

# Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 9th June 2021 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 [CP ITG webpage](#).

## Present

Richard Dean (Chair), Dean & Smedley Pharmacy and AIM  
Dan Ah-Thion (Secretariat), PSNC  
Matt Armstrong, Boots  
Melanie Brady, Day Lewis Pharmacy  
Gemma Binns, Cegedim  
David Broome (Vice Chair), Stancliffe Pharmacy and PSNC  
Matthew Ellis, Positive Solutions  
Darryl Dethick, PCT Healthcare Pharmacy  
Tracy Eccleston, Positive Solutions  
David Evans, Dale Acre Pharmacy and NPA  
Sanjay Ganvir, Greenlight Pharmacy  
Leanne Garland, Cegedim  
Matt Gabbitas, Well Pharmacy  
Mary Gough, CCA  
Martin Hagan, NHSBSA  
Claire Hobbs, NHSE&I  
Sima Jassal, EMIS  
Darryl Jones, NHSE&I  
Gareth Jones, NPA  
Anne Joshua, NHSE&I  
Nick Kaye, NPA  
Ghalib Khan, Written Medicine  
Jo Lambe, NHS Digital EPS

Jason Lestner, Living Care Pharmacy  
Helga Mangion, NPA  
Fin McCaul, Prestwich Pharmacy and PSNC  
Dave McNamara, Proscript AAH  
Mark Merry, Positive Solutions  
Milan Patel, E-Nova Healthcare  
Richard Philips, NHS Digital authentication team  
Libby Pink, NHSE&I COVID-19 vaccine programme  
Darren Powell, Weldricks Pharmacy and NHS Digital  
George Radford, Compass/Lloydspharmacy  
Radhika Rangaraju, NHSX  
Rupal Sagoo, Tesco Pharmacy  
Ravi Sharma, RPS  
Jeff Shelley, Invatechhealth  
Gabriele Skieriute, PSNC  
Craig Spurdle, Rowlands Pharmacy / Phoenix  
Caline Umutesi, PSNC  
Iqbal Vorajee, Cohens and AIM  
Jon Williams, RxWeb  
Janson Woodall, Well Pharmacy  
Heidi Wright, RPS  
Sarah Zareian, NHSE&I

Apologies for absence from members: Sibby Buckle (RPS), Sunil Kochhar (PSNC) and Graham Phillips (NPA).

Richard Dean said after more than 50 years in pharmacy, and the end of his current (second) two-year session as CP ITG chair, he would be retiring from the pharmacy business and he would not be re-standing for the position of CP ITG and would be retiring from CP ITG. He thanked the group for its ongoing work.

During a 9th June 2021 virtual session for voting members, Matt Armstrong was elected as the new Chair and David Broome was re-elected as Vice-Chair of the group.

It was proposed that the group's [Terms of Reference](#) 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) during June 2021.

## 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	<b>To support useful and usable IT beyond pharmacy PMR systems and EPS</b>
Relevant webpages include: <a href="#">/itfuture</a> Information from the agenda and papers was noted and the group agreed the proposed next steps.	

**COVID-19 vaccination programme IT:** Libby Pink (NHSE&I COVID-19 vaccine programme) provided an update and presented slides. 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](#). Other updates:

- 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.
- Contractors within the group involved with the vaccine programme provided some IT inputs:
  - *“It would be helpful if the NBS auto-populated Outcomes4Health / Sonar.”*
  - *“Flexibility around booking appointments (e.g. the ability to book appointments for over five minutes and to be able to express that these appointments are open for longer).”*
  - *“The NBS/standards may be useful for other services such as flu vaccination.”*
- NHSE&I are exploring how NBS could be used for other pharmacy services, for example, flu vaccination.

**Action:** 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.

**CPCS referral systems and CPCS IT support:** Appendix CPITG 01/06/21 set out related updates. Darryl Jones and Claire Hobbs (NHSE&I) provided an update and presented slides. CPCS referral 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. Previous engagement related to a plan to create a procurement vehicle in the form of a Dynamic Purchasing System to allow CPCS providers to purchase CPCS-related systems (initially CPCS referral systems). The full DPS route has been ruled out as unsuitable. It has been deemed too resource-intensive for community pharmacy contractors and suppliers to use this model. Suppliers' software solutions will need to meet standards set by the NHS. These standards will be reflected in the CPCS Technical Toolkit (to be published in draft format during June 2021 and to be iterated over time as needed). The document incorporates past comments from CP ITG and suppliers.

NHSE&I expect for four suppliers 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 Toolkit. Webinars for suppliers will take place in July 2021. Contractors commented that guidance to assist the selection of their system supplier would be useful and noted that some contractors will be considering contracts and contract length given the time left ahead of October 1st 2021.

CP ITG and PSNC expressed support for continued work but also, once again, fed back to NHSE&I and the CSU 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.

**CPCF IT:** Janson Woodall (Well Pharmacy) said that specifications or toolkit equivalents should be a standard for all future services including CPCF ones. This would help pharmacy IT suppliers to be better able to build standard interfaces for receipt of information and recording of information to central records.

**GP Community Pharmacist Consultation Service (CPCS) IT pilot:** Sarah Zareian (NHSE&I) has been working on the GP CPCS piloting and rollout since 2020. Sarah updated the group at its last meeting and provided a further verbal 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 minor illness 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. Camden and Islington LPC Chair Sanjay Ganvir will liaise with Dan Ah-Thion, and [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](#)).

Contractor comments about GP CPCS IT standards:

- *“The lack of a common IT standard for the referral message causes burden for pharmacy teams.”*
- *“One of my GP practices uses their own referral template instead of the national one.”*
- *“We are having to do a lot of phone calls and emails back to GPs and have varying procedures in different areas which is inconsistent.”*
- *“NHSmail ideally should not be used for GP CPCS because the message is unstructured and looking for NHSmail is time consuming (and locum access to the shared mailbox is not straightforward on a ‘locum day’).”*
- *“Hospitals or GPs should use Interoperability Toolkit (ITK) standards instead of NHSmail.”*
- *“If NHSmail must be used in the short term, can NHSmail be ‘translated’ into ITK or other relevant technical standards, so it just ‘appears’ in the CPCS IT system?”*
- *“Re the GP CPCS London pilot: can the national service have a national IT solution.”*
- *“GP CPCS referrals should land in pharmacy CPCS IT system regardless of whether the patient started their journey to request a GP appointment online.”*
- *“Community pharmacy should feed into the standards used for GP CPCS.”*
- *“From a pharmacy contractor perspective, it is helpful if referrals appear in / with the EPS workflow – recognising this is a major technical challenge for system suppliers and others.”*

Anne Joshua (NHSE&I) explained that there is an ambition for a common NHS IT standard to be established so that whatever GP system is used, it can be easily interpreted by the pharmacy CPCS system.

LPC feedback included that there be 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. If the GP IT is not right and easy-to-use, there may be a temptation for GPs to initiate an informal CPCS without the proper referral being sent across using IT.

**Integrated Care Systems (ICS) and local digital priorities:** The group discussed Appendix CPITG 02/06/21 and template local digital priority documents (Appendices [CPITG 02A/06/21 list](#) and [CPITG 02B/06/21](#)

[slides](#)). ICS were expected to be in place from April 2021 and will have a statutory footing from 2022. Template local digital priority documents were created using CP ITG's vision documents. LPCs have requested CP ITG feedback regarding ICS/LPC digital priorities.

CP ITG comments on overall priorities and draft templates (Appendices CPITG 02A-02B/06/21):

- *"Pharmacy user inputs should be captured from the start (including from LPCs for local pilots/projects)."*
- *"For local projects including further development of LHCRs, LPCs would ideally be mandated to be able to be involved, e.g. ICSs must include LPCs in design of the local digital priorities."*
- *"The templates should be very specific about the local pharmacy asks and how to achieve these."*
- *"Dentistry should be mentioned in the diagram explicitly given that considerable prescription volumes come from dentistry (looking beyond GP practices)."*
- *"[Healthwatch](#) has previously emphasised the inequalities that IT may bring."*
- *"The priorities should mention the challenges with preventing some patient types being excluded because of digital technology advances."*
- *"Patients' outcomes must be at the centre of priorities."*
- *"Patients to be able to choose what app they use and have access."*

CP ITG comments on ICS and LHCR development:

- *"Pharmacy (and the public?) should be given early visibility of the timeframe of LHCR developments and plans to support planning. E.g. understanding upcoming LHCR mergers and live dates."*
- *"What happens if a pharmacy (LPC, CCG etc.) has patients in different ICSs with different LHCR sharing agreements? There is a need for standardisation of the sign-up processes, information governance arrangement and technical standards. This would help in cases where LHCRs merge and would help system suppliers that integrate with one LHCR being able to more easily integrate with any other."*
- *"Will pharmacies need any software installed locally to access records (if so, then can the PMR suppliers and pharmacy feed in about this)."*
- *"National direction is needed for national LHCR standards."*
- *"Pharmacy being involved in defining the key use cases for the LHCRs at an early stage will help to increase adoption and clarity, e.g. with it being specified locally that this should be used for specific local services. When SCR was deployed, many pharmacy teams felt there was not enough clarity on what pharmacies should use it for and when, and this is an important lesson we should take forward."*
- *"From the perspective of a regional pharmacy chain, we need a standard approach as much as possible so it doesn't get too confusing at branch level across multiple geographies."*

Janson Woodall (Well) explained *"If anything needs connecting to a PMR (software installed) or device (USB) connected, then security and information governance needs to be considered from the start."* Well use a USB policy and matrix which records which computer USB ports in which pharmacies are unlocked and why. The [pharmacy data security asset register template](#) enables recording that information.

Other developments:

- NHSX have been working on a large LHCR IG framework document (in draft since 2019) which may be published this summer. This document and drafts have been discussed at the group's previous meetings. A link will be shared amongst the group once it is published.

**Action:** Comments on [CPITG 02A/06/21 list](#) and [CPITG 02B/06/21 slides](#), and 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.

**Action:** CP ITG pharmacy reps and LPCs will be invited to a [Virtual LHCRs/ICS Event: for LPCs and CP ITG \(1st July noon-1.30pm\)](#).

**New CP ITG IT infrastructure survey launched for June meeting:** Appendix CPITG 03/06/21 set out related updates. The survey was reviewed by the group at previous meetings and via email. It was launched so the group can begin to promote it after the group's June 2021 meeting.

**Action:** Group members are encouraged to promote the survey using [Appendix CPITG 03C/06/21 IT survey communications copy \(docx file\)](#). Pharmacy contractors should [submit a survey response](#).

**NHSX working with others to develop a new strategy for pharmacy and other sectors:** Appendix CPITG 03/06/21 set out related updates. A draft NHSX strategy has been prepared although funding to carry out the strategy and related objectives is not yet guaranteed (and funding will be subject to successful business cases being made). Outputs have been shared with those who took part with the pharmacy workshops. The feedback on the workshops was that they were well run.

**Action:** 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.

1a

### Supporting the development of interoperability/integration

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

**Work to update the Pharmacy information flows standard:** Appendix CPITG 05/06/21 set out related updates. PRSB has approached PSNC and RPS about endorsement of the current version of the pharmacy information flows standard. RPS anticipate commenting about whether the current version can be relevant across Britain given PRSB are a Great Britain-wide organisation. The group support the principles of the standard but welcome the detail of the most recent version being examined.

**Action:** PSNC to consider endorsing the dataset after its Service Development Subcommittee have reviewed the latest version (work anticipated to begin in June 2021). PSNC to feed back detailed comments to RPS and PRSB following this review.

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** - Richard Phillips (NHS Digital authentication team) provided an update on his team's work and about how pharmacy system suppliers can integrate with the new technology:

- 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) 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 during 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 '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. This will continue, including via the EPS Next Generation work and the ongoing NHS Digital / PMR service calls. System suppliers which wish to further understand how to begin CIS2 integration should review 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):** Appendix CPITG 03/06/21 set out related updates. PSNC has issued [communications and guidance](#) relating to the completion of this year's Toolkit. The group discussed the new toolkit:

- Some of the new questions included the need for a bring your own device policy. Studies suggest that those organisations which do not enable use of personal devices for work purposes lead to a significant percentage of staff using workarounds. There are uses for personal devices at work such as access to the NHSmail inbox so that devices can be set to notify staff about incoming messages.
- The wording of all the questions was changed. Major new questions included those on [password practices](#), [backup processes](#), and public [WiFi](#) security issues.

**Action:** Group members are asked to signpost community pharmacy teams to the DSPTK guidance. 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).

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

**Pharmacy team usage of tools to reduce burden and NHS Digital user research:**

**Action:** NHS Digital user researchers are conducting a new round of user interviews with pharmacy contractors and team members about the current and future use of digital tools (e.g. records systems and clinical systems). If you'd like to take part email [it@psnc.org.uk](mailto:it@psnc.org.uk) with 'digital tools research' in the subject title. This work will inform NHS Digital's work to reduce the burden on health and care staff.

**NHS Service Finder enhancements and user research:** Appendix CPITG 03/06/21 set out related updates.

**Action:** NHS Digital user researchers are conducting a round of user interviews to help further develop the NHS Service Finder tool . If you'd like to take part email [it@psnc.org.uk](mailto:it@psnc.org.uk).

3a	Supporting the development of pharmacy systems
Relevant webpages include: <a href="#">/systems</a>	

**Pharmacy IT supplier capacity and related Gantt chart draft template:** Appendix CPITG 03/06/21 set out related updates. System supplier feedback indicated that multiple projects are contributing towards severe capacity challenges. Suppliers commented on a draft Gantt Chart ([slide version](#) and [spreadsheet version](#)). Supplier feedback was to add Scottish/Welsh developments and other significant integration projects related to Electronic Prescription Service (EPS) Tracker APIs, National Record Locator (NRL) and

PRSB standards. Suppliers said their use of the template (or a similar one) would need to consider funding models because these developments create costs and developments cannot take place from a supplier perspective if there is no minimum viable business model for the system supplier to cover their development costs.

**Action:** Those who have not yet fed into the diagram can contact [it@psnc.org.uk](mailto:it@psnc.org.uk). Mark Merry to share some further comments with the secretariat.

**Discharge Medicines Service (DMS) IT:** Appendix CPITG 07/06/21 set out related updates. Pharmacy contractors look forward to integration work being completed at the earliest opportunity, so that there is not double keying of data into both the pharmacy system and the Manage Your Service (MYS) system. NHSBSA and PMR suppliers are working to progress this by September 2021.

**PMR wishlist work:** The [group's PMR system wishlist](#) was updated during May 2021 and priority and feasibility rankings were added. Community pharmacy teams or the group can contact [it@psnc.org.uk](mailto:it@psnc.org.uk) to take part with further development of the list.

3b

### Supporting EPS and its enhancements

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

**Real Time Exemption Checking (RTEC):** Appendix CPITG 05/06/21 set out related updates. Contractors are now being encouraged to register for RTEC and [more than three quarters of pharmacy organisations have now done so](#).

**NHSBSA EPS volumes and EPS Serious Shortage Protocols (SSPs) update:** Appendix CPITG 04/06/21 set out related updates. Martin Hagan provided an update on recent work. Martin announced that over 95% of community pharmacy prescriptions processed by NHSBSA are now EPS ones. Other statistics at NHSBSA and NHS Digital websites indicate more than 90% of prescriptions are EPS considering other dispenser types. The EPS SSPs endorsing process was introduced within the June 2021 Drug Tariff. Martin Hagan has performed some early analysis of EPS SSP submissions and identified some unexpected patterns – potentially some of which may be supplier-specific. Some or all suppliers may be contacted about the findings and good supplier practices. Martin Hagan, Dan Ah-Thion and Suraj Shah (PSNC) will further discuss the matter after the meeting. NHSBSA are already engaging with some suppliers and will do this further. Dan Ah-Thion will help to share supplier good practice and learning. The new EPS SSP endorsement is expected to be an improvement to the former more manual NCSO endorsement processes. Suppliers have been contacted to suggest they revise their SSP system-specific guides; PSNC can support this work by providing comments on drafts ([it@psnc.org.uk](mailto:it@psnc.org.uk)).

**EPS next generation work:** This was last discussed at the group's November 2020 meeting. NHS Digital's EPS Product Manager, Jo Lambe provided an update:

- NHS Digital have continued working with NHSX, NHSE&I and others on preparing a newly developed 'EPS prescribing API / message format'. 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 the end of June 2021.
- The EPS team's proposed 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 proposed 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.

- The EPS team had looked at whether value could be derived from decommissioning EPS R1 earlier but concluded that the volumes of EPS R1 are low and it would take significant effort to decommission R1 earlier than 2024 (see above). The group will be further updated on progress in due course.
- 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 there is the ability for EPS suppliers to align with the standard dosage standard (much to the delight of the outgoing chairman who has campaigned for this for years).
- The Next Generation EPS features that are being looked at include EPS instalment dispensing for methadone (EPS FP10 MDAs) and EPS delayed 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.
- Pharmacy comments regarding wishlist items:
  - “Key for the nomination review would be to ensure that control is with the patient, and not with the prescriber as this continues to be an issue today.”
  - “Dispensing may take place earlier than EPS messages can be sent (e.g. during outage scenarios) and therefore the EPS FP10 MDAs / antibiotic prescriptions must not prevent EPS dispense and claim messages being sent later for cases where medicines were dispensed within earlier timeframes.”
- The EPS team welcome 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.

**Electronic prescriptions within Wales:** Matt Armstrong has continued feeding into the work in Wales considering an electronic prescription system, on behalf of the CP ITG. He provided a verbal update. A report of recommendations has been produced and five workshops have been held. Key inputs he has provided are that: rather than working from scratch, consideration should be given to the English EPS programme and the next FHIR version of it. The EPS style and architecture could be considered. It is expected that some bespoke functionality will be wanted by the Welsh health care system.

4a	Consider the development of apps, wearables and technologies in healthcare
	<i>Relevant webpages include:</i> <a href="#">/apps</a>

**Future app option within Wales under consideration:** Matt Armstrong explained that as part of the Welsh’s government exploration of electronic prescribing options, they will also consider the possibility of an associated patient app (potentially taking lessons from the English NHS App).

### [Any other business](#)

**Future meetings:**

Weds 22nd September 2021	Weds 17th November 2021
Weds 9th March 2022	Weds 8th June 2022