

## CP ITG: Pharmacy contractor and system supplier comments about patient digital authentication to assist DHSC discovery work

The group and pharmacy contractors were asked to explore:

- the best way to capture digital authentication in community pharmacies;
- the main challenges in implementing digital authentication; and
- the main benefits in implementing digital authentication (for pharmacies/patients).

The group and pharmacy contractors provided feedback on this topic via CP ITG meeting session and via a survey:

*Q. What is the current situation?*

- Capturing digital patient authentication is not yet much done within community pharmacy.
- Services sign up processes are increasingly moving towards implied or verbal consent models therefore authentication technology may not be required for the reasoning of capturing explicit consent from a patient about a service they will receive.
- Ink or digitally scrawled signatures are not legible to others anyway and do not prove genuine identity.

*Q. What do you think would be the best way to capture digital patient authentication in community pharmacies and would this method integrate into current systems?*

- Via mobile QR code.
- Does this have to be an ink or dynamic 'scrawled' signature or could it be a handshake with a device (or software) such as a mobile phone / app?
- Changes to authentication models should be easy for patients and pharmacy teams: a lighter touch digital handshake which eases pharmacy record keeping, e.g. NHS App use of a barcode (or equivalent) to authenticate identity and help pharmacy record keeping processes.

*Q. What factors should be considered?*

- If changes are made, the sector and its IT suppliers should be engaged early to help with planning.
- Discovery work should underline how to future proof and covers other authentication requirements.
- Data security relating to storage and communication of any signatures would need consideration.
- Digital inclusion needs consideration so that less digitally capable patients are not disadvantaged.
- 'Authentication' is more important than obtaining a 'signature', and so it is recommended the scope of the discovery work is broadened.

*Q. What do you think would be the main challenges in implementing digital patient authentication?*

- Patient compliance.
- Cost, hardware and timescales.
- There would be quite a high cost to this integration for a very small percentage of prescriptions.
- Hardware or software changes carry cost and time implications. Most pharmacy contractors do not have adequate funding to enable access to the full Patient Medical Record system at the counter.
- The rapid growth of Real Time Exemption Checking (RTEC) means that the volumes of prescriptions which require a signature is small and getting smaller (into the 10s per month (or less) later). Instead of new systems it would be better if there was lesser requirement for patients needing to sign/authenticate?

*Q. What benefits might there be in implementing digital patient authentication? E.g. benefits for pharmacies/patients, and benefits with moving to more paperless processes.*

- Paperlessness. Stop the need to print many paper tokens and reduce the related carbon footprint.
- Use for other services.
- More secure records.

*Other questions:*

- Is the scope of the discovery relating to only checking exemption and payment, or is the scope wider e.g. to assist easier pharmacy record keeping?
- Can a change contribute to lesser need to print some remaining EPS tokens?
- Is this considering 'exemption/paid' status only or expanding to other services from pharmacy.