PSNC Service Development Subcommittee Agenda

for the meeting to be held on Wednesday 3rd February 2021

via Zoom

commencing at 9am

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

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/02/2021**)
5. Actions and Matters Arising

Action

6. Redefining the Support for Self-care Service and a walk-in Community Pharmacist Consultation Service option (**Confidential Appendix SDS 02/02/2021**)
7. Consideration of the potential criteria for the 2021/22 Pharmacy Quality Scheme (**Confidential Appendix SDS 03/01/2021**)
8. Enhancement of substance use services (**Appendix SDS 04/02/2021**)
9. Future service development priorities (**Confidential Appendix SDS 05/02/2021**)
10. COVID-19 vaccination programme (**Confidential Appendix SDS 06/02/2021**)
11. Development of the New Medicine Service (**Confidential Appendix SDS 07/02/2021**)

Report

12. PGD bolt-on service template to augment CPCS (verbal report)
13. Pharmacy information flows: proposed enhancement of the standard (**Appendix SDS 08/02/2021**)
14. IT update (**Appendix SDS 09/02/2021**)
15. Any other business

Minutes of the PSNC Service Development Subcommittee meeting

held on Monday 7th September 2020

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

In attendance: Alastair Buxton, David Onuoha, Caline Umutesi, David Broome, Gordon Hockey, Simon Dukes, Stephen Thomas, Sunil Kochhar, Has Modi, Sam Fisher, Garry Myers, Margaret MacRury, Adrian Price, Tricia Kennerley, Jas Heer, Fin McCaul, Peter Cattee, Janice Perkins and Anil Sharma

Item 1 – Welcome from Chair

1.1 The Chair sought nominations for the Vice-Chair of the subcommittee. Faisal Tuddy nominated Clare Kerr and Prakash Patel seconded her nomination. Clare Kerr was duly elected as the Vice-Chair of the subcommittee.

Item 2 – Apologies for absence

2.1 No apologies for absence were received.

Item 3 – Conflicts or declarations of interest

3.1 Clare Kerr noted that McKesson UK had responded to the request for information regarding distribution of COVID-19 treatments via distance selling pharmacies.

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 2nd July 2020 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Item 6 – GP Community Pharmacist Consultation Service

6.1 Alastair Buxton provided a short summary of the proposal received from NHSE&I for rollout of the service and the Negotiating Team's initial response.

6.2 In discussions on the proposals, Committee members made a range of observations and points.

Item 7 – Public Health Campaign topics for 2020/21

7.1 The subcommittee considered the NHSE&I proposal set out in the agenda for two campaigns to be undertaken this year (the Help Us Help You flu vaccination campaign and the Help Us Help You Pharmacy/Winter Pressures campaign), with a caveat, that if something very significant

arose and campaign material was available, e.g. a campaign on COVID-19 vaccination, we would review the plan and potentially include another campaign topic.

7.2 There was a suggestion that data related to the campaigns be collected by contractors and for this to be submitted to NHSE&I, collated, and then published, so the impact could be measured and demonstrated. This is already agreed with NHSE&I and it will be enabled by changes to the regulations to require electronic submission of data on the campaigns, which will allow national collection of data, rather than the regional collection which happens now.

7.3 **It was recommended that PSNC accept the NHSE&I proposal for the national campaign topics in 2020/21.**

Item 8 – Re-defining the Support for Self-care Service

8.1 The subcommittee discussed the issue set out in the agenda and considered the approaches that could be taken to re-defining the Support for Self-care Service requirements.

Item 9 – Distribution of COVID-19 treatments in primary care

9.1 Alastair Buxton provided a summary of the discussions with DHSC on distribution of COVID-19 treatments in primary care.

9.3 The subcommittee considered whether the sector would wish to participate in the distribution of such treatments.

9.3 The subcommittee concluded that provision of the service would be possible for all community pharmacies.

9.4 **It was recommended that PSNC continue discussions with DHSC on the development of a potential service for distribution of C-19 treatments and the pricing of that service.**

Item 10 – NICE Quality Standard

10.1 The subcommittee considered whether it would be appropriate for PSNC to support the NICE Quality Standard.

10.2 It was believed that PSNC should be supportive of the Quality Standard, however the current funding available to contractors meant that service delivery in line with the standard was unlikely to be affordable.

10.4 Consequently, PSNC could be supportive of the Quality Standard in any communications issued, but we would not become formal supporters of it.

Item 11 – Any other business

11.1 Feedback was provided on some contractors' experiences with the 119 service. This was not a matter for PSNC to address, so contractors should be encouraged to raise any concerns directly with the 119 service.

Return to agenda item

Subject	Redefining the Support for Self-care Service and a walk-in Community Pharmacist Consultation Service option
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Confidential
Overview	This paper builds on previous discussions to re-define the Support for Self-care Service and considers a definition of cases which could be handled via the Community Pharmacist Consultation Service for self-presenting patients. The outputs of this discussion will guide negotiations with NHSE&I and DHSC.
Proposed action	Consider the suggested approach to differentiation of self-care advice and clinical consultations for the management of minor illness and provide feedback and suggestions on how this could be refined.
Author of the paper	Alastair Buxton

Subject	Consideration of the potential criteria for the 2021/22 Pharmacy Quality Scheme
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Confidential
Overview	This paper summarises options for the 2021/22 Pharmacy Quality Scheme. These are derived from previously agreed criteria which have not been implemented due to the pandemic, suggestions from Committee members and LPCs and options previously identified by NHSE&I.
Proposed action	Consider the topics for potential criteria and identify preferred options to guide the forthcoming negotiations with NHSE&I and DHSC.
Author of the paper	Alastair Buxton

Subject	Enhancement of substance use services
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Public
Overview	This paper contains a draft proposal for the development of substance use services for patients using opioid substitution therapy. The proposals are intended to support the development of new locally commissioned services, where supervised consumption is not now being provided to individuals. The proposals have been developed in collaboration with a group of LPC Chief Officers.
Proposed action	Provide feedback on the paper.
Author of the paper	David Onuoha

Introduction

This paper contains a draft proposal for the development of substance use services for patients using opioid substitution therapy, where supervised consumption is not now being undertaken.

The proposals are intended to support LPCs to propose the development of new locally commissioned services to local government public health teams and drug services.

They have been developed in collaboration with a group of LPC Chief Officers to seek to mitigate the impact of the decrease in the number of patients having supervised consumptions in pharmacies, which has occurred during the pandemic.

This downturn in the volume of supervisions is expected to be a long-term change in practice, as a result of the experience of drug services during the pandemic and the pressure on local government public health budgets.

Subcommittee action

The subcommittee is asked to provide feedback on the paper.

The draft is also being reviewed by the group of LPC Chief Officers that helped develop it; following editing, it will be issued to all LPCs for local use.

Supervision of Opiate Substitution Therapy and Shared Care – The Future of Commissioning

Background

According to Public Health England (PHE), Drug misuse and dependency can lead to a range of harms for the user including:

- poor physical and mental health and ultimately death;
- unemployment;
- homelessness;
- family breakdown; and
- criminal activity.

But drug misuse also impacts on all those around the user and the wider society. Investment in treatment services has been highlighted as not only helping to save lives, but investment also substantially reduced the economic and social costs of drug-related harm. Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society. (PHE, 2017[1])

As part of the approach to support patients undergoing opiate substitution therapy (OST), community pharmacies provide supervised consumption of methadone and buprenorphine as part of a locally commissioned service through either the Local Authority or via a subcontracted provider of shared care services. Supervision is designed to support service users on their road to recovery by providing a structured approach to receiving OST along with reducing the risk of diversion or harm caused by others consuming the medication, especially children. The majority of methadone-related deaths are thought to be a direct result of diversion of doses to individuals not in OST (Cicerco, 2005[2]; Seymour et al., 2003[3]). Supervision at least in the first three months of OST, seeks to reduce this risk (NICE 114, 2007[4]). Following the introduction of supervised consumption in England and Scotland, methadone related deaths reduced fourfold (Strang et al 2010)[5].

A key benefit of the service that community pharmacies have historically provided is the community pharmacist, as a clinician, is often the one healthcare professional that service users encounter most frequently (depending on their treatment). Although the service is often referred to as a 'supervision' service, when contracts are reviewed, the pharmacy provides far more than just the observation of a service user consuming their OST medication. Service specifications also include requirements such as:

- Notifying the prescriber or key worker of any missed doses, for example missing three consecutive days;
- Monitoring the service user's response to treatment and looking for any signs of 'on top' use of illicit substances;
- Looking out for signs that the service user is intoxicated and refusing supply in these cases;
- Identification of any child or vulnerable adult safeguarding concerns; and
- Checking-in with the patient to see how they are coping.

A number of these are part of the National Institute for Health and Care Excellence (NICE) guidance on managing, monitoring, referral and follow up of patients on OST (NICE CKS

Opioid dependence: Scenario: Management[6]). They are also listed in the Orange Guidelines (Department of Health, 2017[7]). However, where these requirements do occur in contracts, there is often no formally agreed process to facilitate rapid and secure communication between the pharmacist and the treatment team. Most existing reporting mechanisms simply capture when doses of medication are supervised and, in some cases, this data is not actually seen by a client's individual key worker. Instead, the data is mainly used to support payment processes.

The importance of these elements of additional care has become even greater during the COVID-19 pandemic, as most treatment teams, based on guidance from the Department of Health and Social Care (DHSC) and Public Health England (PHE), have moved to remote monitoring and are unable to have that face-to-face interaction with all their clients. The key exceptions to this within the guidance are where a person is seen as a vulnerable service user, those undergoing healthcare interventions, people newly starting treatment and community alcohol detoxification services. (DHSC & PHE, 2020[8]) This means there is a key opportunity for the service to be reconsidered and expanded beyond a simple supervised consumption service, to also provide support and information to treatment teams on the overall welfare of the service user.

Problem Statement

At the start of the COVID-19 pandemic, OST clients were identified as being potentially more at risk from COVID-19-related illness or complications, particularly if they were also categorised as clinically vulnerable.[8] OST patients were also more likely to be affected by pandemic restrictions which could impact on their ability to both be supervised and to regularly access the pharmacy. It was also recognised that community pharmacies and the medicines supply chain were under pressure due to increased demand for prescriptions and increased rates of staff sickness because of the COVID-19 pandemic.

Therefore, to protect services users and maintain continuity of supply, it was necessary for treatment providers to review their service users and move them to less frequent collection regimes. Service users were screened by key workers and risk stratified to determine the level of risk posed by moving them to twice weekly, weekly or fortnightly unsupervised collections of their OST. These risk assessments were then shared with prescribers who ultimately made decisions to move clients to twice weekly, weekly or fortnightly unsupervised collections. Prescriptions were then issued with these new directions. This resulted in a significant number of service users no longer being supervised and as such, the payment mechanic for community pharmacies that additionally supported the overall welfare check of patients and provided some elements of feedback to treatment teams was no longer felt valid by some commissioners and consequently, payments have either stopped or have begun to be reduced to match current patient access levels. However, the expectation of treatment teams on pharmacies to maintain levels of feedback about clients in some cases has stayed in place and resulted in further pressure of unremunerated work.

Treatment teams are also realising that they have been too rigid in the maintenance of patients on supervised regimes. The pandemic has allowed these teams to see that more of their patients can be trusted and therefore the frequency of collection need not be daily and in a number of cases, that supervision is not necessary.

It is however important to note, that several Local Authorities and subcontracted providers have honoured the payments to pharmacies in recognition of the additional support they provide to service users and in line with Cabinet Office guidance[9].

Proposal

Stage 1

Local Pharmaceutical Committees (LPCs) are advised to use these changes in treatment regimens to review their existing supervision contracts and to understand what additional elements of service the pharmacist is required to provide as part of current supervision contracts. Where there is no supervision of OST being provided, and there is therefore no mechanism or element of additional payment, then any additional care linked to supervision within existing contracts should not be expected to be provided without contractors being appropriately remunerated for the additional work. Where there are no specified elements of additional care within the contract linked to supervision and over time treatment team requests or commissioner additions have resulted in service creep, the additional requirements need to become part of a remunerated service.

Commissioners should therefore be consulted regarding the existing service provision in the contract to ensure that appropriate remuneration is made for all requirements beyond supervision of OST. These additional elements of care are in line with both NICE[6] and the Orange Book[7] guidance and are of value to both treatment teams and clients. This is core to supervision contracts and for future contract negotiations. LPCs are advised to discuss the addition of a care package into the contracts, rather than a just having a supervision contract. LPCs are also advised to negotiate contracts that fund both the elements of care and supervision separately where required.

The Orange Book[7] lists the following aims that treatment teams should look to achieve to support OST clients who are being supervised as part of a community pharmacy service:

- ensuring the patient receives the prescribed dose;
- reducing diversion of prescribed doses;
- providing an opportunity for the pharmacist to make a regular assessment of patient compliance with treatment and of their general health and wellbeing;
- providing an opportunity for the pharmacist to build a therapeutic relationship with the patient that is beneficial to promote heath and harm reduction;
- reducing the risks of drug related overdose and deaths; and
- minimising the risk of accidental consumption by children.

While some of these aims are achieved via the provision of medication outside a supervision service as a result of dispensing, there are several elements that fall outside the requirements of the dispensing function of the pharmacy. These additional elements of care should not be expected to be provided by contractors where there is no remuneration, particularly outside the umbrella of a supervised medicines service contract.

If the aim is to provide a remunerated package of care to support clients with OST, LPCs are advised to consider the following elements in their approach to commissioners:

- Two-way communication between the pharmacist and members of the drug treatment team responsible for a patients care[6]. It is recommended than an IT

platform is introduced to allow rapid and direct communication between the care providers. Systems should be quick and easy to use, while providing a secure and auditable method of communication;

- Using the face-to-face contact and frequency that the pharmacist will have with OST clients, pharmacists can look for signs of withdrawal that would suggest that the dose of medication is not sufficient[6];
- Pharmacists can report signs of intoxication and incidences of when doses are refused due to intoxication[6];
- Pharmacists can report when clients are missing doses, not just when they are off-script after missing three days of medication[6];
- Pharmacists can reinforce when clients are due an appointment[6];
- Pharmacists can provide indications of when a client's physical appearance or mental health seems to be deteriorating[6];
- With patient consent, pharmacists who additionally provide needle and syringe programmes can flag if an OST client is collecting needles and syringes;
- Pharmacists can flag if there are any safeguarding concerns linked to childcare;
- Pharmacists can flag if there are any safeguarding concerns linked to exploitation or intimidation of the OST client; and
- Pharmacists can share concerns associated with any OTC repeat purchasing or refusals to sell an opioid containing medication.

A remunerated service that provides the above would appropriately fund the use of the pharmacist time to support OST clients, provide the current missing key worker face-to-face visual assurance that the OST client appears to be well and provides a rapid method of communication between the pharmacy and the treatment team to support any additional measures that need to be considered to aid the client. Drug treatment teams would have a more robust way to communicate client appointment reminders, script holds pending review instructions and provide more effective tools to support more robust auditing and review. These could all better support patient care and provide better opportunities for treatment teams to response to client welfare.

The aim should be a remuneration package to provide the elements of welfare for all OST clients on scripts with a pharmacy, and an additional fee to cover any requirements of supervision of medication.

Stage 2

There are additional service opportunities that could also assist both treatment teams and clients to maintain and improve patient care and these can be discussed as packages of additional care with commissioners to further develop the contract. These include:

- **Naloxone supply** - Across Europe, illicit opioid users are 10 times more likely to die than their peers of the same age group and gender, and 6100 deaths were attributed directly to opioid overdose in 2012.[7] With the increase in OST clients receiving take-home medication due to the pandemic, provision of naloxone to prevent accidental overdoses could be considered to further safeguard OST clients. With the agreement of the individual at risk, it could also be supplied to family members, friends and peers[1].

Due to the change in legislation in October 2015, pharmacists can lawfully supply naloxone for parenteral administration in the course of provisions of lawful drug treatment services and only where required for the purpose of saving life in an emergency, making it easier for drug treatment agencies to distribute naloxone to 'at risk' opiate users.[7]

Take Home Naloxone Service - Services Database: PSNC Main site

- **Injectable depot buprenorphine administration** - Buprenorphine prolonged-release injection may be an option where there is a risk of diversion of opioid substitution medicines or concerns about the safety of medicines stored at home. It may also be an option for people who have difficulties adhering to daily supervised opioid substitution medication, such as for people who are working or in education. However, the higher drug acquisition cost of buprenorphine prolonged-release injection compared with other treatments for opioid dependence will need to be taken into account.[10] Pharmacists could be commissioned to administer the injection to OST client and could provide support particularly in more rural areas.
  Pharmacy pilots 'game changing' buprenorphine injection | Chemist+Druggist (chemistanddruggist.co.uk)

  https://www.kaleidoscopeproject.org.uk/news/what-is-buvidal-and-is-it-right-for-you/

Further additional service examples include:

- **Blood borne virus screening** - Reducing potential harm due to overdose and due to blood-borne viruses and other infections should be a part of all patient care. All at-risk drug users should be offered testing and, if required, treatment for hepatitis C and HIV infections[7];

- **Hepatitis B vaccination** - All at-risk drug users should be offered vaccination against hepatitis B (and against hepatitis A and tetanus, when indicated)[7];

- **Observed Hepatitis C treatment**;

- **Brief alcohol interventions** - Drug users who are also using alcohol should be offered alcohol treatments[7];
  Aims: To deliver an alcohol IBA service through opportunistic interventions including service users engaged with drug treatment services, e.g. clients collecting OSTs, using needle and syringe programmes (NSPs), and any other patients attending the pharmacy.

- **COPD assessments** - Results from a study published in the Journal CHEST show that there is an association between heroin inhalation and early-onset COPD. Taskin D, (2019);

- **Sexual health services**; and

- **Prescription support** to drug users collecting their dispensed prescription for OST and other drugs.

These services would need to be developed and negotiations held locally regarding the service fee associated with provision of the additional service.

Summary

Community pharmacy has for a long time provided an entire support package for OST service users that has been 'badged' as a supervised consumption service. Now that supervision is less frequent, the reduced funding can no longer sustain unremunerated care or service provision. As a result, it is imperative that a funded pharmacy care package to continue to support clients as part of the provision of supervised OST is negotiated and put in place to maintain appropriate levels of care and service. These elements of care are in line with NICE and drug misuse and dependence guidance and will support provision of care by treatment teams.

Additional services can also be considered in pharmacies; however, these are builds on the existing funded care model, not a substitution for the wider contractual requirements of a 'supervision' contract. LPCs are encouraged to share any learning from their review process with each other and to upload any successful changes in service specifications or newly commissioned service specifications to the PSNC services database to support visibility to other LPCs.

References

1. Public Health England, 2017. Health matters: preventing drug misuse deaths - GOV.UK

2. Cicero TJ (2005). Diversion and abuse of methadone prescribed for pain management. *JAMA* 2005;293 :297-8

3. Seymour A, Black M, Jay J, Cooper G, Weir C, Oliver J (2003). The role of methadone in drug related deaths in the west of Scotland. *Addiction* 2003;98 :995–1002.

4. National Institute for Health and Care Excellence, 2007. Methadone and buprenorphine for the management of opioid dependence. https://www.nice.org.uk/guidance/ta114/chapter/1-Guidance

5. Strang J, Hall W, Hickman M, Bird SM (2010), Impact of supervision of methadone consumption on deaths related to methadone overdose (1993-2008): analyses using OD4 index in England and Scotland. https://www.bmj.com/content/341/bmj.c4851

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7. Department of Health and Social Care, 2017. The Orange Book. Drug misuse and dependence: UK guidelines on clinical management - GOV.UK

8. Department of Health and Social Care and Public Health England, 2020. COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol - GOV.UK

9. Cabinet Office, June 2020. Procurement Policy Note 04/20: Recovery and Transition from COVID-19 - GOV.UK

10. National Institute for Health and Care Excellence (2019), Opioid dependence: buprenorphine prolonged-release injection (Buvidal) https://www.nice.org.uk/advice/es19/chapter/Key-messages

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Subject	Future service development priorities
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Confidential
Overview	This paper provides a summary of the CPCF developments yet to occur within the 5-year agreement and other potential developments. It builds on discussions at the last Committee meeting.
Proposed action	Consider the proposed prioritisation of the service developments to support future negotiations with NHSE&I and DHSC, and internal work on service development.
Author of the paper	Alastair Buxton

Subject	COVID-19 vaccination programme
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Confidential
Overview	This paper provides an update on the collaborative work being undertaken by the pharmacy bodies with NHSE&I to plan potential ways in which more community pharmacies could be involved in the COVID-19 vaccination programme. A verbal update on the current situation will be provided at the meeting.
Proposed action	Provide feedback on the paper and the current position.
Author of the paper	Alastair Buxton

Subject	Development of the New Medicine Service
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Confidential
Overview	This paper provides an update on the conclusions of a working group considering options for the development of the New Medicine Service. The conclusions will inform the proposals NHSE&I and DHSC will make on development of the service in the forthcoming negotiations.
Proposed action	Provide feedback on the conclusions of the working group to inform the approach taken in forthcoming negotiations.
Author of the paper	David Onuoha

Subject	Pharmacy information flows: proposed enhancement of the standard
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Public
Overview	PRSB is overseeing work to consolidate the current six uses of pharmacy information flow standards (published in 2019) into a single standard and is updating the standard to support new services being developed and piloted under the Community Pharmacy Contractual Framework (CPCF).
Proposed action	None.
Author of the paper	Daniel Ah-Thion

Introduction

The Professional Record Standards Body (PRSB) previously developed Pharmacy information flows IT standards. PRSB are now working with pharmacy and other stakeholders to further update these IT standards during February 2021.

Standards are critical within the health and care sector because they enable people, devices and systems to communicate more efficiently and electronically. The growing use of standards improves patient care and data which can support improved public health. Standards can also reduce the need for health and care workers to 're-key' information and for patients to need to repeat themselves about their experiences.

The Pharmacy information flows standards are already being used in Flu vaccination and Community Pharmacist Consultation Service (CPCS) urgent supply notifications in PharmOutcomes, Sonar, EMIS Web and TPP SystmOne. The electronic notifications sent from pharmacies are received by GP practices as workflow tasks in their clinical systems. The notifications include structured information, which means details can be added directly to a patient's record, without the information having to be manually transcribed.

The clinical use cases for the IT standard will be:

- immunisation administration (including flu vaccination);
- emergency medication supply;
- New Medicine Service (NMS);
- medication reviews,
- CPCS;
- appliance use review; and
- new services recently introduced or being developed and piloted under the CPCF (these new CPCF services are likely to include point of care testing, smoking cessation referrals from secondary care, the Hepatitis C testing service, cardiovascular disease (hypertension) case finding service, palliative care and contraception provision).

PRSB will consolidate the current standards into a single 'community pharmacy standard' to enable easier implementation by community pharmacy system suppliers. PRSB have developed an updated dataset with new fields for these services.

Getting involved

Commenting on the standards: The proposed dataset can be downloaded at: **Pharmacy information flows dataset (for pharmacy comment)**. Related considerations have been set out within a **slide-set**. PRSB will be finalising the dataset during the early part of February 2021. If you have comments about the updated dataset, please send these to **Daniel.Ah-Thion@psnc.org.uk** before 10.30am on 8th February 2021.

Joining a pharmacy working group call about the updated standard (11am-12pm 8th February 2021): If you would like to join a pharmacy call on the topic, then contact **Daniel.Ah-Thion@psnc.org.uk** before 7th February 2021.

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Subject	Community pharmacy IT update
Date of meeting	3rd February 2021
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides an update on current developments in community pharmacy IT. Additional topics and detail are included within Community Pharmacy IT Group (CP ITG) papers.
Proposed action	None.
Author of the paper	Daniel Ah-Thion

Summary Care Records (SCR) and other clinical records

Recent developments in relation to SCR and other clinical records include:

- PSNC and the Royal Pharmaceutical Society (RPS) wrote to NHS organisations about the importance of easy and ongoing access to SCR Additional Information and Local Health and Care Records and the related patient benefits irrespective of the pandemic;
- Users of the Summary Care Record application will now be made aware of specific suspected and confirmed COVID-19 infections by a message box displayed on the SCR; and
- PSNC published an IT case study about pharmacy access to the Dorset Care Record (DCR).

NHS Service Finder

NHS Service Finder is a free online search tool which provides access to information from the Directory of Services (DoS). It is not accessible by the public, but it does allow pharmacy team members and other healthcare professionals to search for service information.

A CP ITG subgroup looked at the revised NHS Service Finder during October 2020 and approved of improvements and communications to encourage pharmacy teams to benefit from signing up and accessing non-public information, such as GP practice non-public telephone numbers.

The NHS Service Finder team have agreed that pharmacy head office and LPC staff can also sign-up to use the tool.

Example communications copy is available here.

PSNC has also prepared a factsheet: psnc.org.uk/sfsheet and published reminders about the tool.

Figure: Image extract from NHS Service Finder factsheet

NHSE&I work relating to pharmacy system supplier offerings

NHSE&I announced on 21st January 2021 that funding for the Community Pharmacist Consultation Service (CPCS) IT systems has been extended for an extra six months – until 30th September 2021.

Since March 2020, monies from the Pharmacy Integration Fund have been provided to NHSE&I regional teams to fund CPCS IT system licences ("the CPCS IT system" referenced in the CPCS service specification) for community pharmacies providing the service. This funding was originally due to end on 31st March 2021, after which time, contractors would be required to purchase their own IT support from the range of system suppliers in the market offering CPCS functionality.

NHSE&I have decided to extend the central funding of the IT for six months, from 1st April 2021 to 30th September 2021 as a way of supporting contractors during the pandemic. Further information will follow locally from regional NHSE&I teams.

From 1st October 2021, contractors providing the CPCS will need to procure their own CPCS IT system. As part of work to support this transfer of responsibility from the NHS to contractors, NHSE&I has commissioned South Central and West CSU procurement team to work on a market questionnaire for pharmacy system suppliers and an NHS Community Pharmacist Consultation Service (CPCS) IT specification. PSNC and suppliers have been involved in the development of the specification.

The questionnaire for Community Pharmacy IT system suppliers enabled suppliers to demonstrate a commitment to interoperability and development in line with the ambition of the CPCF.

Suppliers that align with relevant criteria (e.g. CPCS or future CPCF IT specifications) may then have their products or modules listed within an NHS list (using an NHS dynamic purchasing system framework) alongside them promoting their products to pharmacy contractors in the usual manner.

NHSmail

NHS Digital **improved the naming convention for most pharmacy shared mailboxes** in September 2020. This change had been sought by PSNC, CP ITG, pharmacy users and others for some time. The main email address was amended to the format: **pharmacy.ODScode@nhs.net**. The longer, original, email addresses were converted to aliases so pharmacy teams would still receive emails directed to them.

The NHSmail team has also updated the NHSmail service and as part of this, pharmacy accounts were **upgraded** during late 2020. The upgrade enables pharmacy NHSmail users to use some Office 365 features, several of which are already accessible.

NHS Digital reported **65 million Microsoft Teams messages have been sent amongst NHS colleagues since the week it was rolled out** to NHSmail users. Microsoft Teams access after the upgrade should be possible for pharmacy users.

PSNC and the NHSmail team have discussed the Microsoft Teams functionality after some pharmacies could not initially 'create a meeting' after their upgrade. Some functionalities may become available several days after an account is upgraded.

Pharmacy NHSmail users with technical queries can continue to use information on the 'Technical queries and escalation' section of PSNC's **NHSmail webpage** to seek assistance.

EPS

NHS Digital has supported EMIS with further rollout of EPS Phase 4 to more GP practices; **over 90% of GP practices have moved to Phase 4** and more than 90% of prescriptions processed by pharmacies are now EPS. EMIS have also made a 'one-off nomination' feature available to prescribers using their systems. Nomination remains the preferred solution for most patients.

The CP ITG's comments and pharmacy team feedback informed the drafting of **CP ITG's Views on the next generation of EPS** (version 1.0) which had been discussed by NHS organisations and PSNC. Community pharmacy teams are encouraged to contact **it@psnc.org.uk** with any suggested additions to this list.

Real Time Exemption Checking (RTEC)

The NHSBSA has led the RTEC programme since early 2020. You can read more on the programme, its phases and continued piloting of Department for Work and Pensions (DWP) exemptions at five pharmacies on the **RTEC website page**.

Feedback from RTEC users (PSL/EMIS/Cegedim/Titan systems) has continued to be very positive. Use of RTEC reduces the exchange of paper between pharmacy teams and patients, assisting infection control.

The NHSBSA had been meeting with two PMR suppliers during late 2020 to discuss the new data sharing arrangements necessary between the NHSBSA and system suppliers. Deployments for pharmacies with these systems could have continued, but further deployment was paused. Since November 2020, deployments have once again been proceeding following discussions amongst NHSBSA, PMR suppliers, CP ITG and PSNC.

A pharmacy RTEC user agreement for contractors to sign has been prepared and is now available within MYS.

The NHSBSA have published a **registration guide** which explains how pharmacy contractors can **log into MYS and confirm acceptance of the RTEC user agreement**. Pharmacy multiples can submit a bulk declaration for multiple pharmacies if they wish (the NHSBSA registration guide explains how that is done).

Pharmacy contractors continue to be encouraged to register now for RTEC. Contractors that are already using RTEC should also confirm their acceptance of the user agreement if they have not already done so.

Data Security and Protection Toolkit 2020/21

PSNC is working closely with NHS Digital, contractor testers and PMR suppliers on changes to the toolkit, seeking to keep the workload manageable but the data security protections appropriate. PSNC guidance will be issued on the revised toolkit as soon as possible.

Additional IT updates

Additional IT topics and detail are included within the CP ITG agenda papers and **webpages**.

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