

## Community pharmacy IT progress update: Autumn 2020

This briefing sets out updates about community pharmacy IT and progress with Community Pharmacy IT Group's (CP ITG's) [workstreams](#).

The updates are categorised into the work plan areas below.

- [Supporting interoperability](#);
- [NHSmal](#);
- [Data security](#);
- [Connectivity and business continuity](#);
- [Reduced burden and practical use of IT](#);
- [Electronic Prescription Service \(EPS\) enhancement](#);
- [Apps, wearables and technologies](#); and
- [Roadmaps and priorities](#);

*Note: You can click or select a category heading (left) to automatically scroll down to that section of the document.*

Comments or feedback that support progress on the priority areas, can be provided by emailing [it@psnc.org.uk](mailto:it@psnc.org.uk).

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### Supporting the development of interoperability/integration

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

#### Summary Care Record (SCR) and its Additional Information

- SCR 1-click updates including rollout to PMR and other systems are set out at: [SCR](#) within the 'SCR 1-click' section. The group members previously encouraged PMR suppliers to make this available as a major priority.
- NHS Digital made 'Additional Information' the default setting for patients (although the small number of patients which had opted out of SCR remain opted out), so that paramedics, pharmacy teams and others can view richer information to support patient care. Community pharmacy feedback and that from CP ITG members was very supportive of the SCR with Additional Information being extended irrespective of the pandemic. SCR Additional Information has been viewed more than 1 million times since April 2020 by authorised professionals.
- PSNC has fed back to NHS Digital during recent years that pharmacy teams reported 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.
- Clinical comments regarding the need for SCR with AI to continue irrespective of the pandemic:
  - *"Sight of potassium test information and notes within SCR AI helps me determine whether patient will benefit from further help with using their inhaler the right manner. Using the inhaler wrongly is common but SCR AI can help me to improve our patients' outcomes"*
  - *"Access to blood coagulation test results support my care of those patients on Warfarin. Warfarin thins the blood to reduce clot risks so using the test result history helps my discussions with patients about getting to the dose levels they need to keep them safest."*

- *“Those with patients chronic kidney disease are best not taking certain over-the counter medicines e.g. ibuprofen (unless specifically prescribed), and access to SCR AI can sometimes highlight the information about the patients’ condition to help inform potential over-the-counter sales.”*
- *“Some of my patients are getting regular results about their thyroxine levels and me having sight of this via SCR AI notes helps me understand more about what levothyroxine dosage is needed to treat them and protect them from potential complications.”*
- *“Looking at SCR AI helps pharmacy to safely dispense for those that require emergency supply, particularly non-regular patients.”*
- *“Any notes about past Clozapine prescribed by clinics instead of GP practice and can be missing from standard SCR. Sight of this information can be life-saving where indicator that if prescribed medicine some simple over the counter medicines can cause life threatening side effects.”*
- *“Healthcare Safety Investigative Branch (HSIB) investigated and reported on a death which may occurred partially due to “a lack of interoperability (the capacity to exchange, interpret and store data to common standards) between primary and secondary care electronic prescribing systems, between secondary care facilities, between secondary and tertiary care, and between secondary care and community pharmacy.” Although other factors also applied. Read more within the [‘Electronic prescribing and medicines administration systems and safe discharge’ report](#)”*

#### Next steps:

- The group and pharmacy teams should continue to encourage SCR usage amongst pharmacy teams, to help inform pharmacy teams about the Additional Information extension, and to share any additional experiences about how the wider SCR access supports the ability to care for patients to Dan Ah-Thion ([it@psnc.org.uk](mailto:it@psnc.org.uk)) to support work by PSNC and RPS on the matter.

#### Local Health and Care Records and records update

- Updates about [LHCR](#) arrangements have been included within previous meeting papers. LHCRs contain extra information compared with SCR with AI. LHCR project teams plan to get more information into LHCRs beyond the limited GP record and to include more information from hospitals, community health teams, social care, specialist clinics etc. to enable those caring for patients, including pharmacists, to have a fuller picture – reducing the need for patients to repeat themselves and protecting patients from risks of medicines information being ‘missing’ to the pharmacist.
- Dorset Local Pharmaceutical Committee (LPC) has worked with the Dorset Care Record (DCR) LHCR project team so that community pharmacy within the area have started to have access to the LHCR from August 2020.
- CP ITG members are asked to continue to support any access to LHCRs and to try to encourage pharmacies to make use of access, where this has been granted locally.
- The group previously discussed that [a common LHCR transmission standard is required](#) (e.g. NHS Digital might consider whether it can explore integration standards) so that system suppliers that have integrated into SCR Additional Information or any LHCR system have ability to subsequently easily integrate with any other LHCR system so that the relevant medicines information could be made easily visible to the pharmacist.
- [Greater Manchester shared care record has been deployed across the whole region.](#)
- [Cheshire went live with CarePlus children information system.](#)
- RPS published [Future of pharmacy](#) during July 2020. It includes the principle of ‘appropriate access to individual patient records, technical infrastructure and training where needed’. The RPS report refers to a YouGov public survey which showed [85% of respondents want healthcare professionals treating them to have secure electronic access to data from the GP record.](#)
- [Northern Ireland confirmed a deal with US firm Epic to supply a country-wide EPR.](#)
- The results of the [OneLondon Citizens’ Summit on public’s expectation of data use across health and care were published.](#) There was almost unanimous agreement (97%) that all health and care

organisations in London should join up identifiable data to support the provision of care to individuals.

- [Northamptonshire has chosen Graphnet Health to provide a shared care record for people living in the county.](#)
- [Somerset went live with National Records Locator \(NRL\) powered by Servelec.](#) NHS Digital has further updated its information about [NRL](#).

### GP Connect

- Since the last meeting PSNC has published a new webpage on [GP Connect](#).
- A CP ITG / Community Pharmacy Digital Group (CPDG) sub-group call was held on 6th July 2020 to discuss GP Connect, sharing of appointments, signposting and records information. See: [collated pharmacy feedback relating to the call and feedback after](#). The notes will be published on CP ITG's webpage during early October (if you wish to request changes to the notes please contact [it@psnc.org.uk](mailto:it@psnc.org.uk) before 30th September 2020).
- Pharmacy suppliers were provided a point of contact for the GP Connect team.
- NHS Digital's GP Connect discovery team assessed recommendations based on their research and prioritised the highest ones based on the expected benefits. One of these recommendations is that: a pharmacy system should become compatible with GP Connect appointment standards so that GP practices or NHS 111 can use their systems to book patients into pharmacy's systems using NHS GP Connect appointment standards. If suppliers or others within the group have comments or otherwise can think of potential blocks to progressing possible work on this, please raise these with [it@psnc.org.uk](mailto:it@psnc.org.uk) during September 2020 so feedback can be collated and passed to the GP Connect discovery team. NHS Digital would need to work with one pharmacy supplier to create a proof of concept before building and testing a solution in live – possibly starting at earliest - late 2020 or 2021. If that was successful, further consideration is needed as to whether the identified requirements can be published as a specification and other pharmacy suppliers able to develop against the same specification, further broadening out the scope and remit and benefit of the GP Connect standards. All of this would be subject to developments.
- Additionally clinical system suppliers such as pharmacy system suppliers may seek to use the existing [NHS Digital guidance](#) to integrate with GP Connect standards in other supplier-led initiatives (record sharing, scheduling-related etc.), separate to the potential workstream above.

### Other updates about interoperability

- NHS Digital user researchers may be conducting user interviews to help development during NHS Service Finder's pilot phase soon. If you'd like to take part email [it@psnc.org.uk](mailto:it@psnc.org.uk). The topic will be revisited at a future meeting.
- The group agreed at a previous meeting to support 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. A PSNC-drafted dataset was prepared and a dataset for the Community Pharmacist Consultation Service could be added. If you would like to help progress this work, please contact [it@psnc.org.uk](mailto:it@psnc.org.uk).
- NHS Digital reported that [COVID-19 test results are now being automatically reported](#) to GP systems as well as being communicated to the individual, giving GPs visibility of which of their patients have had COVID-19 tests and whether they have tested positive or negative.
- PSNC has updated its website information about [Reasonable Adjustment Flag \(RAF\) information](#).
- PSNC has highlighted in its communications to contractors, that [most community pharmacy contractors in England can now send electronic notifications for urgent supplies of medicines provided as part of the Community Pharmacist Consultation Service \(CPCS\)](#).

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## Supporting NHSmail

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

- The group had discussed with the NHSmail team at previous meetings the benefits of email aliases instead of using the longer current email addresses. Contractors that set-up their shared NHSmail account from July 2020 onwards were given a slightly different (shorter) naming convention ([nhspharmacy.ODScode@nhs.net](mailto:nhspharmacy.ODScode@nhs.net)). Further changes to the wider pharmacy directory (and other directories) are planned and further communications on this are to be issued in mid-September.
- Within the late part of 2020, the NHSmail team are further improving the NHSmail service and as part of this, pharmacy accounts are being upgraded. The upgrade may enable pharmacy NHSmail users to use some Office 365 features, some of which can be already accessible now. Further updates will be added to the PSNC website ([NHSmail](#)) within the 'Upgrade' section closer to the time that accounts begin to be refreshed.
- CP ITG members had asked about using NHSmail and using pharmacy systems to send patient reminders (e.g. that 'prescription being prepared') at the group's last meeting. An update about the process to set this up is now explained on the [NHSmail webpage](#) within 'Using NHSmail'.

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

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

- Data Security and Protection Toolkit (Toolkit) update: PSNC previously issued guidance and held a webinar relating to the completion of this year's Toolkit: [psnc.org.uk/dsptk](https://psnc.org.uk/dsptk). Considering the ongoing COVID-19 pandemic, the deadline for Toolkit had been re-scheduled from March 31st 2020 to September 30th 2020.
- NHS Digital DSPTK user researchers would like to conduct 30-45-minute telephone/MS Teams calls to help development of next year's Toolkit questions and they are conducting the research during the first half of September 2020. People who have not completed the DSPTK in the past, are particularly welcome. Independents are also particularly welcome given that some multiples feedback has been captured already. If you'd like to take part, please email [it@psnc.org.uk](mailto:it@psnc.org.uk).
- Cyber and data security: 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. Templar Executives completed pilot community pharmacy sites and visited several pharmacy system suppliers. The outputs will be reported to the group once the findings have been consolidated.
- [A video consultation supplier has reported that its GP app suffered a data issue in which users were able to access video recordings of other patients' consultations.](#)
- The National Data Guardian (NDG ) published a new [Information sharing to support direct care](#) report and its [annual report](#) during August 2020. [Department of Health and Social Care \(DHSC\) seeks a new NDG to oversee the collection and use of patient data \(to replace Dame Fiona Caldicott\).](#)

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## Connectivity, business continuity arrangements and dealing with outages

Relevant webpage(s) include: [/itcontingency](#); and [/connectivity](#)

- PSNC's IT and EPS contingency planning section ([/itcontingency](#)) has been further updated to support with business continuity . This webpage links to additional business continuity advice.
- An [Emergency closure checklist for community pharmacy](#) has been published including those IT actions required if there is a short-term closure because of COVID-19 or for another reason.

## Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another

The group previously supported developing a recommended minimum dataset for when a pharmacy contractor switched from one PMR to another. For the sake of continuity of patient care, it is critical for some information to be transferred. A drafted dataset has previously been discussed.

The list is not comprehensive for all those records within pharmacy systems, but the dataset is intended as a starting point to strengthen continued data quality compared with not having any consistently transferred data. The dataset may be published later if approved.

2a	<b>Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices</b>
	Relevant webpages include: <a href="#">/itworkflow</a>

### Practicalities of going paperless

#### Report:

- PSNC wrote to Department of Health and Social Care (DHSC) during July 2020 to question the remaining need for the regulatory requirement that requires the patient or representative to sign a declaration on a prescription form or EPS token when they pay an NHS prescription charge.
- The group previously identified going paperless as a major priority – within its [Digital Priority List](#) and within [Views on the next generation of EPS](#). However, pharmacy teams continue to report considerable use of paper and printing for reasons such as enabling prescription information to move around the dispensary given limited space for PMR terminals.
- A next step for the group was previously identified: that a Tesco pharmacy's CP ITG representative should consider the processes and lessons with David Broome and identify a suitable Tesco pharmacy to test out gradually going more and more paperless in the coming months and later report on lessons. Further volunteer pharmacy contractors within CP ITG can trial at their pharmacy premises activities to reduce their use of paper processes and report back at future meetings.
- Digital EPS tokens were discussed at the previous meeting ([Appendix CP ITG 05/06/20](#)). There is some work to be done to better understand whether tokens would usually be scannable at the pharmacy counter. After the meeting CP ITG and Community Pharmacy Digital Group collected additional feedback, including within [pharmacy feedback about digital EPS tokens standards](#). NHS Digital, NHSE&I and DHSC are undertaking further work on EPS tokens.

#### Next steps:

The group may consider:

1. With the improvements with Smartphone brightness and scanners within pharmacies, will most scanners be able to scan Smartphones EPS Phase 4 barcodes?
2. Are wireless scanners linked to PMR systems available that can work at pharmacy counters or can other systems/technology assist with scanning barcodes on patients' devices?
3. What are the volumes / percentages of Phase 4 prescriptions?
4. Whether fax machines are still being used in pharmacies? If yes, for what purpose?
5. Whether there is a volunteer that previously removed their fax machine that can share their experience as the basis for a case study.
6. Aside from faxes and prescriptions/tokens, what are the other most common processes within the pharmacy which involve processing paper?
7. To identify the next steps to take on supporting the paperless agenda in pharmacies.

## Reducing burden general update

- NHS Digital has been working with Entrust on a new virtual smartcard solution utilising [NHS Identity](#) standards. It is a new option for authentication to Spine systems, provided in addition to existing physical Smartcards. As of August 2020, the solution is not yet EPS assured. NHS Digital's [Entrust virtual smartcard guidance hub](#) includes guides such as an [organisational onboarding journey factsheet](#) and a [user set-up factsheet](#).
- NHS Digital have notified local Smartcard Registration Authorities (RAs) that provisionally registered pharmacists can be granted access to SCR, using the 'National Locum Pharmacist + SCR – Covid19' position for a period of 12 months. This is recognising that newly qualified pharmacists are experiencing delays converting from pre-registration students to fully registered with the General Pharmaceutical Council (GPhC) because they are unable to sit assessments with the GPhC. PSNC advocated to NHS Digital that provisionally-registered pharmacists should have the same Smartcard rights as pharmacists.
- 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.
- Institute of Public Care (IPC) published the [Report on the use of technology within adult social care](#) which includes lessons about NHSmail use and mobile device usage.
- Health Europa reported on [use of barcodes within healthcare](#) and the ability of barcode usage to better protect patient and staff from the spread of disease.

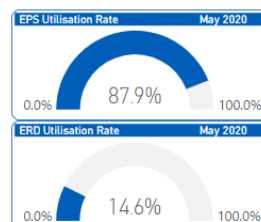
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### Supporting EPS and its enhancements

Relevant webpages include: [/eps](#), [/rtec](#) and [/itfuture](#)

## EPS future, EPS Phase 4 roll-out progress, one-off nomination, EPS SSPs

- NHS Digital EPS and eRD utilisation statistics (for the May 2020 dispensing month) are set out on the right.
- The group's comments and pharmacy team feedback went into the [CP ITG's Views on the next generation of EPS](#) version 1.0. Community pharmacy teams continue to be encouraged to contact [it@psnc.org.uk](mailto:it@psnc.org.uk) to suggest further changes to future versions. NHSX, NHS Digital and PSNC met during August 2020 to discuss each of the items on the list.
- CP ITG suppliers were contacted in case they were interested to explore with NHSX some work to explore updating the EPS application programming interface (API) that might support more modern standards in the future. A new API might sit alongside the existing EPS HL7v3 API, enabling a means for suppliers to opt to integrate with the EPS using the FHIR standard (potentially more adaptable than the existing EPS HL7v3 API standard).
- NHS Digital is supporting rollout of [EPS Phase 4](#) to many more general practices to support patients in getting their medicines during what is expected to be a busy winter season for healthcare providers. Around 60% of GP practices already have prescribing systems which can send Phase 4 prescriptions and NHS Digital is working to get other system suppliers live as soon as possible. All TPP SystemOne and EMIS Web practices that use EPS (including dispensing practices) are due to [go live with EPS Phase 4 in Autumn 2020](#) – within September at the earliest.
- The 'one-off nomination' feature for TPP SystemOne has been available and pharmacy feedback has been very positive about how this has helped with the pandemic - reducing the need for Phase 4 non-nominated prescriptions. EMIS (GP) will add the feature during September 2020.
- Many prescribers continue to use EPS during remote consultations with patients because of the pandemic. PSNC highlighted [NHS Digital's guidance for use of EPS within remote consultations](#) in communications to contractors. NHS Digital are working with urgent care supplier Cleric on





enabling EPS within the system during Autumn. Many prescribing and pharmacy suppliers have further progressed the EPS Free Supply endorsement meaning 'EPS FS' should soon roll-out.

- PSNC EPS briefings published since the last meeting: [A summary of EPS related forms and tokens](#); and the [factsheet comparing a Release 1 barcoded prescription and Phase 4 token factsheet](#).
- PSNC also worked with the NHSBSA and PMR suppliers to highlight guidance about [EPS endorsing](#).
- Patient consent requirements for [Electronic Repeat Dispensing \(eRD\)](#) have been temporarily suspended to encourage wider use of eRD during the COVID-19 pandemic.
- NHSBSA have added new EPS Serious Shortage Protocol (SSP) specification information into the [NHS EPS endorsement guidance](#) version 7.4, pages 12-13. The current SSP workaround in EPS will no longer be allowed to be used from 1st April 2021 and all EPS prescriptions dispensed under SSP must use the SSP endorsement as detailed within the guide.

#### Next steps:

Suppliers can provide updates about the EPS SSP changes to NHSBSA and PSNC. The wider group may also comment on EPS SSPs, and other EPS items.

#### Real-time exemption checking

- NHSBSA has led on the RTEC project since January 2020. CP ITG and PSNC have been supportive of continued roll-out subject to NHSBSA continued assurance activities drawing on the lessons from the earliest RTEC piloting. PSNC continues to work with NHSBSA, Department of Health and Social Care (DHSC), and others on the planning for this change in process within pharmacies.
- RTEC is rolling out in three main phases. Phase One comprises maternity, medical, pre-payment, low income scheme and HMRC exemptions (Phase One RTEC is rolling out now amongst PSL users). Invatechhealth have made Phase One RTEC available amongst the customers of their Titan system. PSL, EMIS and Cegedim are preparing for further Phase One roll-out to more of their customers. Read more on the RTEC phases and continued piloting of Department for Work and Pensions (DWP) RTEC at five pharmacies using PSL at: [RTEC](#).
- Feedback has continued to be very positive from those using RTEC within PSL/EMIS/Cegedim/Titan systems. Use of RTEC across the height of the pandemic reduced the need for paper exchange between pharmacy teams and patients, assisting infection control.
- NHSBSA has been meeting with PMR suppliers to discuss the new data sharing arrangements necessary between NHSBSA and each of the suppliers. A lot of deployment has paused since July 2020 because of these continuing discussions. A CP ITG sub-group call with suppliers, PSNC and the CP ITG chair occurred on 6th August 2020 and the sub-group committed towards trying to overcome any issues with urgency – ideally within August 2020. PSNC has been asked whether it approves of a short user [agreement](#) document – which may be agreed by pharmacy contractors in the future using the Manage Your Service (MYS) portal, on the basis that contractor agreement should ease overall arrangements and enable NHSBSA and PMR suppliers to speed up deployment of RTEC – particularly in case of an upcoming winter spike of workload activity within pharmacy.
- PSNC previously [announced](#) that contractors wishing to feed into development may volunteer to be earlier adopters by emailing [it@psnc.org.uk](mailto:it@psnc.org.uk). Volunteers will be chosen partially on a 'first-come-first-served' basis and dependent upon PMR/overall deployment plans as well (see above).

#### Next steps:

- CP ITG suppliers and the rest of the group to support additional deployment imminently.

## NHS App

- Details about the [NHS App](#) have been explored at the group's previous meetings and within previous papers. The NHS App is available on the Google Play store and the Apple App store.
- NHS App team are working on [further features](#) including:
  - **Online consultations integration:** The first supplier was made available through the NHS App in April 2020 with a [wider launch in the following months](#) – initially with eConsult and the NHS App team continues to work with other VC suppliers.
  - **Push notification capability:** This could include reminders for referral appointments, reminders for online consultations, etc. Target release date: 2020.
  - **NHS Electronic Referral Service (NHS e-RS) integration:** The NHS App team are working with the NHS booking system for hospital appointments. Target release date: 2020.
  - **Personal Health Records (PHRs) integration with NHS App:** The first supplier was made available in the NHS App from April 2020 and NHS App team are working with others throughout 2020.

## Next Steps:

- The group and pharmacy staff can continue to email [it@psnc.org.uk](mailto:it@psnc.org.uk) with further feedback about the NHS App so that this can be added to [CP ITG's suggested features for NHS App](#) so that it can be shared with NHS App team.
- NHS Digital previously made available its [proposed strategy for the NHS App](#). System suppliers or interested parties are encouraged to complete the [short NHS Digital NHS App survey](#).

## Apps and tools

- NHS Digital have further updated their [Interface mechanism \(IM1\) guidance](#) about which systems and apps are integrating with IM1 NHS standards and how (which features).
- Pharmacy suppliers which are already integrating with IM1 or NHS patient facing services are asked to contact [it@psnc.org.uk](mailto:it@psnc.org.uk) so that PSNC's information on the topic is updated.
- PSNC is feeding back to NHS Digital about the next iteration of NHS Digital's digital assessment questions (DAQ). Read more about DAQ and its contents within this [CP ITG update about DAQ](#).
- [Patients Know Best \(PKB\) became the first personal health record fully integrated into NHS App](#).
- The group or pharmacy teams may comment to [it@psnc.org.uk](mailto:it@psnc.org.uk) about what changes could be considered for the [NHS EPS nomination guidance](#) for when other pharmacy-related apps start to be able to directly change EPS nomination (i.e. further apps aside from NHS App, which already has this functionality).
- NHSX helped to fund and launch [healthandcarevideos.uk](http://healthandcarevideos.uk) - a national video library with over 600 patient information videos available to patients for free for six months.

## Remote care and use of IT to support new ways of working

- A huge amount has happened since the start of the pandemic and the group have been encouraged to think about the use of technology beyond and irrespective of the pandemic.
- PSNC further updated pharmacy-facing guidance following feedback from those using the technology: [/videocon](#) (and additionally: [/mobilemessage](#); [/instantmessage](#); [/mobiledevices](#); and [/WiFi](#)) in response to a growing use of such technology during recent months.
- NHSX's data security guidance eased at the start of the pandemic: *"It is fine to use video conferencing tools such as [Skype](#), [WhatsApp](#), [Facetime](#) or commercial products but you should safeguard personal/confidential patient information as you would with any other consultation."*



- The [NHS Digital approved video consultation solutions](#) which have met relevant standards are so far: [ACCURX](#), [Forms4health \(Aire Logic\)](#), [AlldayDr for pharmacy \(AllDayDr Group\)](#), [Doctorlink, Online \(and video\) Consult / Video Consult / Anywhere Consult \(EMIS Health\)](#), [Evergreen Life, iPlato Remote Consultation \(iPLATO\)](#), [Patient Optimiser \(Medloop\)](#), [Q doctor \(MyMed\)](#), [Push Dr, RIVIAM \(Targett\)](#), [FootFall \(Silicon Practice\)](#), and [SystmOne \(TPP\)](#). Some of these systems offer free trials and some have not yet created pharmacy-specific modules.
- The NHS have published a short [step-by-step guide aimed at NHS staff](#) and similar [for patients](#).
- At the last meeting, the group were encouraged to experiment with video consultation (VC) and several members of the group volunteered to try it: Richard Dean, David Evans, Sunil Kochhar, Fin McCaul, Sian Retallick and Rupal Sagoo. Some of the group jointly discussed the lessons before the Autumn CP ITG meeting: the need for additional training materials; the benefit with a pharmacy studying the quantitative benefits of its service outcomes VC versus phone; the importance of patient feedback; and the need for lessons from Wales and Scotland experiences.
- From September 1st 2020, [written consent for advanced services is no longer a contractual requirement](#) enabling services to be more easily be conducted remotely (Flu Vaccination Service, Medicines Use Reviews (MUR), New Medicine Service (NMS) and Appliance Use Reviews (AUR)).

### Next steps:

The group considered any changes to services since July 2020 in relation to the below.

- a. New kinds of systems and equipment introduced into your organisations (e.g. tablets / webcams). New VC or other remote care solutions.
- b. The positive experiences and the practical challenges with VC and remote care.
- c. Patient experience.
- d. What other IT is starting to be used more often to support new ways of working so that patients can receive services remotely e.g. instant messaging; or other technologies?

The group should promote the [CP ITG infrastructure survey \(draft online\)](#) after it is published. Comments about the survey structure and questions within the draft survey can be sent to [it@psnc.org.uk](mailto:it@psnc.org.uk).

### Video consultation

- Digitalhealth.net reported on a [large pharmacy chain's offer of video consultations](#) to cancer patients utilising the LIVI solution.
- HSJ reported that [a video GP provider revealed plans to partner with 111 to provide callers with the option of having a remote appointment](#) (subscription needed to read full article).
- Digital health.net reports on [experience of video within maternity care](#).

5a	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: <a href="#">/itfuture</a>

### Five-Year framework IT summary update

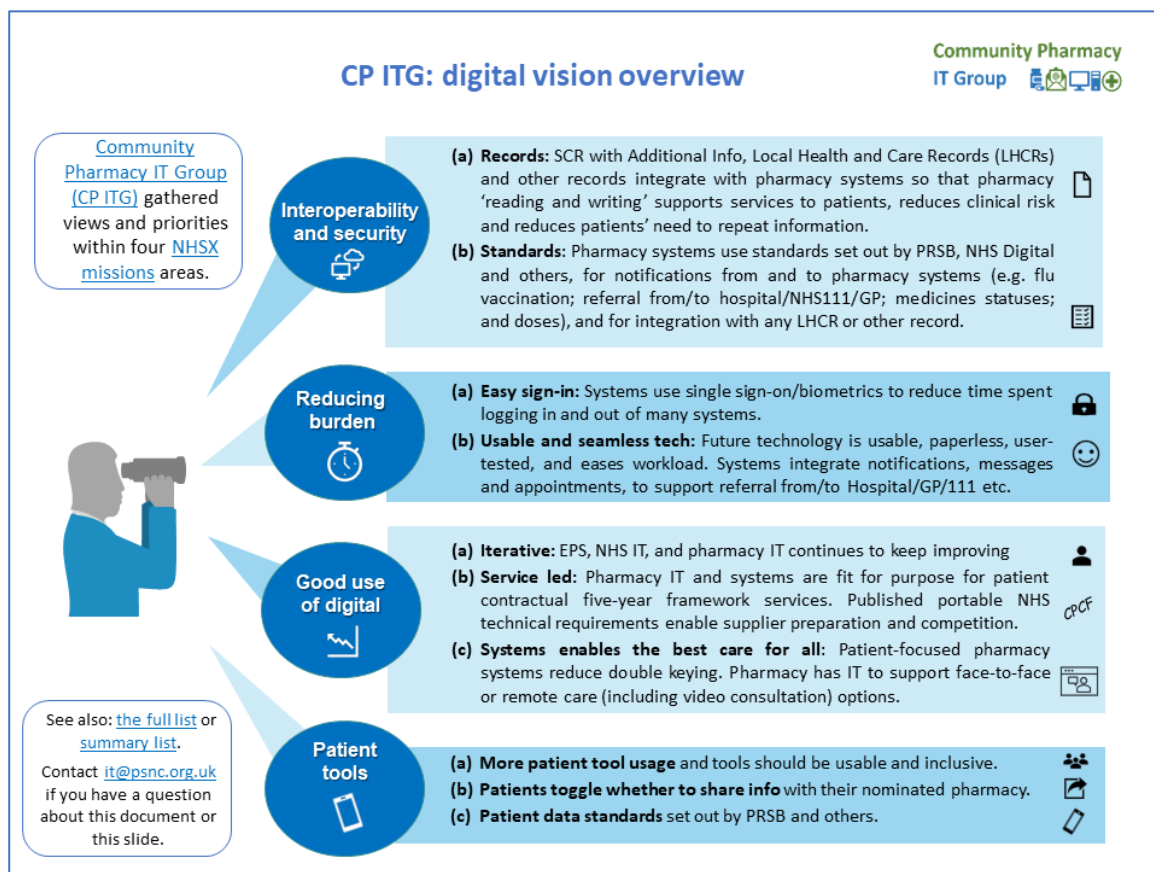
- An update will be given by NHS England and NHS Improvement regarding the development of IT to support the 5-year Community Pharmacy Contractual Framework ([Five-Year framework](#)) and related IT strategy at the group's meeting.
- System suppliers which wish to ask for more information about potential Community Pharmacist Consultation Service (CPCS) technical specifications can also be connected to the relevant NHSX lead. System suppliers interested in this should contact [Daniel.Ah-Thion@psnc.org.uk](mailto:Daniel.Ah-Thion@psnc.org.uk) who will connect the suppliers to NHSX.

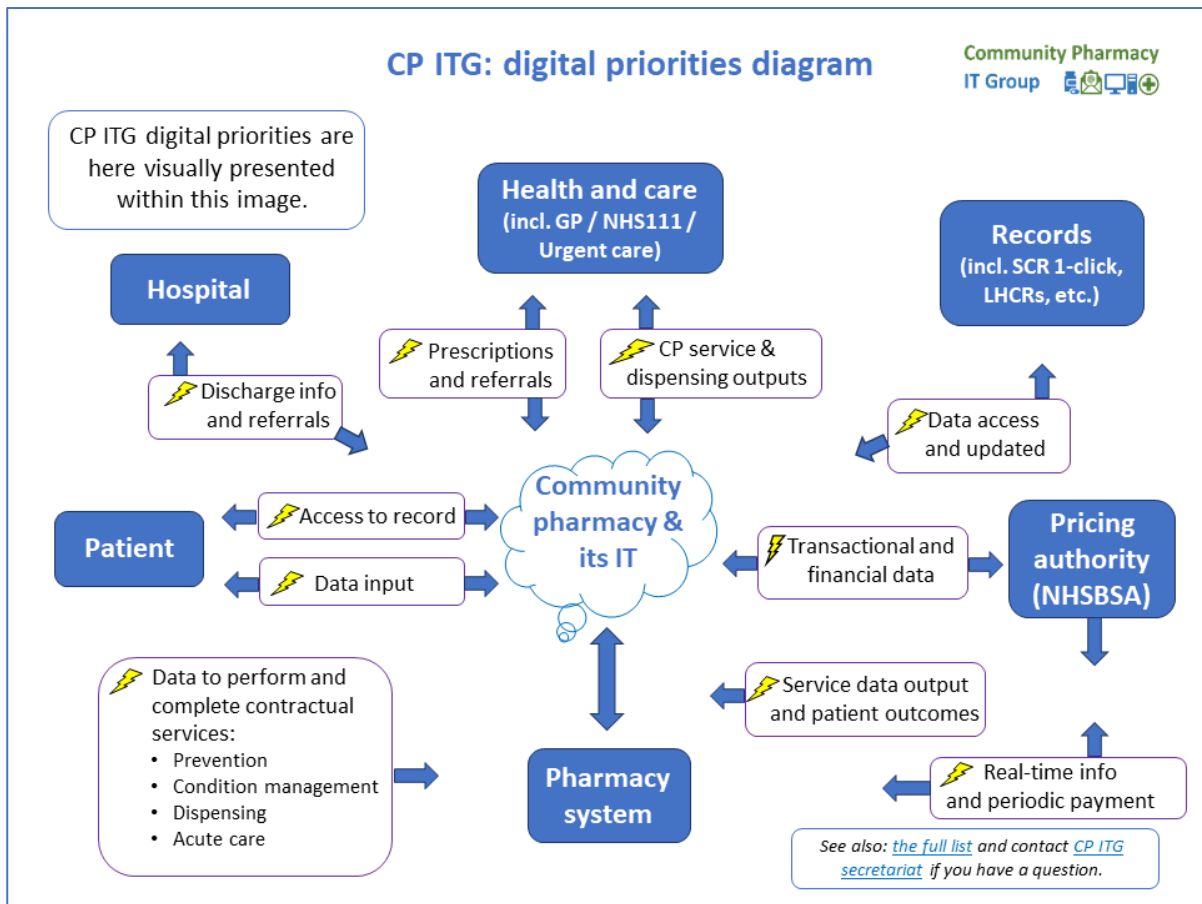
### Next steps

- The group is to further support the five-year framework IT strategy in light of the updates from NHSE&I.

## IT policy future updates

- Matt Hancock (Secretary of State for Health and Social Care) spoke about [the future of healthcare](#) and posted a short blog about [how technology helped shape the pandemic response](#).
- Deputy director for general data and digital at [New Zealand's Ministry of Health](#) shared [some lessons about their digital response to the pandemic](#): use of a contact-tracing platform which they created by taking “an existing platform for bowel screening and re-platforming it”, embracing cloud technology within health and care, and working with third parties.
- A BMJ opinion piece cautioned about [digital exclusion during the pandemic](#).
- Laura Wade-Gery [the chair of NHS Digital will lead a review of NHSX, NHS Digital, and NHS England and NHS Improvement's approach to digital transformation](#).
- The [group's PMR system wishlist](#) has been further updated with recent requests including: changes to reduce risks that eRD prescriptions go inadvertently unclaimed, alignment with the new exemption categories, and more logic to reduce the risk of wrong category selection if there is a free-of-charge (FOC) and non-FOC item on the same prescription. The list will be further developed after the meeting, including items being further categorised by priority. Community pharmacy teams or the group can contact [it@psnc.org.uk](mailto:it@psnc.org.uk) to take part with developing the list. This may be discussed at a future meeting.
- The group's comments at the previous meeting were incorporated into the [CP ITG digital priorities list](#). Community pharmacy teams can contact [it@psnc.org.uk](mailto:it@psnc.org.uk) to suggest changes for future versions. Matt Armstrong and Dan Ah-Thion have been working to present the information within infographics set out below. A PowerPoint version is available upon request for commenting onto. The group and pharmacy teams are encouraged to make comments about these two infographics to [it@psnc.org.uk](mailto:it@psnc.org.uk).





**CP ITG members nominated by PSNC, NPA, RPS, CCA and AIMp:** 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.

**The wider group:** Other pharmacy representatives, system supplier representatives and representatives from NHSE&I, NHS Digital, NHSX and NHSBSA.

**Secretariat:** Dan Ah-Thion.

**Social media:** To publicly tweet about the group/meeting (excluding confidential info.) use: [#cpitg](#)

**Meeting date:** Thursday 3rd September 2020

**Next main meetings:** November 2020, March 2021, June 2021, September 2021.

**Comments or feedback:** Comments that support progress on the priority areas, can be provided by emailing Dan Ah-Thion ([it@psnc.org.uk](mailto:it@psnc.org.uk)).

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