

Draft minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 2nd June 2020 by videoconference

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, NHSBSA, NHS Digital, NHSE&I, and NHSX. Further information on the group can be found on the [PSNC website](#).

Present

Richard Dean (Chair), Association of Independent Multiple pharmacies (AIM), Dean and Smedley pharmacy

Dan Ah-Thion (Secretariat), Pharmaceutical Services Negotiating Services (PSNC)

Paul Abrams, Cegedim

Matt Armstrong, Boots

Steve Ash, Day Lewis Pharmacy

Melanie Brady, Day Lewis Pharmacy

Rupal Sagoo, Tesco Pharmacy

Gemma Binns, CegedimRx (phone)

David Broome (Vice Chair), PSNC/Stancliffe Pharmacy

Gian Celino, Cegedim

Jess Davenport, NHS Digital NHSmail team for NHSmail session

Charlie Denwood, Positive Solutions

Tracy Eccleston, Positive Solutions

David Evans, NPA

Martin Fisson, Invatechhealth

Matthew Gabbitas, Well

Stephen Goundrey-Smith, Royal Pharmaceutical Society (RPS)

Simeon Green, Cegedim

Martin Hagan, NHSBSA

Jo Hendry, Colombus / Boots

Shelley Johnston, NHS Digital Smartcards/SCR

Gareth Jones, NPA

Rob Jordan, NHS Digital SCR

Sima Jassal, EMIS

Sunil Kochhar, Regent Pharmacy and PSNC

Nazia Kotia, NHS England and NHS Improvement

Mona Koshkouei, University of Oxford, Primary Care Health Sciences,

Rikesh Lad, Asda pharmacy

Jo Lambe, NHS Digital EPS

Jason Lestner, Living Care Pharmacy

Ahthony Linley, NHS Digital Smartcards/SCR

Fin McCaul, PSNC/Prestwich Pharmacy

Mark Merry, Positive Solutions

Libby Pink, NHS England and NHS Improvement

George Radford, CCA/ Lloydspharmacy

Shanel Raichura, EMIS Health

Radhika Rangaraju, NHSX

Sian Retallick, Poolearth pharmacies

Tahmina Rokib, NHS Digital Transfer of Information

Jeff Shelley, Invatechhealth

Ben Tindale, NHSBSA MYS

Gary Warner, PharmOutcomes, Pinnacle and Regent Pharmacy

Jon Williams, RxWeb

Janson Woodall, Well Pharmacy

Apologies for absence from members: Sibby Buckle (RPS), Andrew Lane (NPA), Ravi Sharma (RPS), Craig Spurdle (CCA), Iqbal Vorajee (AIM) and Heidi Wright (RPS).

Introductions, minutes of previous meeting and matters arising

The group accepted the minutes of the previous meeting. Remaining actions were carried into the [agenda papers](#)' 'next steps' for this meeting and some outstanding actions may also be listed within the minutes. The group met virtually. The Chair introduced all to the group and highlighted the vast change that had occurred since the previous meeting (globally and for English pharmacy teams). The group was encouraged to liberally use the chat feature during the virtual meetings because relevant comments could be added to the meeting notes and because such comments could help the group's post-meeting work.

CP ITG Work Plan items

W/P	To support useful and usable IT beyond pharmacy PMR systems and EPS
Relevant webpages include: psnc.org.uk/itfuture	
Information from the agenda and papers was noted and the group agreed the proposed next steps.	

Remote care and use of IT to support new ways of working: The group discussed Appendix CPITG 01/06/20 and the questions within.

Comments about experience and usage:

- Sunil Kochhar used [LIVI](#) for video consultations (VC) and reported that a new Patient Specific Direction (PSD) service specification enabled smoking cessation work via phone in his area.
- Pharmacy team phone usage has hugely increased during the pandemic. Many calls from patients to pharmacies aren't formal services but queries (e.g. 'have I got COVID-19 and what do I do?' etc.)
- A multiple contractor estimated 80% of their pharmacy consultations were performed by phone.
- Videocons between pharmacy teams and other health workers is up (including MS Teams use).
- VC usage example: if the pharmacy team needs to escalate a Community Pharmacist Consultation Service (CPCS) referral back to a GP (i.e. it is not appropriate for the pharmacy team to provide an emergency supply) the existing pathway might be improved by more digital service provision.

Comments about challenges:

- There are non-IT issues that impact ability to deliver remote care: regulatory and professional barriers e.g. local NHSE&I permission is required for some services to be delivered by telephone.
- Patients need reassurance about the use of the technology.
- Remote care is not suited to every clinical scenario.
- Many pharmacies are not equipped with hardware (webcams) and those software solutions listed on NHS Digital list. However, NHSX and NHS Digital guidance has also referenced that during the pandemic, "Skype, WhatsApp, Facetime as well products designed specifically for this purpose. The consent of the patient or service user is implied by them accepting the invite and entering the consultation. But you should safeguard personal/confidential patient information in the same way you would with any other consultation." [Principles of safe video consulting in general practice during COVID-19](#) published by Royal College of General Practitioners and NHSE&I published 29th May 2020 may have some lessons for the community pharmacy sector. UCL Partners also previously published a [How-to guide VC guide](#).
- National Pharmacy Association (NPA) VC indemnity insurance statement will be emailed to group.

Comments about future work:

- Mona Koshkouei (University of Oxford, Primary Care Health Sciences) highlighted plans to pilot pharmacy remote care and a future survey to share to the group (and analysis to be shared back).
- Radhika Rangaraju and Libby Pink are involved with an NHS working group about pharmacy and video consultation work and will be interested with some views from those within CP ITG.
- EMIS: Any pharmacy contractors that sign-up for Patient Access can currently [try EMIS VC solution for free for 12 weeks](#). EMIS Patient Access app enables patients to [book a VC with a pharmacist](#).

Action: A working group will pilot video consultation usage for service provision. Volunteers: Matt Armstrong, Richard Dean, David Evans, Sunil Kochhar, Fin McCaul, Sian Retallick and Rupal Sagoo. The working group will

meet virtually to discuss initial findings. Additional persons may join the work. Findings to be reported back. An update to the group will be circulated later.

CP ITG digital priorities list and workstreams:

- The group's previous comments were added to their [workstreams](#) and [Digital Priorities List \(DPL\)](#). The group and contractors should suggest whether other changes to the latter are needed given the experiences during the pandemic (contact it@psnc.org.uk). DPL will be re-circulated to the group.
- Remote care and video consultation should be added to workstreams and digital priorities list - subject to some further supportive feedback to the secretariat during June 2020.
- [NHSX are consulting and inviting comments](#) in relation to their [Tech Plan Vision draft](#).

WP

Consider the development of apps, wearables and technologies in healthcare

Relevant webpages include: psnc.org.uk/apps

Information from the agenda and papers was noted about NHS App and video consultations and the group agreed the proposed next steps.

- NHS Login: More than one million patients are signed up to easily authenticate into apps such as NHS App. Most nomination changes continue to be made by prescribers and dispensers.
- NHS App: Sanjay Ganvir and Dan Ah-Thion to speak about London contractor preferences as to how pharmacy could be notified of NHS App medicine orders.
- IT arrangements/infrastructure survey: Comments are invited by email about the drafted questions so the survey can be published later.

Action: The group are asked to support promotion of the survey once it is published.

WP

Supporting the development of interoperability/integration

Relevant webpages include: [/interoperability](#) and [/dosesyntax](#)

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

The "Pharmacy information flows" data standard: The existing standard enables greater interoperability and has started with priorities - notifications from pharmacy to GP practice (flu vaccination, emergency supply and services). The group has suggested at previous meetings future additions beyond those may include extra medicine statuses so the record is fuller. Libby Pink explained that the group including suppliers may wish to feed in about priorities for further development of the standard. Stephen Goundrey-Smith acts as the clinical lead on the project for Royal Pharmaceutical Society (RPS) and he or others will inform the group about further opportunities for commenting on PRSB work and some PRSB work might be circulated to the group by email.

Action: CP ITG may provide some comment in due course on plans for more changes to the standard.

Transfer of Information notifications (from Pharmacy to GP systems): Emergency supply of medicines:

Tahmina Rokib (NHS Digital) spoke about Appendix CPITG 04/06/20. For the purposes of the acceleration request to progress the project, NHS Digital are working with two GP suppliers (TPP and EMIS) and the two key pharmacy suppliers in this marketplace (Pinnacle and Sonar) that have already aligned with NHS Digital's [Interoperability Toolkit](#) (ITK). Fin McCaul queried whether other GP and pharmacy systems would also integrate. Other GP /pharmacy suppliers aligning with ITK may also potentially integrate in future.

Additional Information within SCR (SCR AI) as the default during the pandemic: a call-out for evidence to support the continuation of this beyond the pandemic:

PSNC has been reporting feedback to NHS Digital going back several years that pharmacy teams report that the older SCR AI framework relying on patients requesting GP practices to have to activate this was burdensome for patients and GP practices causing few patients (around 5%) to get the benefit of having SCR with Additional Information turned on. Rob Jordan (NHS Digital SCR Product Manager) provided a verbal update building on the written update within Appendix CPITG 08/06/20 explaining for at least the course of the pandemic SCR AI should become the usual default SCR type. PSNC has received feedback that the change is useful beyond the pandemic and has [invited pharmacy teams to feed back about the change](#). The group's comments were that:

- Patient attitudes about health records could have changed because of the pandemic.

- Default access to SCR AI for pharmacy teams helps GP practices because it will reduce phone calls from pharmacy to GP practice and ensures SCR can be accessed whenever it could be needed.

Action: The group and pharmacy teams are encouraged to feed back to it@psnc.org.uk with extra case studies and examples as to how this change is helpful irrespective of the pandemic. Views will be collated before the end of June 2020 and passed to NHS bodies. The case studies can include specific clinical examples.

Expanding Smartcard and SCR flexibilities for a more mobile pharmacy workforce: Rob Jordan updated the group in relation to Appendix CPITG 02/06/20. SCR and Smartcard changes have included: [new COVID-19 codes within SCR AI](#) (e.g. whether a patient has been tested), and NHS Digital work to extend SCR and Smartcard flexibility. [SCR access has been applied to the pharmacist/technician cards with 5F on them](#); and [5F code added to cards with the pharmacist/technician role](#). NHS Digital were interested to hear views about such Smartcard changes, irrespective of the pandemic. This can help with the NHS Digital and NHSE&I considerations about whether the changes should expire after one year – as currently planned. The group fully agreed the changes are helpful even aside from the pandemic because:

- they reduce the time that pharmacy teams and local RAs spend managing Smartcards;
- they increase the ability to make use of the SCR, SCR AI, and SCR 1-click tools;
- they enable the pharmacy team to view SCR information if the pharmacy is being locum-run; and
- there is hope the scheme will extend beyond the one year and beyond the pandemic.

Action: Dan Ah-Thion to collate further views from the group or pharmacy teams (contact it@psnc.org.uk). Views will be collated before the end of June 2020 and passed to NHS Digital.

WP	Supporting NHSmail
Relevant webpage(s) include: psnc.org.uk/NHSmail	
Information from the agenda and papers was noted and the group agreed the proposed next steps.	

NHSmail aliases for email address for pharmacy shared mailboxes: NHS Digital and Accenture are working on technical preparations for NHSmail aliases based on feedback from CP ITG, pharmacy, and other sectors. NHS Digital wish to make mailbox aliases available at a national level for pharmacy, dentistry optometrist and social care. Changes are applied into NHSmail in batches and an alias system change will be added when other changes are scheduled to be made.

NHSmail ‘application accounts’: NHSmail team were asked about enabling ‘application account’ NHSmail reminder messages to patients from PMR or email/text message systems e.g. ‘medicines ready’. NHSmail team explained there is a process (see Appendix CP ITG 07/06/20). PMRs can also set these up for pharmacies.

Action: A pharmacy contractor will set-up an application account using the process to check the process and feed back to Dan Ah-Thion in the first instance if necessary. Others in the group can also setup NHSmail application account(s) and link it to their shared mailbox(es) and contact Dan Ah-Thion if necessary.

WP	Supporting maintenance and demonstration of data security and information governance arrangements
Relevant webpage(s) include: /ds	
Information from the agenda and papers was noted and the group agreed the proposed next steps.	

The group’s [Windows 7/10 transition guidance](#) has been updated to include further Microsoft Windows 10 deadlines coming this year and after. PSNC has issued guidance and a webinar relating to the completion of this year’s Data Security and Protection Toolkit and updated deadlines is available: psnc.org.uk/dsptk.

WP	Connectivity, business continuity arrangements and dealing with outages
Relevant webpage(s) include: /itcontingency ; and /connectivity	
Information from the agenda and papers was noted and the group agreed the proposed next steps.	

Recommended minimum transfer dataset for pharmacies switching from one pharmacy medication record (PMR) system to another: The group previously supported a recommended minimum dataset for the sake of continuity of patient care. Appendix CPITG 09/06/20 includes a drafted dataset previously considered. A suggestion was that this would ideally include dates that services were provided e.g. CPCS. The group may email it@psnc.org.uk with further comments about this workstream or dataset. Suppliers and the wider group will be asked at their next meeting if they will endorse the dataset.

WP	Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices
	Relevant webpages include: /itworkflow Information from the agenda and papers was noted and the group agreed the proposed next steps.

Elimination of paper within EPS processes: Jo Lambe (NHS Digital) advised they had conducted work to support lesser need for paper prescribing e.g. making EPS easier for Personally Administered prescriptions generated by the TPP GP system. Items should be more frequently sent by EPS as the default.

Action carried forward: Tesco pharmacy's CP ITG representative to consider the processes and to help identify a suitable Tesco pharmacy branch to trial going more and more paperless in the coming months. Further volunteer pharmacy contractors or suppliers can also take part by contacting it@psnc.org.uk.

Multiple login burden and easier use of mobile devices: The group and [Community Pharmacy Digital Group](#) produced feedback and a list of login systems illustrating the login burden. The feedback was passed to Accenture who were exploring this to help inform their recommendations to NHS Digital about smarter authentication future options. [NHS Identity](#) piloting continues and PMR suppliers and others should consider integration to help ease authentication and enable more use of mobile devices linking to Spine.

WP	Supporting the development of pharmacy systems
	Relevant webpages include: /systems Information from the agenda and papers was noted and the group agreed the proposed next steps.

Future opportunity for pharmacy systems to integrate with pricing data (NHSBSA Manage Your Service (MYS)): CP ITG's [EPS future list](#) included the item: "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." PMR suppliers were encouraged to explore MYS integration opportunities, by contacting ben.tindale@nhs.net. Ben Tindale provided a brief update that approx. 98.5% of pharmacy contractors now engage with the MYS data via the MYS portal.

WP	Supporting EPS and its enhancements
	Relevant webpages include: /eps , /rtec and /itfuture Information from the agenda and papers was noted and the group agreed the proposed next steps.

Next generation of EPS: The group's comments and other pharmacy team feedback was incorporated into the [CP ITG's Views on the next generation of EPS](#). A short-link has been created to access the list: psnc.org.uk/epsfuturelist. Community pharmacy teams and the group are encouraged to contact it@psnc.org.uk to suggest changes for future versions. The version 1.0 has been shared to NHSX.

Digital EPS Tokens: Views about Phase 4 / EPS tokens and standards: The group discussed Appendix CPITG 05/06/20 and [_05A/06/20 image examples](#). Jo Lambe (NHS Digital EPS) said NHS Digital wish to look at electronic token requirements given that the focus on requirements had been on paper to date. The TPP GP Airmid app can provide a digital token with the barcode but that representation had not been formally approved by NHS Digital. Pharmacy team comments about digital tokens had so far included:

- Both the prescription number and the barcode were felt helpful.
- The barcode should be high resolution and suitably sized so it can be scanned.

- Extra testing should be carried out to determine whether pharmacies could usually scan phone barcodes - counter scanners and dispensary scanners and 1D scanners vs 2D scanners.
- Some tokens may benefit from including additional clinical information on paper tokens such as:
 - list of meds useful for reference and discussion with patient; and
 - the date from which the Rx is available for a post-dated Rx.
- A PMR supplier comment was supportive of stronger guidance / specifications and EPS dispensing tokens might include customisation but should enable a level playing field as well for suppliers.
- Scanners on the counters may result in more PMR hardware at the counter (wired scanners).
- For eRD (Electronic Repeat Dispensing) it would be useful to have the repeat number in the token.
- Scanning a phone behind a Perspex screen and with 2m distancing is more challenging.

Action: NHS Digital work on electronic tokens could be circulated to CP ITG for comment within June 2020.

Action: The group were invited to help test some barcode scanning. David Broome volunteered.

EPS in other care settings: Extra GP hubs, out of hour clinics, walk-in-centres and urgent care centres using TPP and EMIS Clinical Services Software are benefitting from starting EPS use. This benefits patients and pharmacy teams who have fewer paper prescriptions to deal with. Further prescribers using EMIS community software are expected to rollout within weeks. Hundreds of new organisations have gone live with EPS since March. Paramedics can now prescribe via EPS using both TPP and EMIS Web. The urgent care prescribing system IC24 previously enabled EPS Controlled Drugs. Advanced Adastra have done also.

EPS Phase 4 roll-out and EPS nomination: EMIS and TPP Phase 4 roll-outs continued and there is change to the process for GP practices that are to go live with Phase 4. NHS Digital would like to update the public dashboard so that pharmacy teams or others could check if their GP practice are live with Phase 4. NHS Digital have supported some TPP improvements to adjust the display of 'Quick print' to further support more use of EPS nomination. The Phase 4 roll-out and pandemic has further illustrated the benefit of nomination for patients and all. The new 'one-off nomination' feature for TPP SystemOne was made available. NHS Digital are supporting an EMIS roll-out of the feature shortly. Previously the CP ITG fed into the NHS App teams that the nomination feature should be added. [EPS nomination feature was added to NHS App](#) in April 2020.

NHSBSA EPS work on ODS change process: Martin Hagan updated the group about NHSBSA's work with others to help remove the need to send an EPS prescription or validation message following ODS change.

Real Time Exemption Checking (RTEC): RTEC rollouts continue and contractors can be early adopters to feed back early views (e.g. to PMRs, NHSBSA, PSNC and NHS Digital) by contacting it@psnc.org.uk. Volunteers are chosen partially on a 'first-come-first-served' basis and dependent upon PMR plans.

Any other business

Format of future meetings: The group's previous meetings were 3½ hours every 12 weeks. The group's June meeting had been 90 minutes leaving less time for discussion. Comments about the meeting future format:

- 90 minutes was suggested as the max duration for an unbroken videocon session.
- Splitting the meeting so that there is a break in the middle is an option to allow more discussion.
- The group could meet more frequently e.g. every six weeks.
- Topics may alternate if meeting frequency increases enabling more time for discussion topics.
- Finishing by 2.30pm will be done to help all those that must pick-up children from schools.
- The group will be updated after the meeting about the future format.

Future dates and timings have been revised.

- Thursday 3rd September 2020
- Thursday 19th November 2020
- Thursday 11th March 2021
- Thursday 3rd June 2021 (to be confirmed)

Future meetings may be fully Videocon and webcam usage is encouraged at least whilst speaking. There is a [guide for using Zoom video conferencing](#). Additional dates or sub-group calls to be considered.