: e.g. [nhspharmacy.\[ODS code\]@nhs.net](mailto:nhspharmacy.[ODS code]@nhs.net). Depending on the survey results and comments these may help to justify the further development required to enable a new system so that each pharmacy has an alias. CP ITG is to be further updated once the survey results have received some analysis - either at the March 2020 meeting or after (by email).
- NHSmile team plan to dial-in to the CP ITG March meeting to provide an early update for the group – although survey results have not yet been published.

## Falsified Medicines Directive (FMD) survey

### Report:

- University of Oxford are studying the impact of FMD on IT and processes within community pharmacy. PSNC have discussed the topic with the lead researcher.

### CP ITG action:

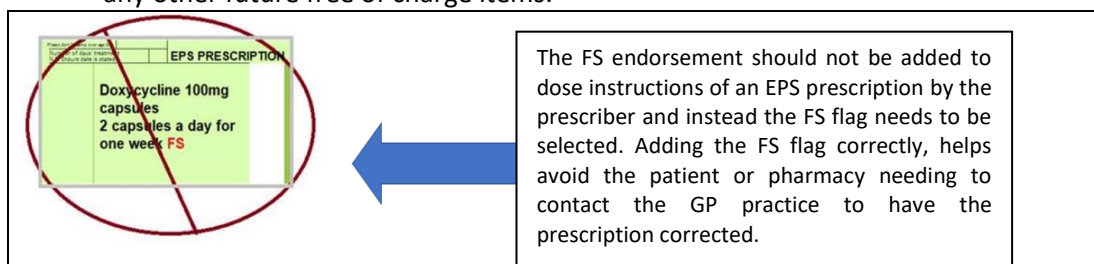
- Community pharmacy professionals are invited to complete the [University of Oxford community pharmacy FMD survey](#) to express their views.

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Subject	Prescription form changes and amendments to the EPS Dispensing Systems Specification
Date/time of meeting	3rd March 2020: 14.25-14.30
Status	Public
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 to allow the free of charge supply of medicines in certain circumstances, e.g. the treatment of sexually transmitted infections. PMR suppliers have been updated with new information before the meeting.
Proposed action	None.

### Report:

- New NHS prescription forms and EPS Tokens have been introduced in England since January 2020.
- Guidance was made available: [Update for community pharmacy teams: FP10 Update - Changes to NHS prescription forms and EPS Tokens](#).
- The EPS implications have been discussed during recent meetings and the NHS Digital specifications have been discussed as well since spring 2019.
- Following user testing undertaken by the Department for Health and Social Care (DHSC) and NHS Business Services Authority (NHSBSA), with stakeholder consultation, the layout of the FP10 NHS paper prescription form was amended to make it clearer for patients and dispensers within the limits of the paper size and legal requirements.
- Summary of Feedback about the prescription changes included
  - Pharmacy system suppliers need plenty of notice ahead of changes to prepare.
  - The new free of charge categories could receive a new category code to maintain some simplicity even though they will not be selectable on the paper prescription form.
  - Contractors fed back that helpful for pharmacy system to use logic to reduce the complexity exposed to pharmacy teams. There will be guidance for prescribers to separately prescribe free of charge items, however for those prescriptions which have 2 items: a free of charge item plus a non-free of charge prescription on the same prescription, it will be helpful that the pharmacy system will not auto-select 'paid' given another exemption may apply.
  - Some PMR systems may hide the ability select the 'contraceptive category code 0017' if they are not already, because this can be applied in an automated fashion to reduce complexity for system use by pharmacy teams. Similar could be done for the FS items and any other future free of charge items.



- Pharmacy system suppliers can feed further specification comments to NHS Digital.

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Subject	NHS Digital and NHS BSA 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	3rd March 2020: 14.30-14.45
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	None.

### EPS Schedule 2 / 3 Controlled Drugs

#### Report:

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.

#### Next steps:

- IC24 has been granted rollout authority for EPS CDs. Additional urgent prescriber systems may also go live with EPSD CDs in due course.
- EPS CDs and the Microtest GP practice system: NHS Digital is supporting, the GP practice Microtest, which is hoping to progress their piloting of EPS CDs to their (approx.) 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 GP practices which use the Microtest GP system.

### EPS Phase 4

#### Report:

- 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).
- As of mid-February 2020, approx. GP practices live with EPS Phase 4 are:

GP system supplier	No. of practices live with EPS Phase 4 as of mid-February 2020
SystmOne (TPP)	364 TPP GP practices live with a further xxx practices planned to go live in coming few months.
Evolution (Microtest)	4
EMIS Web (EMIS Health)	28 with further practices anticipated to go live during April 2020
Vision (InPS)	3

- 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.

- 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.

#### Next steps:

- The group should continue to use its networks to support the roll-out and 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.
- NHS Digital anticipate that more EMIS GP practices are anticipated to go live from April 2020.

#### Transfer of patient information

#### Report:

- Since mid-October 2019 pharmacies in Leeds began successfully sending electronic flu vaccination notifications to GP practices as part of an NHS Digital pilot. During November this was expanded to additional testing sites within the North. Following the successful pilot, PharmOutcomes and SystmOne expanded to national roll-out from mid-December 2019.
- The notifications continue to be 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.
- Community Pharmacy IT Group at its November meeting break-out session covering views on digital priorities, provided written comments about its top priorities, and a review of those notes establishes the group strongly support and expansion of these notifications and the important NHS Digital work growing interoperability and less use of paper across the system by progressing this. The group encourage pharmacy system suppliers to seek ways to make use of these and future notifications as rollout options occur and if they do e.g. emergency supply, flu vaccination, other vaccinations, Community Pharmacist Consultation Service, New Medicines Service, etc.

#### Next Steps:

- NHS Digital continues to work with several system suppliers:
  - to further pilot and then rollout the flu vaccination notification functionality later in the year onto other systems; and
  - on emergency supply notifications. It is hoped that progress for emergency supply notifications may occur during April / May 2020.

#### Real-time prescription charge exemption checking (RTEC)

#### Report:

- Key RTEC responsibilities have been handed from NHS Digital to NHSBSA during January 2020. This has included much of the day-to-day monitoring of RTEC as well as much of the technical management.
- 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.

- NHSBSA exemptions: As of mid-February 2020, around **156** contractors using Positive Solutions Ltd (PSL) were using RTEC. A phased roll-out is planned to occur to other customers during coming 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.
- NHSBSA continues to work with NHS Digital, Department of Health and Social Care (DHSC), NHSE&I and PSNC on the planning for this change in process within pharmacies.

#### 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.
- All the pharmacy system suppliers with EPS have committed to delivering RTEC and a couple more system are now close to testing with a couple currently progressing though the assurance process with NHS Digital to proceed to pilot.

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Subject	For report: Updates on other CP ITG work streams
Date/time of meeting	3rd March 2020: 14:45-14:50
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 due to time. 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 ( <a href="mailto:it@psnc.org.uk">it@psnc.org.uk</a> ) before or after the meeting, or commenting during the 'any other business' section of the meeting, if there is time.
Proposed action during meeting	None

1a

### Supporting the development of interoperability/integration

*This could be between different community pharmacy systems 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. The group will also support the development; of electronic referral solutions, for referral into and from community pharmacy; and transfer of information passed from and to community pharmacy in a structured manner – ideally via clinical systems e.g. flu vaccine, emergency supply, New Medicines Service, Community Pharmacist Consultation Service notifications from pharmacy to GP systems, smoking cessation referrals from secondary care, interoperability with hospital systems for discharge information etc. The group supports pharmacy systems extracting anonymised information to support evaluation and further development of pharmacy services. The group will keep a watching brief on developments relating to Professional Record Standards Body and group participants may feed into Professional Record Standards Body (PRSB) pharmacy-related work. Relevant webpage(s) include: [/interoperability](#) and [/dosesyntax](#)*

Relevant webpages include: [psnc.org.uk/interoperability](https://psnc.org.uk/interoperability) and [psnc.org.uk/dosesyntax](https://psnc.org.uk/dosesyntax)

### Computable dose standards (standard dose syntax)

#### Report:

- PRSB developed [standards relating to how medication dose and timings are communicated](#) digitally between systems. NHS Digital's technical guidance has been updated to 'alpha' status during January 2020.
- PRSB has also published revised materials during January 2020:
  - [PRSB non-technical guidance](#);
  - [Digital medication information final report](#);
  - [Clinical safety case report](#);
  - [Dose timing hazard log](#); and
  - [Medicines safety infographic](#).

#### Next Steps:

- 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 for when opportunities arise. 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 [it@psnc.org.uk](mailto:it@psnc.org.uk).
- From February 2020 PSNC is in discussions with Dorset LPC where there are some LHCR considerations regarding pharmacy access.

## 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 [it@psnc.org.uk](mailto:it@psnc.org.uk).

## 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.
- Around 5.1% of patients so far and 25% of patients within some areas have [SCR with Additional Information \(AI\)](#).

## Other updates about interoperability

### **Report:**

- Digital Health reported [NHS England and Improvement has re-opened the Health Systems Support Framework \(HSSF\) to enable suppliers to bid to provide services aimed at local health and care records and population health initiatives](#). These include supporting direct patient care, transformation and change, patient empowerment and activation, and system optimisation.

- Government Computing reported: [Greater Manchester appoints suppliers to develop digital platform for care](#). Greater Manchester Health and Social Care Partnership (GMHSC Partnership) is working with the Greater Manchester Combined Authority (GMCA) to create a new integrated digital health platform. The technology will first be developed and used in the areas of frailty, dementia and health visiting.
- Imperial College London reported [Patients are at risk because NHS hospitals are using different record-keeping systems](#). A survey conducted by researchers at the Institute of Global Health Innovation at Imperial College London has found that at least 21 different electronic record systems are currently being used by NHS trusts.
- Digital Health reported [NHS staff have expressed they feel 'uncomfortable with tech giants handling patient data'](#): A recent YouGov poll of health care professionals has found that a large majority of NHS staff felt uncomfortable with the idea of big technology companies analysing patient data.
- Digital Health published a [Special Report on Interoperability](#). This article explores to what extent FHIR and similar standards have become fully embedded in health care IT.

1c

### Supporting maintenance and demonstration of data security and information governance arrangements

*Supporting the use of minimum hardware specifications and the development of the Data and Security Protection 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).*

Relevant webpage(s) include: [/ig](#)

## Cyber and data security

### Report:

- Following the CP ITG discussion with the NHS Digital data security centre about pharmacy and cyber security, NHS Digital commissioned Templar Executives Cyber Security Solutions to undertake discovery work at 15 pharmacies.

### Next steps:

- Templar Executives visited pilot community pharmacy sites and will visit several pharmacy system suppliers. The outputs will be reported to the group once the findings have been consolidated.

2a

### Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices

*E.g. tackling issues like frequency of forced password changes, use of alternative credentials (alternatives to Smartcards) for users and changes to support improved patient safety. Additionally, learning and promotion of good practices such as: less paper and more WiFi within pharmacies.*

Relevant webpages include: [psnc.org.uk/smartcards](https://psnc.org.uk/smartcards)

## Smartcard and SCR rights

- Process for obtaining SCR Smartcard rights: NHS Digital are testing 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 group's last 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](#)

## Other updates: reducing burden

### Report:

- The Guardian reported [NHS organisations such as Trusts would receive £40m in funding to cut login times on IT systems](#). This is intended to enable NHS organisation staff to be able to spend more time with patients.
- Liam Abbott outlined [Delivering a successful Single Sign-on project to achieve rapid access and improved governance](#). The Head of IT Infrastructure and Cyber Security Lead at Royal United Hospital Bath NHS Trust talked about their experience of successfully rolling out the Imprivata Single Sign-on solution at the hospital and the benefits that have been realised.
- Digital Health reported that [Digital services may be 'no substitute' for GPs but will aid patient access](#)
- UCL Partners published a [How-to guide: non face-to-face consultation](#). This guide, developed in collaboration with NHS clinicians, managers and patients, provides a comprehensive guide to setting up non face-to-face clinics (also known as virtual clinics). These can help reduce unnecessary outpatient visits, saving time and money for patients and the health service. The NHS aims to avoid up to a third of the number of face-to-face outpatient visits over five years, removing the need for up to 30 million outpatient appointments each year. The guide is free to use, delivered through both text and videos, and includes how to develop a project plan and business case.

2b

### 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 and other NHS and wider IT developments will be considered, a watching brief being kept and implications for community pharmacy IT arrangements may be considered. 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](https://psnc.org.uk/itcontingency); and [psnc.org.uk/connectivity](https://psnc.org.uk/connectivity)

## 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.

## Consider the development of apps, wearables and technologies in healthcare

*Consider the development of guidance and 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.*

Relevant webpages include: [psnc.org.uk/apps](https://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.
- 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).
- Digital Health reported that [Number of NHS App users double in three months as ambassadors get to work](#). NHS Digital has revealed that the number of patients registered on the NHS App has increased from 91,000 to 220,000 since September 2019.

#### 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 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

### Report:

- NHS Digital have updated the NHS login toolkit so other suppliers and app developers can make use of it: [More patients to use single secure access to healthcare apps as NHS Digital launches NHS login toolkit](#). NHS Digital launched this new [toolkit](#) that enables approved digital health app and website developers to integrate NHS login into their products.

### Next Steps:

- The use of NHS login is anticipated to further grow to reduce the patient burden with logging into many health-related systems.

## Other apps and wearables developments

### Report:

- PSNC published in February 2020: [PSNC Briefing 006/20: An update about Patient Facing Services \('online services'\) and other app offerings](#).
- 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](#).
- [GP patients to be offered whole-genome screening in UK-first study](#): A study will assess the benefits of screening for gene faults and will see people have their entire genetic code read from samples taken at the doctors.
- Pharmaphorum reported on a [YouGov survey 73% of clinicians would recommend their patients use digital health technology 36% of patients are currently using technology systems and devices to help manage their health](#).
- Digital Health reported that [Three in ten GPs recommend apps to ease pressure on CAMHS](#). A recent survey has discovered that three out of ten GPs are recommending parents of children with mental health concerns to use NHS-approved apps as NHS mental health services are currently overstretched.
- The Verge reported on [Facebook's new Preventive Health tool pushes people to advocate for their health](#).
- Facebook launched a tool called Preventive Health, which allows users to receive personalised reminders and recommendations about a range of health care tests and vaccines.
- Digital Health reported on [Wearable blood pressure cuff allows users to track hypertension at home](#). A wireless blood pressure cuff designed to allow users to track hypertension at home was demonstrated by OMRON Healthcare at the Amazon Alexa pop-up event in London.
- ITProPortal reported on [Bringing the patient experience up to speed](#). Matt O'Donovan discusses issues with the disproportionate rate of development between the technology that is used to deliver care, which is advancing rapidly, and the technology that patients interact with while they are in hospital.
- Digital Health [Manchester CCG objects to Babylon expansion 'due to safety concerns'](#). Manchester Clinical Commissioning Group (CCG) has formally objected to the expansion of Babylon's GP at Hand service due to concerns that the platform does not integrate properly with other local and national services.
- Digital Health covered [How IoT is improving patient care](#). This article looks at the adoption of the Internet of Things in health care and asks about future benefits of this increasing use of connected medical devices for patients and health care professionals.
- PharmaTimes reported on a [New 'smart pill' technology](#). Elucid Health say the pill bottle is designed to alert patients to take medications and inform doctors if medication has been taken.

## To support useful and usable IT beyond pharmacy PMR systems and EPS

*The group will conduct further work to develop its vision which should align with its workstreams and the NHSX five missions. The roadmap should demonstrate the value to patients if the pharmacy digital vision is fulfilled. The digital roadmap should incorporate a wide range of feedback from the sector. The group will also seek pharmacy system supplier input and support as to those roadmap items which are more feasible within the nearer future for pharmacy systems.*

### Other IT policy updates

#### Report:

- BBC News reported [Drones 'potential solution' to medicine deliveries](#): NHS Western Isles is exploring the feasibility of using drones to deliver medicines to the Scottish Islands.
- Deloitte Insights published a study: [Digital health technology: global case studies of health care transformation](#). This report contains case studies that explore how different countries around the world are utilising technology to make progress within their health care systems, and what this development means for the future of digital health care internationally.
- Technology and Business reported [UK's NHS needs help to capitalize on healthtech](#). In this article, Mark Jones outlines how despite the growth and success of innovation in the health and social care sector, national health organisations such as the NHS need support to make the most of health technology that is easy to manage and adopt
- [The NHSX appointed citizens to act as 'patient voice'](#). NHSX sought to appoint two members of the public to help ensure patients and the public are involved in the conception, design and development of new services.
- PM Live reported on [Four digital health trends pharma may use](#). The blog looks at four initiatives pharma companies can develop to make the most out of artificial intelligence: voice recognition; harnessing the Internet of Things; the use of big data to personalise medicine; and changing the sector's culture in order to take a more active role in patient education.
- Digital Health reported on [Driving innovation a key theme at Parliament and Health Tech conference](#). A parliament and health technology conference on the future of health technology brought together attendees from health tech and the NHS to discuss the importance of innovation. Speaking at the event, the Secretary of State for Health and Social Care, Matt Hancock, announced a new £140 million artificial intelligence award to encourage AI innovation in the NHS. A transcript of his speech is available on the Department of Health and Social Care website.
- NICE published [Behaviour change: digital and mobile health interventions](#): These are draft guidelines from NICE say that digital and mobile interventions such as apps, wearable devices, online programmes and websites may be recommended by health professionals as a supplement to regular interventions to improve people's health and wellbeing.
- Digital Health reported that [NHS Digital appoints Pete Rose as its CISO and deputy CEO](#). Pete Rose has been appointed as the new chief information security officer (CISO) for NHS Digital and will additionally serve as deputy CEO following the departure of Rob Shaw.
- Public Technology reported that [NHS considers minimum tech spend guidelines for trusts](#). NHS England will be working alongside NHSX to consider the feasibility of setting an appropriate minimum spend on health care technology to support the digital transformation of trusts.
- United Nations Development Programme reported on [The promises and perils of digital health](#). Director of the United Nations Development Programme Health Group, Mandeep Dhaliwal, outlines some of the major promises and pitfalls of digital technology impacting some of the most marginalised groups and communities around the world.
- [NHSX recruits former William Hill CTO](#): A former chief technology officer (CTO) for betting company William Hill has joined NHSX in the same role.

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