

Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 18th November 2020 by videoconference

About CP ITG: The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings are attended by members representing the five organisations and representatives from [pharmacy system suppliers](#), [NHSBSA](#), [NHS Digital](#), [NHSE&I](#), and [NHSX](#). Further information on the group can be found on the [PSNC website](#).

Present

Richard Dean (Chair), Dean & Smedley Pharmacy and AIM
Dan Ah-Thion (Secretariat), PSNC
Paul Abrams, Cegedim
Dane Argomandkhah, Cohens
Matt Armstrong, Boots
Steve Ash, Day Lewis Pharmacy
Melanie Brady, Day Lewis Pharmacy
Gemma Binns, CegedimRx
David Broome (Vice Chair), Stancliffe Pharmacy and PSNC
Alastair Buxton, PSNC
Gian Celino, Cegedim
Imran Choudhury, NPA
Kingsley Ejeh, PRSB
Matthew Ellis, Positive Solutions
Darryl Dethick, PCT Healthcare Pharmacy
David Evans, Dale Acre Pharmacy and NPA
Martha Everett, NHS England and NHS Improvement (NHSE&I)
Sanjay Ganvir, Greenlight Pharmacy
Kirsten Geekie, Positive Solutions
Mary Gough, CCA
Stephen Goundrey-Smith, RPS
Gerard Greene, Community Pharmacy Northern Ireland
Martin Hagan, NHSBSA
Jo Hendry, Boots/Colombus
Claire Hobbs, NHSE&I
Sima Jassal, EMIS
Darryl Jones, NHSE&I
Rob Jordan, NHS Digital Summary Care Record (SCR)

Sunil Kochhar, Regent Pharmacy and PSNC
Rikesh Lad, Asda Pharmacy
Jo Lambe, NHS Digital EPS
Jason Lestner, Living Care Pharmacy
Anthony Linley, NHS Digital SCR
Fin McCaul, Prestwich Pharmacy and PSNC
Tim Morgan, PillTime and NPA
Alison O'Brien, NHSBSA
Libby Pink, NHSE&I
George Radford, Compass/Lloydspharmacy
Shanel Raichura, EMIS Health
Radhika Rangaraju, NHSX
Rupal Sagoo, Tesco Pharmacy
Jeff Shelley, Invatechhealth
Ben Tindale (NHSBSA)
Pritpal Thind, Sonar Informatics
Rob Thomas, PSNC
Faisal Tuddy, Asda Pharmacy
Rob Vaughan, Lincoln Co-op Chemists
Iqbal Vorajee, Cohens and AIM
Gary Warner, Pinnacle and Regent Pharmacy
Andy Wilcock, Rowlands Pharmacy
Jon Williams, RxWeb
Tom Williams, Sonar
Janson Woodall, Well Pharmacy
Heidi Wright, RPS
Sarah Zareian, NHSE&I

Apologies for absence from members: Sibby Buckle (RPS), Graham Phillips (NPA), Ravi Sharma (RPS) and Craig Spurdle (CCA).

Introductions, minutes of previous meeting and matters arising

The group agreed the minutes of the previous meeting. Remaining actions were carried into the [agenda papers](#)' 'next steps' for this meeting and some outstanding actions are listed within the minutes. The group was encouraged to freely use the chat feature during the virtual meeting. Relevant comments could be added to the meeting notes which would help the group's post-meeting work.

CP ITG Work Plan items

WP

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

Relevant webpages include: [/ifuture](#)

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

Supplier questionnaire and NHS Community Pharmacist Consultation Service (CPCS) IT specification:

The group discussed Appendix CPITG 02/11/20. Darryl Jones (NHSE&I) outlined actions for the group.

Actions:

- The CPCS IT requirements document will be distributed to the group. The group are asked to provide comments by 30th November 2020 and CP ITG's collated comments will then be passed to NHSE&I.
- The market questionnaire will be distributed to the group suppliers. Suppliers are invited to complete the market questionnaire by 30th November 2020 (partial completion is okay given the short timescale).

Discharge Medicines Service (DMS) IT: Appendix CPITG 02/11/20 set out related updates about DMS IT and the recent supplier briefing. Ben Tindale and Rob Hills (NHSBSA) explained they plan further work to support DMS pharmacy IT working alongside NHSBSA's Manage Your Services (MYS). NHSBSA will work with suppliers within upcoming one-to-one supplier calls (December 2020 or early 2021). NHSBSA also intend to host a working group call with multiple suppliers.

Palliative care service IT: The palliative care service pilot is scheduled to take place within this financial year.

GP CPCS pilot and early rollout work: Sarah Zareian (NHSE&I) has been working on the GP CPCS piloting and rollout during recent months and provided a verbal update to the group about the work and IT implications:

- CPCS connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. CPCS was extended to include referrals from GP practices from 1st November 2020. Pharmacies which are already registered to provide CPCS do not need to re-register to receive referrals from GPs, as this is an extension to the existing Advanced service (previously referrals came only from NHS 111).
- There are a significant number of scenarios in which the GP could refer the patient to the pharmacy. The pilot service is initiated when the patient contacts the GP practice by text message (free type) or using a form. The GP practice could decide to offer the patient a referral to a pharmacy for a consultation. Further work is continuing with eConsult, Eggton, and Clinic system suppliers. Within North East London, GP practices are taking part where pharmacies within a one-mile radius can participate.
- NHS 111 call handlers making a CPCS referral use a DoS viewer which enables them to see the two nearest pharmacies to the patient's location. There are some ongoing considerations about whether the tool should enable NHS 111 call handlers to see more pharmacies. Contractors feedback was that NHS 111 call handlers being able to see more than two pharmacy options would be helpful.
- Pharmacy contractors are using Sonar system within the London pilot. Pharmacy contractors with the EMIS pharmacy system are also running a similar pilot in the North West.

The group discussed whether referrals could go to the pharmacy without the GP referring them within the pilots. NHSE&I are working with Eggton (system supplier) on two options and are expected to develop both further:

- Option 1: Patient offered a choice.
- Option 2: Message sent to GP practice, GP reviews message.

Patient self-referral is currently out of scope of the CPCS. Future work may explore self-referral for patients into pharmacy, but this is not yet being explored.

NHS Service Finder: The group discussed Appendix CPITG 03/11/20. Sunil Kochhar updated the group about his use of the tool within his pharmacy. The tool had assisted with looking up GP practice non-public phone numbers when these were needed. Local GP practice waiting times on the phone had previously been as long as 40 minutes. Sunil and other members of the group are supporting that community pharmacy teams are made aware of the tool and its ability to help them look-up information.

Action: The group, member organisations and pharmacy contractors are encouraged to continue to regularly use their networks to raise awareness of the tool amongst pharmacy teams ([example copy is available here](#)). PSNC has also prepared a factsheet: psnc.org.uk/sfsheet.

Whitelisting websites: Appendix CPITG 03/11/20 set out related updates. CP ITG's [Website/system list which pharmacy teams access](#) was revised and published during early November 2020 and can assist pharmacy IT support providers that whitelist websites so that pharmacy teams can access these more easily.

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.

Work to update the Pharmacy information flows standard: The group discussed Appendix CPITG 01/11/20. Kingsley Ejeh (Professional Record Standards Body) and Stephen Goundrey-Smith (RPS advisor to the PRSB and clinical lead on the project) provided verbal updates and presented [slides](#). PRSB is overseeing work to consolidate the current six uses of pharmacy information flow standards ([version 1.0](#) 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). PRSB want the standards to be informed by those that develop pharmacy systems. NHS Digital will work with PRSB during early 2020 to add coding to the standard.

Actions: The group is invited to a standards workshop on 9th December 2020 and to comment on the drafted dataset. Suppliers may also join a workshop on 20th January 2021. PRSB will join the group's next meeting to provide an update.

Notifications from pharmacy systems to GP practice systems: Appendix CPITG 07/11/20 and NHS Digital's [Appendix CPITG 07B/11/20](#) set out related updates. GP practices using EMIS Web could receive flu vaccination notifications from October/November 2020. NHSX explained that the next steps included exploring notifications for minor ailments services.

Summary Care Record: Appendix CPITG 03/11/20 set out related updates. NHS Digital's SCR Product Manager, Rob Jordan, provided a verbal update and presented a [slide set](#).

- Community pharmacy and CP ITG feedback continues to be extremely supportive of the SCR Additional Information being the default SCR type, because of patient benefits irrespective of the pandemic.
- NHS Digital identified that there was a surge of community pharmacy usage during a week within late October 2020 - 28,000 uses counted (30% above usual). The group commented this may have partially related to pharmacy flu vaccination work.
- At the time of the group's June 2020 meeting, 78% of patients had Additional information included in their SCR but following work by NHS Digital and GP system suppliers, now more than 91% do. In June, 60% of SCRs viewed contained AI, in November this increased to 93%.
- A re-brand of SCRa may occur in 2021. The SCRa application displays information from the Spine SCR subset but also from other areas of the Spine, e.g. [Reasonable Adjustment Flag \(RAF\)](#).
- Sunil Kochhar explained that SCR AI has been very useful for immunisations, B12 injections and the local remote independent prescribing Patient Specific Directions (PSD) smoking cessation service. SCR access remotely for pharmacy professionals would be helpful for scenarios such as working remotely and doing virtual consultations from home. The COVID-19 isolation protocols have led to changes in which extra work is being conducted by professionals at home.

Actions:

- RPS and PSNC to write to NHS organisations about SCR Additional Information and LHCRs.
- Suppliers that want to develop integrated SCR 1-click into their PMR should get in touch with the NHS Digital Live Services team: (suppliers may contact it@psnc.org.uk for contact details if needed).

WP

Supporting NHSmail

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

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

NHSmail account upgrades: Appendix CPITG 03/11/20 set out related updates. Some of the group have had their accounts updated successfully and have used Microsoft Teams to collaborate. Windows desktops with Teams running in the background benefit from having at least 8 gigabytes of random-access memory (RAM).

Actions:

- David Evans will share some feedback to PSNC after the meeting, about switching between NHSmail inboxes using online Outlook, to help PSNC discussions with the NHSmail team.
- NHSmail users within the group were encouraged to use MS Teams after their accounts are upgraded to identify any support needs pharmacy teams may have.

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 National Cyber Security Centre's (NCSC) work with pharmacies: Appendix CPITG 03/11/20 set out related updates. Future NCSC pharmacy visits to explore use of Cyber Essentials within community pharmacies are being considered. The work will incorporate learnings from NHS Digital's and Templars' past data security work with pharmacies. Rowlands Pharmacy may consider working with the NCSC once more detail is revealed about what is involved. NCSC, NHSX and PSNC will discuss the next steps, and what will be involved with visits.

Action: Pharmacy contractors that would like to be involved (with receiving a free Cyber Essentials assessment during 2021) can register interest by contacting it@psnc.org.uk.

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: Appendix CPITG 07/11/20 set out related updates. The group previously supported a recommended minimum dataset for the sake of continuity of patient care. Stephen Goundrey-Smith performed an exercise to align the dataset to PRSB's [core information standard](#). The [drafted dataset has been revised](#) incorporating comments during the meeting and comments after the previous meeting (from Stephen Goundrey-Smith and suppliers). Subject to further approvals, an endorsed dataset.

Action: Suppliers are asked to send comments before January 15th 2021 to it@psnc.org.uk.

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: Appendix CPITG 05/11/20 set out related updates. The group previously identified going paperless as a major priority – within its *Digital Priority List* and *Views on the next generation of EPS* shortlists. Comments:

- Some pharmacy contractors are starting to use more mobile devices within their pharmacies.
- Invatech have explored enabling more paperless operations within their Titan system.
- Patients that use apps to help manage and order their medicines (e.g. NHS App) are still sometimes needing to consider requesting a paper record. App developers and prescribing/dispensing suppliers may provide this information already to patients via app, text message or email. NHS Digital wish to further explore those digital options for communication of such information.

- Following consultations, including responses and support from NHS organisations, PSNC, the British Medical Association and DHSC, the proposal for digital tokens is going to Ministers.
- Real Time Exemption Checking (RTEC) progress is fundamental to reducing paper within pharmacies.
- Trust in barcode scanning may result in less need for use of the current numbers of PCs in dispensaries, but more handheld devices and scanners are currently still required to ensure we have the right products for the right patients.
- It will be helpful if pharmacy related software works on Microsoft, Apple and Android mobile devices.
- The group discussed options for capturing digital patient signatures and storing these on the local PMR and pharmacy systems. A PMR supplier explained this could be added to the roadmap. Given improvements with technology, file size of the image files is less of an issue than it would have been in the past. Martin Hagan (NHSBSA) explained that progress within this area would be of interest to NHSBSA's goals to reduce the paper which needs to be processed by pharmacy contractors and NHSBSA.
- A CP ITG / Community Pharmacy Digital Group (CPDG) sub-group call was held just prior to CP ITG (during October 2020) to discuss paperless and 'faxless' processes.

Actions:

- The [Paperless processes feedback and next steps](#) paper will be published on CP ITG's webpage in late November, but if you would like a Word document version or wish to request changes to the paper, please contact it@psnc.org.uk.
- Dan Ah-Thion to facilitate a 2021 supplier call to consider the paperless EPS discussions.
- Several within the group expressed interest with trialling less paper usage (with support from CP ITG and PMR suppliers ideally also in place): Ben Eaton, Dean & Smedley (EMIS Proscript Connect user); Dane Argomandkhah, Cohens; Vikesh Patel, Weston Pharmacy; and Rupal Sagoo, Tesco Pharmacy.

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.

EPS and its next generation: Appendix CPITG 06/11/20 set out related updates. NHS Digital's EPS Product Manager, Jo Lambe, and NHSBSA's Martin Hagan provided updates:

- NHS Digital have continued working with NHSX, NHSE&I and others on preparing a newly developed 'EPS prescribing API / message format'. The initial implementation would be to secondary care – outpatients to community pharmacy. Testing and assurance work is taking place with a single prescribing supplier into 2021. Community pharmacies might receive some prescriptions during March 2021 at the earliest from the private beta first implementation (the first prescribing supplier).
- NHS Digital are progressing the work in Jan-March 2021, and significant progress is subject to work by secondary care system supplier(s) being completed. Secondary care and secondary care suppliers do continue to express interest in use of EPS as an alternative to paper. Requests for EPS by secondary care have accelerated because of the ongoing pandemic: reduced paper exchanges associated with EPS may reduce infection transmission.
- Community pharmacy feedback has also previously indicated support for EPS use within secondary care.
- NHS Digital's new EPS API will be enhanced over time to include all the additional features, making the API suitable for primary care use: Repeat prescribing, bulk signing, subsequent cancellation and nominated/non-nominated scripts.
- NHS Digital work on the EPS dispensing API is also taking place with target for completing work by end of March 2021, at the earliest, subject to testing and assurance work. The initial implementation is for homecare providers. NHS Digital plan to enhance the EPS API later further with additional features needed for community pharmacies: Nomination setting, claiming and claim amend.

- Progress with EPS FHIR work and suppliers may enable consideration of EPS enhancements.
- The volumes of current hospital paper prescriptions are estimated at 190,000 to 240,000 per month.
- 'Outpatient Community Prescriber' EPS codes have been added to the [EPS endorsing guide](#) for hospital outpatient prescriptions dispensed in a community pharmacy: medical prescribers; community practitioner nurse prescribers; and independent/supplementary prescribers (pharmacists, nurses, optometrists, podiatrists/chiropractors, radiographers, physiotherapists, dieticians and paramedics).
- NHS Digital intend to begin a public beta open to more suppliers from April 2021.
- NHSBSA is speaking with suppliers about revisions to the EPS endorsing guide to facilitate the implementation of Serious Shortage Protocols (SSPs) for EPS.
- Pharmacy suppliers currently use Electronic Prescription Service - HL7 V3 API, but a phased transition towards EPS FHIR standards may be possible during the next 1-2 years.
- The [suspension of signature requirements](#) will reduce EPS tokens needing to be submitted.
- NHS Digital are also working with prescribing system suppliers on 'bulk signing' (terminology will change).

Action:

- System suppliers with comments about the updated EPS endorsing guide or SSPs to contact NHSBSA.
- System suppliers with queries about updated EPS FHIR specification should contact NHS Digital.
- NHSBSA will further update the EPS endorsing guide after the meeting to revise the SSPs passage.

Electronic prescriptions within Wales and Northern Ireland: Matt Armstrong has fed into work in Wales considering an electronic prescription system – on behalf of the CP ITG. He provided a verbal update relating to Confidential Appendix CPITG 06/11/20. Community Pharmacy Northern Ireland are also considering how to support electronic prescriptions development. EPS FHIR standards work by NHS Digital may be considered by Wales and Northern Ireland.

Real Time Exemption Checking (RTEC): Appendix CPITG 03/09/20 set out RTEC updates. Alison O'Brien (NHSBSA Head of Health Exemption Services) provided some updates: Some RTEC deployment had halted whilst NHSBSA and two PMR suppliers discussed new arrangements for data sharing. NHSBSA and one of those suppliers have said they have been able to agree a data sharing arrangement which will enable extra deployments to start again. NHSBSA and the other supplier are to meet again within days to progress the matter. War pension exemptions are out of scope. Further work between NHSBSA and Department for Work and Pensions (DWP) is due in coming months.

WP	Consider the development of apps, wearables and technologies in healthcare
<i>Relevant webpages include: /apps and /videocon</i>	
Information from the agenda and papers was noted about NHS App and video consultations and the group agreed the proposed next steps.	

Appendix CPITG 07/11/20 set out related updates. An app called [Pando](#) is being used by one of the group's members within their pharmacy. It allows secure messaging and patient picture capture.

Video consultations: Scotland with [Near Me](#), and Wales with [Attend Anywhere](#) are giving contractors access to [video consultation](#) software. NHSE&I continue to explore how video consultations can support the delivery of care by English community pharmacy contractors. NHSE&I Midlands have a video consultation trial in pharmacies with [DoctorLink](#). Yorkshire have a trial ongoing with [AccuRx](#). RPS continue to advocate for a standard video consultation tool available across all pharmacies.

Future meetings:

Weds 9th June 2021

Weds 22nd September 2021

Weds 17th November 2021