

## Community pharmacy IT progress update: Summer 2021

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.

- [IT policy updates](#);
- [Supporting interoperability](#);
- [NHSmal](#);
- [Data security](#);
- [Reduced burden and practical use of IT](#);
- [Pharmacy systems](#);
- [Electronic Prescription Service \(EPS\) enhancement](#); and
- [Apps, wearables and technologies](#).

*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). These updates are also available within html format at: [psnc.org.uk/itupdate](https://psnc.org.uk/itupdate).

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

### [CPCF IT framework / Pharmacist Consultation Service \(CPCS\) IT](#)

- [CPCS IT systems](#) are currently funded centrally by NHSE&I. This arrangement was originally due to end in April 2021 but was [extended up until the end of September 2021](#). CPCS contractors will be responsible for purchasing their own solutions from October 2021 onwards.
- The group has been supportive for guidance and benchmarking that assists the selection of pharmacy contractors' CPCF/CPCS system supplier and has noted that some contractors will be considering contracts and contract length given that October 1st 2021 is approaching. CP ITG and PSNC have supported for continued work but also have fed back to NHSE&I and the CSU at previous and recent meetings that six to twelve months' notice should be provided ahead of such developments. This time is to allow pharmacy contractors to consider options, agree contracts and train with the new systems. Suppliers also request this period of notice to assist with their allocation of programming resource and to help them with fitting in this work around their other roadmap items.
- Suppliers' software solutions will need to meet [CPCS IT standards](#) set by the NHS. These standards will be reflected in the CPCS Technical Toolkit (which NHSE&I plan to publish in draft format during June 2021 and to iterate it over time as needed). The document incorporates past comments from CP ITG and suppliers.
- Four CPCF IT suppliers are expected to be ready for 1st October 2021: [Cegedim](#), [PharmOutcomes](#), [Positive Solutions](#) and [Sonar](#). Other suppliers may come on board later. Suppliers are currently being supported by NHS Digital and NHSBSA to meet the minimum requirements in the CPCS Technical Toolkit. See also: [CPCS IT system selection and IT support arrangements](#).

### [GP Community Pharmacist Consultation Service \(CPCS\) IT pilot](#)

NHSE&I has been working on the GP CPCS piloting and rollout since 2020 and provided a further update about recent progress:

- The pilot relates to eight London community pharmacies with the Sonar system and four GP practices.
- 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.
- NHSE&I have engaged with the LPCs with pilot pharmacies within their areas including with LPCs within [Pharmacy London](#).

### GP Community Pharmacist Consultation Service (CPCS) IT principles and standards

- When the GP makes a referral to a community pharmacy, this could be done using different types of GP IT (e.g. [accuRx](#) or [Doctorlink](#)). Contractors have requested common GP CPCS IT standards so that the messages appear seamlessly in pharmacy CPCS IT systems. LPCs have also requested a principle for GPs to have access to a form of IT that enables CPCS referrals to be reported in the appropriate way even for those patients who do not visit the GP practice in person to make it easy for GP practices to divert patients to pharmacy via GP CPSC, where appropriate.

### Integrated Care Systems (ICS) and local digital priorities

- NHSE&I published [Designing ICS](#) (June 2019) and [Integrating care...](#) (November 2020) setting out plans to increase the importance of ICS within the NHS. PSNC published a [summary of the key points](#). ICS were in place by April 2021 (or before in many areas) and ICS have a statutory footing from 2022, subject to legislative change. ICS evolved from Sustainability and Transformation Partnerships. ICSs are to: enable cooperation between the NHS and councils; run services in a coordinated way; agree system-wide priorities; and plan collectively how to improve patients' day-to-day health. There are [around 40 ICS](#) and each of them services populations of between 300,000 and 3 million.
- ICS have been tasked with developing data and digital as one of several key goals ("to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care"). IT ICS priorities as set out by NHSE&I are as follows: developing Local health and shared care records (LHCRs); preparing digital transformation plans for their area; developing a roadmap for patient-centred digital channels; enabling collaboration including shared appointment booking and referral management and task sharing; publishing statistics; and supporting remote monitoring to allow patients to stay safe at home for longer. Many ICS are forming digital boards and employing digital leads. Local Pharmaceutical Committee Chief Officers have expressed interest with taking on board CP ITG national priorities to support their work with ICS on local digital priorities.

#### **Next steps:**

- The group, LPCs and contractors accessing LHCRs are encouraged to attend a [Virtual LHCRs/ICS Event: for LPCs and CP ITG \(1st July noon-1.30pm\)](#).
- Local digital priorities based on feedback received by PSNC and on the national CP ITG digital priorities list have been prepared into documents: [Local pharmacy digital priorities \(prose\)](#) and [Local pharmacy digital priorities slides](#). Comments on these documents can be made to [it@psnc.org.uk](mailto:it@psnc.org.uk) by the end of June 2021.
- Examples of LHCR or local digital priority papers should be sent to [it@psnc.org.uk](mailto:it@psnc.org.uk) by 30th June 2021.

### New CP ITG IT infrastructure survey

- Contractors and others can promote the newly launched survey using [template wording](#). [Please can pharmacy contractors and teams also submit an IT arrangements survey response within June](#). The results will help inform IT policy of system suppliers and the organisations which attend CP ITG.

## NHSX and NHS Transformation Unit working to develop a new strategy

- NHSX and NHS Transformation Unit discovery work is continuing to enable the later creation of an NHSX digital strategy for pharmacy, optometry, dentistry, ambulance and community services (PODAC). NHSX are working closely with NHSE&I and other stakeholders to build on the opportunities already taken to accelerate transformation in these areas over the next three to five years.
- Many from within the group volunteered their time to feed into two workshops. PSNC and pharmacy teams also fed in via one-to-one interviews with the project team. The project team have explained that some extra system supplier feedback will be captured later. PSNC has reported that capturing supplier feedback is also critical.

### Next steps:

- Those who have not yet fed in can contact [it@psnc.org.uk](mailto:it@psnc.org.uk) to be sighted on developments and feedback opportunities.

## Pharmacy IT Gantt chart draft template

- System supplier feedback has indicated that multiple projects and objectives are contributing towards severe capacity challenges. Suppliers asked whether the group could explore documenting the multiple projects which are ongoing or forthcoming within the NHS; a draft chart template has been prepared. See: [Gantt Chart \(slide\)](#) and [Gantt Chart \(spreadsheet\)](#). The chart can be set to relate to 'all contractors' or can be used as a template by an individual system supplier. Comments about the work may be sent to [it@psnc.org.uk](mailto:it@psnc.org.uk).

## COVID-19 vaccination programme IT

- More than 600 community pharmacy sites are currently being used to provide vaccines. Contractors have used Point of Care systems such as those provided by [Outcomes4Health](#) and [Sonar](#).
- NHSE&I and NHS Digital are supporting the use of the [National booking service](#) (NBS) and the [wider vaccination programme](#). NBS enables people to book COVID-19 vaccination appointments at vaccination centres and community pharmacies across England. The national booking service is made up of three parts: (1) an online booking service available to the public on the NHS website - the [Book a coronavirus vaccination service](#); (2) an appointment management system for staff working at vaccination centres and community pharmacies offering vaccinations ([Q-Flow](#)); and (3) an app for checking people in to their appointments when they arrive at vaccination centres.
- More than 500 pharmacy-led vaccination sites have administered over five million vaccines across England (as of June 2021). Further pharmacies are being onboarded into the programme.
- Pharmacy teams involved with vaccine supply are encouraged to feed into NHS Digital by registering interest at <http://bit.ly/NHS-vaccination-user-research> so an NHS Digital team member can get in contact. The user research team are especially interested to hear from those who do activities such as data input or reporting, or those who use computer systems as part of their role.

## Other IT policy updates

- The group's [Terms of Reference](#) will be added to the CP ITG webpage during July 2021. The Terms of Reference can be seen [here](#). If you would like to comment on these, please contact [it@psnc.org.uk](mailto:it@psnc.org.uk).
- The [group's PMR system wishlist](#) has been further updated during June 2021 and priority and feasibility rankings added. Community pharmacy teams or the group can contact [it@psnc.org.uk](mailto:it@psnc.org.uk) to take part with further developing iterations to the list.
- CP ITG published a previous [progress](#) update, and its [quarterly round-up](#) following its last main event.
- Community Pharmacy Digital Group discussed [NHS Digital Academy accepting applications during April 2021](#) (for courses starting from Sept 2021).

## Integrated Care Systems and digital technology

- [NHSE&I outlined the importance of data and digital in fulfilling plans to progress ICS.](#)
- [Derbyshire ICS signed a 10-year shared records deal with Orion Health.](#)
- With ICS set to be put on a statutory footing by 2022, Mala Mawkin says that [now is the time to get personal and share stories of integration success.](#)
- Digitalhealth.net published an opinion piece written by a healthcare lawyer putting forward that [“putting ICSs on a statutory footing could encourage similar levels of digital maturity across regions if the right funding and governance was in place”](#), and “success depends on ‘baseline’ digital maturity across organisations”.
- NHSE&I board papers illustrate [NHSE&I hopes digital and data will help drive system working as well as connecting health and care providers.](#)
- Infinity Health published an opinion piece about ["What the new NHS Integrated Care Systems need to do to be successful"](#) including the expansion of Shared care records, and more proper digital transfers of care.

## IT policy updates

- [Simon Bolton replaced Sarah Wilkinson as interim chief of NHS Digital.](#)
- The NHSX CEO, [explored the digital future of the NHS, including the speculation surrounding NHSX and looked over the work and lessons NHSX has been involved with since it's set up in 2019.](#)
- [NHS Digital improves e-Referral Service \(e-RS\) further following feedback.](#)
- HSJ.co.uk reported that NHSE&I is to [create a 'transformation directorate' merging NHSX with others from NHSE&I. Timothy Ferris was appointed Director Of Transformation for NHSE&I.](#)
- Matt Hancock set out [Five mission critical areas of digital health technology.](#)
- DHSC launched a review to [highlight how health data can be used for research and analysis.](#)
- Government and healthtech bodies backed a [campaign to showcase UK digital health.](#)
- NHSE&I highlighted [patient stories of digital primary care in a pandemic.](#)
- [Simon Eccles \(NHSX CCIO\) reflected on the IT leadership survey](#) of 2020 and its findings such as IT Leaders responses demonstrating: more video consultation, a reduction of dissatisfaction with hardware, a shift in attitudes to health data, upgrades being made to records systems and improved online triage becoming more available.

A May 2021 joint Lancet and London School of Economics (LSE) [report on the future of the NHS called for a re-evaluation of digital health and for new areas of focus.](#) The suggested focus areas are as follows:

1. **Deliver integrated electronic health records past commitments** (with access for patients, carers, and health and care providers across multiple settings).
2. **Improve the usability and interoperability of IT systems** to reduce staff errors and burnout.
3. **Address security, privacy and governance concerns.**
4. **Develop easy-to-use platforms for those at risk of digital exclusion.**
5. **Collate datasets** to support policy and planning, service delivery, and the precision medicine and public health agendas.
6. **Invest in IT leadership**, training and development of the existing workforce, and the creation of new roles such as data scientists and clinical informaticists
7. **Understand AI/robotics** benefits but as complementary to pre-existing roles and to reduce the burden on staff.

1a

### Supporting the development of interoperability/integration

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

## Work to update the Pharmacy information flows standard

- The Professional Record Standards Body (PRSB) provided an update at the group's last meeting and invited CP ITG to a multi-disciplinary workshop, and suppliers to a January 2021 workshop. [PRSB pharmacy flows standard developments work was highlighted by PSNC](#). A dedicated pharmacy call with CP ITG and PRSB took place in February 2021. PSNC will consider endorsing the dataset after its Service Development Subcommittee have reviewed the latest version of the dataset (which is expected to be available within June 2021). PSNC will feed back to PRSB and RPS.

## Local health and shared care records (LHCRs) and records update

- Updates about [LHCR](#) arrangements have been included within previous progress updates. LHCRs are sometimes referred to as 'Shared care records / ShCR'.
- LPCs and/or local contractors can continue to take steps to gain pharmacy access such as:
  - identifying the LHCR project team from the [List of records systems](#);
  - learning about case studies such as: [Dorset Care Record LHCR pharmacy access case study](#);
  - contacting the LHCR project team and other local partners to find out how to get involved;
  - using the '[Planning pharmacy access briefing](#)' and [frequently updated LHCRs webpage](#); and
  - reviewing the December 2020 [PSNC/RPS LHCRs/SCR letter to NHS orgs about records access](#).
- CP ITG pharmacy reps and LPCs will be invited to a [Virtual LHCRs Event: Shared care records meeting for LPCs and CP ITG \(1st July noon-1.30pm\)](#).
- [PSNC and the Royal Pharmaceutical Society \(RPS\) called for LHCR standards and continued pharmacy access to Summary Care Records with Additional Information \(SCRs with AI\) following the COVID-19 pandemic](#). Read the letter in full [here](#).
- A researcher published their [findings on the use of electronic health records \(EHRs\)](#). They identified benefits but also usability challenges.
- [Child health records are set to be digitised earlier than planned](#) (April 2023 instead of a year later) under government plans to give families greater access to their children's data.
- [NHSX plans to launch a new framework for digital social care records](#).
- Digitalhealth.net published a special report on [Local health and shared care records \(LHCRs\)](#) which argues that the continued growth and development of LHCRs means "the NHS is actually beginning to catch up with what many people think is happening already".

## Other interoperability updates

- DHSC reported that [£16 million will be used to introduce digital prescribing across 16 hospitals](#).
- InterSystems (IT system supplier) expressed the view that [interoperability could be key when it comes to unlocking the success of healthcare IT companies](#).
- Digital health expert Wachter (and author of '[Using tech to improve the NHS](#)') believes the [world will shortly enter 'a golden era' of health IT](#).
- [NHS App e-Referral Service reduces patients who 'did not attend' by half](#).
- [Electronic notifications were introduced for pharmacies and GP practices using Sonar and EMIS Web, following the service launch with PharmOutcomes and TPP SystemOne](#).
- [NHS Digital published information on ethnicity recording in the NHS to aid planning and research for COVID-19](#).
- [Amazon progressed further into the US health sector with use of its online pharmacy in the US](#).
- [NHS Wales commits to adoption of GS1 barcode standards](#).
- [PRSB publishes guidance for prescribers using genetic information](#).
- The group previously agreed to support the capability for anonymised data to be accessible, so that pharmacy teams' interventions can start to be auditable, and the value of community pharmacy can

be better 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).

## 1b Supporting NHSmail

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

- NHSmail support pages outline the benefit with the NHSmail Teams “Virtual Visits” patient consultation platform – it enables appointment booking and video consultation. The NHSmail team provided a demo to PSNC and CP ITG representatives. At present, pharmacy team members do not have the ability to ‘switch on’ the functionality and the NHSmail team have advised that an update will be provided later about whether a pharmacy process for accessing this can be added.
- PSNC has been working with the NHSmail team to check that pharmacy contractors have the correct revised naming format: [pharmacy.ODScode@nhs.net](mailto:pharmacy.ODScode@nhs.net) (e.g. not the incorrect format [nhspharmacy.ODScode@nhs.net](mailto:nhspharmacy.ODScode@nhs.net)). Contractors who do not have their address within the expected format can [raise a ticket with the NHSmail pharmacy admin team](#).
- PSNC has published a [factsheet to support escalation of an NHSmail ticket](#).
- [IT case study: Pharmacy and GP practice co-working with NHSmail](#): Community pharmacy contractors and GP practice staff in Widnes are collaborating more than ever after digitising their communications through a local NHSmail initiative.

## 1c Supporting maintenance and demonstration of data security and information governance arrangements

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

### NHS Digital’s Care Identity Service 2 (CIS2) program

- CIS2 is a future enabler for login to NHS systems without a physical Smartcard for more health and care settings.
- CIS2 (formerly called NHS Identity) is an authentication system. Some newer associated CIS2 integrations are being piloted with health and care professionals in England to prove their identity when accessing national clinical information systems e.g. Summary Care Record (SCR) access on iPads via fingerprint identification by Care Home staff and paramedics.
- Authentication in the future may be via: a specified mobile device correctly set-up and with the right software; or a Smartcard (or virtual equivalent) with or without a direct [HSCN connection](#). However at the present time, Smartcards do require a HSCN connection. There is a piece of work in the pipeline to enable Smartcards to be used on the internet and so remove the reliance on a connection to HSCN.
- At present EPS and the associated authentication being used (CIS1) is limited to Microsoft Windows.
- CIS2 has a series of advantages compared with CIS1: it works with iPads/Windows tablets/laptops, and cross-platform keys, it also works with Google Chrome and Apple Safari instead of just via the Microsoft internet browser.
- Paramedics using CIS2 have found benefits including speedier authentication when compared to older systems.
- Some older CIS1-related technologies will be reaching end-of-life, and NHS Digital and PSNC will be communicating about this to suppliers within June 2021.
- Pharmacy contractors, teams and CP ITG have expressed interest in being able to break away from needing to use physical Smartcards, in favour of signing-in on a mobile device and using EPS.
- At some point, CIS2 may be able to create scenarios in which personal mobiles are used for authentication.

- The ongoing work between Entrust and NHS Digital on other '[Entrust virtual Smartcard certificates](#)' is separate from CIS2 developments. Work is ongoing to coordinate and align the two projects.
- NHS Digital authentication/CIS2 team have been engaging with each of the pharmacy EPS system suppliers and will continue doing so, and plan to do so further via the EPS Next Generation work and the ongoing NHS Digital / PMR service calls. System suppliers which wish to further understand how to speedily begin the CIS2 integration work should fully explore the [NHS Digital CIS2 webpages](#), continue any PMR/CIS2 team talks which have already begun or contact the CP ITG secretariat ([it@psnc.org.uk](mailto:it@psnc.org.uk)) who will link you to the CIS2 supplier onboarding team. Suppliers may also contact the CIS2 supplier onboarding team directly.

### Data Security and Protection Toolkit (DSPTK)

- PSNC has issued communications and guidance relating to the completion of this year's Toolkit.
- PSNC has again worked closely with NHS Digital and contractor testers to keep the workload manageable but the data security protections appropriate. The key differences this year include: new mandatory questions and improvements to the wording for all the questions.
- PSNC updated its [Data security and information governance hub](#) during April 2021 to support Toolkit completion and published new guidance for the 2020/21 Toolkit submission:
  - [Toolkit completion: Five steps to complete the Toolkit \(overview\)](#)
  - [Toolkit completion: Question-by-question guidance \(mandatory questions\)](#)
- Data security templates were all updated and new ones added: [psnc.org.uk/dstemplates](https://psnc.org.uk/dstemplates). These templates are also now organised both by template number and alphabetically.
- A revised training option was added: [Pharmacy data security \(for induction or refreshment\)](#).
- PSNC also hosted meetings with the PMR suppliers and NHS Digital, to help the PMR suppliers with their preparation of PMR-specific guidance for contractors.

### **Next steps:**

- If you would like to feed into the development of the proposed 2021/2022 question set, please email [it@psnc.org.uk](mailto:it@psnc.org.uk).

### Other updates about data security

- [Tributes paid to National Data Guardian Dame Fiona Caldicott who passed away in February 2021](#). Caldicott passed away at the age of 80 following a career dedicated to seeking the balance between the protection of patient information and the sharing of information to improve care.
- [Nicola Byrne has been appointed as the new National Data Guardian \(NDG\) for Health and Social Care for the next three years](#). Byrne published an [introductory blog](#) and her statement about the [reasoning for taking on the role](#).
- NHS Digital has [announced plans to replace the General Practice Extraction Service \(GPES\) with a new General Practice Data for Planning and Research \(GPDPR\) service](#). This new service is intended to make it easier for NHS service planners and researchers to have access to de-personalised data from GPs.
- [NHS IT leaders believe Covid has changed attitudes to digital for the positive](#).
- PSNC submitted a consultation response regarding the draft NHSX Records Code. NHSX has closed its consultation and published its [Records Management Code of Practice 2020](#).
- PSNC has updated guidance about: [Antivirus](#); [Backups](#); [Data handling](#) and [Data roles](#).
- The [Irish health service was impacted by a serious cyber-attack during May 2021](#).
- A cyber security expert summarised some of the [increased cyber risks during the pandemic](#).

2a

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

Relevant webpages include: [/itworkflow](#)

## NHS Service Finder enhancements and user research

NHS Service Finder is a free tool that provides access to information from the Directory of Services (DoS) and the NHS website. It is not accessible by the public, but it does allow pharmacy teams, LPCs and other healthcare professionals to search for service information quickly. The [NHS Service Finder team added new enhancements](#) during March 2021 including: restyled search results, quicker searches, and improved filtering options. PSNC has been requesting such changes and will continue to provide input to the NHS Service Finder team based on contractor feedback it receives. A [YouTube video was published](#) to highlight the benefits for pharmacy team members.

### Next steps:

- NHS Digital user researchers are conducting a round of user interviews to help develop the NHS Service Finder tool further. Please take part by emailing [it@psnc.org.uk](mailto:it@psnc.org.uk).

## Digital tools research by NHS Digital: pharmacy volunteers required

NHS Digital and NHSX are running research to help identify what community pharmacists and service leads need most from the digital tools and systems that pharmacy teams use on a daily basis at work. They are also looking to identify what information and data pharmacists and service lead staff need in their daily tasks to make informed decisions and best carry out their role. PSNC have fed inputs into the project team.

The user researchers are also looking to speak to pharmacists and service leads, most particularly those working in: regional/local multiples; distance selling pharmacies; and large multiples. They have already spoken with many independent pharmacy contractors. The interviews will take around 45 minutes and can be scheduled at a time that works best for the pharmacy team member.

### Next steps:

- NHS Digital user researchers are conducting user interviews to help develop the NHS Service Finder tool further. If you'd like to take part email [it@psnc.org.uk](mailto:it@psnc.org.uk) with 'digital tools' in the subject title.

## Other updates: reducing burden

- The group previously identified going paperless as a priority – within its *Digital Priority List and Views on the next generation of EPS* shortlists. 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. Following work with the group and the paperless sub-group a new '[Going paperless](#)' webpage has been published on the PSNC website for pharmacy teams.
- PSNC published an [IT case study in which a Pharmacy in Sheffield went paperless](#).
- [The Government temporarily suspended the requirement for patients \(or their representatives\) to sign the back of NHS prescription forms or EPS tokens](#) from 1st November 2020 until at least 30th June 2021. PSNC continues to discuss with the Department of Health and Social Care (DHSC) the remaining need after this point, 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.
- [30,000 iPads will be issued to ambulance crews in England](#).
- PSNC reported on [dm+d viewer suppliers welcoming views on new dm+d browsers](#) from pharmacy team and other users: [new NHSBSA dm+d browser is in testing mode](#); [NHSBSA's legacy dm+d browser](#) (available for a limited period); [OpenPrescribing dm+d viewer](#); [Unilexon dm+d browser](#); and [East Kent NHS dm+d browser](#).
- PSNC published a new [factsheet to explain the EPS tokens ordering and escalation process](#).
- [Case study: How one NHS trust moved to virtual outpatient appointments](#).

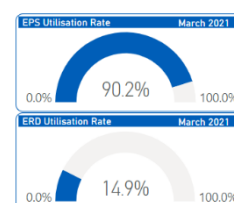


### Discharge Medicines Service (DMS) IT and supplier briefings

DMS was introduced as an Essential service in early 2021. NHSE&I and PSNC were keen for suppliers to be given information on the service, IT implications and dataset requirements at the earliest stage possible. Suppliers were briefed on 21st October 2020 and invited to express interest with working with NHSBSA on a related API to support pharmacy teams using systems for the service. Further supplier briefings occurred in February and during May 2021. There is an objective to progress the specification work further during June, and for a 'go-live date' ideally by September 2021. PSNC is continuing to push for this work to be completed at the earliest opportunity.

### EPS statistics

- NHS Digital EPS and eRD utilisation rate statistics (for the March 2020 dispensing month) are set out on the right, and 95.6% of GP practices were Phase 4 ready at this time. NHSBSA continue to [publish EPS dashboards](#) and other data.
- NHSBSA confirmed at the June CP ITG meeting that over 95% of those community pharmacy prescriptions being processed by NHSBSA are now EPS ones. Other statistics at NHSBSA and NHS Digital websites indicate more than 90% of prescriptions are EPS taking into account other dispenser types.



### Other EPS and electronic prescribing updates

- NHSBSA's [NHS EPS endorsement guidance](#) has been updated (to version 7.6), pages 13-14. The SSP endorsement can be used from June 2021. The current 'NCSO workaround' is being phased out and is scheduled to no longer be allowed to be used from October 2021 dispensing.
- EPS SSPs went live within the June 2021 Drug Tariff with a transition period in which NCSO will be allowed. System suppliers have received guidance from NHSBSA.
- Suppliers may be revising their SSP system-specific guides and PSNC offered to comment on drafts.
- NHSBSA and PSNC have clarified EPS old patient charge rate processes near the boundary of a new financial year (the patient prescription charge rate typically increases from April 1st each year). If EPS prescriptions are submitted in the March dispensing month, they are processed as 'old patient charge rate' and if they are submitted within the April dispensing month they are processed as 'new patient charge rate' (i.e. for the new financial year).
- PSNC revised its [Dose area EPS-related guidance](#).
- The Welsh government continues to consider an electronic prescription system. Matt Armstrong is feeding into this project on behalf of the CP ITG.

### NHS Digital work on EPS Next Generation

- NHS Digital have continued working with NHSX, NHSE&I and others on preparing a newly developed 'EPS prescribing API / message format' and EPS Fast Healthcare Interoperability Resources (FHIR) standards. The initial implementation is into secondary care and in relation to homecare providers. The EPS team has rebuilt the existing service using modern standards and technology. It is now available for secondary care and GP suppliers to develop against. It is anticipated that pharmacy system suppliers can start developing from late June 2021 at the earliest.

- The EPS team's 2021-22 'Next generation' work plan includes progressing a first-of-type within summer 2021 for EPS outpatients and homecare suppliers, and working with suppliers to start the transition and deliver some new EPS features. The 2023-24 the work plan currently includes: identification of further features; building new features; working with suppliers and ideally decommissioning the older HL7 EPS R1 and R2 technology by March 2024.
- NHS Digital have updated several webpages including the following: [EPS developer guide](#), [FHIR implementation](#), [FHIR API](#) and [signing-in APIs](#).
- One of the main reasons EPS has moved to FHIR is so that there is the ability for EPS suppliers to align with the [standard dosage standard](#) – something long campaigned for by the CP ITG's outgoing Chair.
- The Next Generation EPS features that are being looked at include a range of features, including EPS instalment dispensing for methadone (EPS FP10 MDAs) and EPS antibiotic prescriptions.
- The EPS team would like to be able to work on other EPS wishlist items including: Personally Administered (PADM) items, improvements to cancellation options, removal of the 4-item limit (line item prescribing), extending nomination choices, EPS Tracker APIs, private prescriptions, prescribing and dispensing 'services' within directories, customised prison EPS forms, improved eRD (Electronic Repeat Dispensing) and improved dispensing statuses (enabling patient-facing messages via apps etc). Enhancement business cases will be made on a feature-by-feature basis.
- PSNC will continue feeding into NHS Digital. The EPS team will also be welcoming more detailed pharmacy team inputs about specific EPS enhancements being worked on such as via upcoming user research events which the group will be made aware of.

#### Next steps:

- If you work within community pharmacy and would like to feed into the CP ITG's EPS future list or NHS Digital's work and events contact [it@psnc.org.uk](mailto:it@psnc.org.uk) with 'EPS future' in the subject title.

#### [Real Time Exemption Checking \(RTEC\)](#)

- NHSBSA has led the RTEC project since January 2020. CP ITG and PSNC have been supportive of its continued roll-out. Read more on RTEC, its phases and continued piloting of Department for Work and Pensions (DWP) RTEC at five pharmacies using PSL at: [RTEC](#). 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.
- NHSBSA met with two PMR suppliers across late 2020 to discuss the new data sharing arrangements necessary between NHSBSA and those suppliers. Deployments for pharmacies with those systems had to pause for several months. RTEC deployments relating to those two system suppliers recommenced immediately after the group's November 2020 meeting, after additional work by NHSBSA and PMR suppliers. [Contractors are now being encouraged to register for RTEC](#) and more than three quarters of pharmacy organisations have now done so.

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

Relevant webpages include: [/apps](#)

#### [NHS App](#)

- Details about the [NHS App](#) have been explored in past IT progress updates. The NHS App is available on the Google Play store and the Apple App store.
- The NHS App team are working on [further features](#) including:
  - **Online consultations integration:** The first supplier was made available through the NHS App in 2020 initially with eConsult and Patient Knows Best. The NHS App team is using open standards to help suppliers who provide forms-based triage systems integrate them.
  - **Push notification capability:** The NHS App team have built the ability to allow users to receive broadcast or targeted push notifications and messages relating to their care. This could include reminders for referral appointments, reminders for online consultations, and screening invitations, via services integrated into the app. Suppliers are being onboarded.

- **NHS Electronic Referral Service (NHS e-RS) integration:** The NHS App team integrated the NHS booking system for hospital appointments, [NHS e-RS Manage your referral](#). This enables patients to book their first hospital appointment when their GP refers them to a specialist.
- **Personal Health Records (PHRs) integration with NHS App:** The first supplier, Patients Know Best, was made available in the NHS App from April 2020 and more are expected to go live in spring 2021.

### Apps and tools

- [NHS website launched Flu vaccine finder for patients](#) as reported by PSNC.
- An app reviewing firm (for trusts) reported that [80% of apps reviewed do not meet NHS standards](#).
- Open Access Gov set out the [data potential of wearable health technology readings](#).
- A study recommends that [fitness apps should be prescribed to improve physical health, having found that users of wearable fitness trackers walk almost an extra mile a day](#).
- [Push Doctor has relaunched private video consultations via its app after increased demand for it](#).
- [ORCHA reported on a health app download 'explosion': a 25% rise](#) in health app downloads since the start of the pandemic – a rise of roughly one million, up from four to five million downloads per day.
- [Herefordshire and Worcestershire launches its own health apps library](#).
- National Institute for Health and Care Excellence (NICE) issued [health technologies guidance](#).

### Video consultation, artificial intelligence (AI) and robotics

- GP online reported: [Hancock believes GPs should do 45% of consultations remotely post pandemic](#).
- NHSX has set up an [online community to encourage the adoption of robotic process automation \(RPA\) in health and social care](#).
- NHSX reported on [a year in the life of the NHS AI Lab](#)
- The Scottish government announced an [AI strategy for Scotland](#), including the creation of the Scottish AI Alliance, which will include representation from across society.

### About CP ITG

**CP ITG voting members nominated by AIMp, CCA, NPA, PSNC, and RPS:** Matthew Armstrong, Steve Ash, David Broome (Vice Chair), Sibby Buckle, Richard Dean (Chair), David Evans, Nick Kaye (NPA, newly joined) Sunil Kochhar, Fin McCaul, Graham Phillips, 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 use: *#cpitg*

**Date of last main meeting:** Wednesday 9th June 2020.

**Next main meetings:** 22nd September 2021, 17th November 2021, 9th March 2022 and 8th June 2022.

**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 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 [CP ITG webpage](#).