

Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 22nd September 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 [PSNC website](#).

Present

Matt Armstrong (Chair), Boots and CCA	Nick Kaye, NPA
Dan Ah-Thion (Secretariat), PSNC	Ghalib Khan, Written Medicine
Paul Abrams, Cegecim	Rikesh Lad, Asda Pharmacy
Melanie Brady, Day Lewis Pharmacy	Jason Lestner, Living Care Pharmacy
Kirti Billkhu, EMIS	Helga Mangion, NPA
Gemma Binns, Cegecim	Zoeta Manning, NHSX
Luke Bolton, Cegecim	Dave McNamara, Proscript AAH
David Broome (Vice Chair), Stancliffe Pharmacy and PSNC	James Palmer, NHS Digital PODAC
Alastair Buxton, PSNC	Milan Patel, E-Nova Healthcare
Darryl Dethick, PCT Healthcare Pharmacy	Richard Philips, NHS Digital authentication team
Tracy Eccleston, Positive Solutions	Jane Devenish, NHSE&I COVID-19 vaccine programme
Matthew Ellis, Positive Solutions	Darren Powell, Weldricks Pharmacy and NHS Digital
David Evans, Daleacre Pharmacy and NPA	Rupal Sagoo, Tesco Pharmacy
Dawn Friend, NHS Digital EPS	Jeff Shelley, Invatechhealth
Jenny Friday, NHS Digital	Gabriele Skieriute, PSNC
Johnathan Gill, DHSC	Oliver Somers, EMIS
Mary Gough, CCA	Craig Spurdle, Rowlands Pharmacy / Phoenix
Simeon Green, Cegecim	Nick Thayer, CCA
Leanne Hackett, Cegecim	Pritpal Thind, Sonar
Martin Hagan, NHSBSA	Rob Thomas, PSNC
Claire Hobbs, NHSE&I	Caline Umutesi, PSNC
Julian Horsley, RxWeb	Iqbal Vorajee, Cohens and AIM
Sima Jassal, EMIS	Eloisa Whiteman, DHSC
Darryl Jones, NHSE&I	Jon Williams, RxWeb
Andrew Lane, Alchem Pharmacy	Janson Woodall, Well Pharmacy
Jason Lestner, Living Care Pharmacy	Heidi Wright, RPS
Gareth Jones, NPA	

Apologies for absence from members: Steve Ash (AIM), Sibby Buckle (RPS), Sunil Kochhar (PSNC), Fin McCaul (PSNC), Graham Phillips (NPA), and George Radford (CCA).

Introductions, minutes of previous meeting and matters arising

Matt Armstrong welcomed the group. Matt had been elected as the Group's Chair at the last meeting. Matt thanked Richard Dean for his many years serving as Chair of the group and its predecessor pharmacy IT group.

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.

CP ITG Work Plan items

WP	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: /itfuture
	Information from the agenda and papers was noted and the group agreed the proposed next steps.

Update from PSNC about services: Alastair Buxton (PSNC) provided an update on the service

developments coming out of the negotiations on the third-year of the Five-Year Community Pharmacy Contractual Framework (CPCF).

The [Hypertension case-finding service](#) will be commissioned as an Advanced service from 1st October 2021. Hypertension is the biggest risk factor for cardiovascular disease (CVD) and is one of the top five risk factors for premature deaths and disabilities in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

A new [Stop Smoking service](#) for people referred to pharmacies by a hospital will be commissioned as an Advanced service from January 2022. This will enable NHS Trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway. For those contractors who already provide a local stop smoking service, it will likely make sense to augment this offering with the new Advanced service.

[New Medicine Service \(NMS\)](#) has expanded into additional therapeutic areas, and a new catch-up element has been added. The group recognised that the short notice given for these changes provided an IT challenge. The members suggested that it would have been better for the new medicines list to have been updated well in advance and for suppliers to have been notified at least one month in advance. NHSE&I are exploring whether a protocol can be established so that suppliers are formally notified.

Core clinical dataset and interoperability: PSNC and NHSE&I have agreed that there is a need for pharmacy contractors to communicate a standard core clinical dataset, plus some service-specific data, to the NHSBSA in relation to the CPCF services they provide. The core dataset includes NHS number, data service provision and information about referrals. This data will be of great importance for the sector and its patients, as it will create more usable data for demonstration of the impact of pharmacy services. NHSBSA will use the data for reimbursement and for their post payment verification and will share relevant data with NHS Digital. NHSE&I will receive pseudonymised data to help their service evaluations and will not need access to patient identifiable data.

PSNC and NHSE&I recognise that there are service IT implications in relation to the core dataset and the change to services, and that some of the upcoming newer services will have to initiate without the optimal IT arrangements being in place. The next set of CPCF negotiations is scheduled to start before Christmas and the ambition of all sides is to conclude these well before 1st April 2022 to provide more advance notice to contractors and IT suppliers of developments. The aim previously was to conclude the negotiations relating to a year prior to the start of it, but COVID-19 and other factors have significantly impacted this schedule.

The revised Professional Record Standards Body (PRSB) pharmacy information flow standard will support greater interoperability – between pharmacy and GP practice to begin with, but this will hopefully be extended to additional sectors.

System suppliers noted their preferences regarding:

- extra notice about changes to services so that changes to systems can be made in a quickly;
- enhanced NHS assurance processes;
- collaboratively feeding into NHS IT specifications throughout their development; and
- submitting information about their company and solution once to the NHS.

Actions: A suppliers working group plans to write-up such preferences and share the resulting document back with the group at a future CP ITG meeting. All parties are also considering how IT project planning can support the CPCF.

Supplier and IT research: James Palmer (NHS Digital PODAC (Pharmacy, Optometry, Dentistry, Ambulance and Community Care) Programme Head) provided an update about recent PODAC supplier and IT research and related next steps. User researchers had talked to practitioners, contractors and suppliers

and asked suppliers: 'what should suppliers and the NHS be aiming for to improve health IT?' The findings included that suppliers felt that:

- The landscape for operating is fragmented and complex.
- Standards could provide uniformity and are welcomed when these are proportionate to the outcomes, and the balance is managed well.
- Data management is inconsistent across systems. Integration across sectors is challenging.
- Procurement processes do not always feel fair.
- An NHS IT focus on GPs and Trusts that means that NHS IT products for patients and PODAC are not always as useful and usable as they could be.

A national specification is possible for each of the PODAC areas (subject to successful NHS Digital business cases being approved) and this could:

- Help to ensure systems are procured to enable interoperability, to be done collaboratively.
- Set out Information standards and interoperability standards should be within these national specifications to assist integration and improved patient journeys.
- Give providers and contractors the data that they need and keep patient's data secure.
- Avoid inhibiting the long-term goals of all parties.
- Assist suppliers by setting out core priorities (the 'what is next for pharmacy IT?').
- Ensure that health care professionals have the right information at the right time (i.e. beyond Summary Care Record (SCR)).

CPCF IT update from NHSE&I: Claire Hobbs (NHSE&I Project Delivery Manager for Digital Pharmacy) provided an update. NHSE&I hosted a supplier briefing on 9th September 2021 and some pharmacy CP ITG representatives also attended this. The workshop slides and recording are available for those who could not attend (requests can be made to Claire Hobbs via it@psnc.org.uk).

Claire Hobbs plans to start developing a technical toolkit for the hypertension case finding service and will be looking for any suppliers that would be interested in working to develop this during the coming two weeks. Further work on other technical toolkits – such as the smoking cessation service – will be undertaken and NHSE&I would like to co-produce these with suppliers so that supplier inputs can be considered more early. CP ITG will review its vision document in light of recent CPCF developments.

NHSX working to develop a new strategy: Zoeta Manning (NHSX) provided an update about a digital strategy and plan for pharmacy, optometry, dentistry, ambulance and community services (PODAC) following past workshops in which the draft strategy was developed and considered. A three-to-five-year strategy is envisioned. A related business case was submitted in mid-September 2021 to take this work forward, but this draft strategy is subject to approval. The draft strategy proposes opening the access and standards related to Shared Care Records and expanding the access and sharing of appropriate clinical information. Regarding the NHSX PODAC work: there would be one single road map, but individual road maps for each of the sectors will also be created which align with other NHS plans. The plan would involve making use of existing IT instead of duplicating IT projects. The objectives could change depending on business approvals but at present it is proposed that:

- Year One objectives include developing:
 - technical digital requirements to understand the architecture of pharmacy systems and structure of clinical information;
 - standards, guidance and use cases to encourage wider adoption of remote consultations; and
 - messaging standards for communications between pharmacies, professionals and patients.
- Year Two objectives include:
 - development of national system standards for pharmacy management systems (PMS);
 - implementing interoperability standards for practice systems to build ShCR (MVS 2.0);
 - development of national standards for electronic referrals and booking systems;
 - expansion of the Community Pharmacy Standard (clinical information standards); and
 - development and launch of an innovation framework for evaluation of new technologies.

Shared Care Records (ShCR) update: CP ITG pharmacy reps and LPCs took part in the [Virtual ShCRs event \(1st July 2021\)](#). PSNC is working with NHSX and other relevant stakeholders on the actions outlined within [minutes and outputs for the Shared Care Record \(ShCR/LHCR\) summer event](#). They will look at pharmacies already accessing ShCRs, at what kind of things they went through, to see what would be beneficial and how processes and guidance could be improved.

COVID-19 vaccination programme IT: Jane Devenish (NHSE&I, COVID-19 vaccine programme) provided an update on recent progress. During the first phase of the pharmacy vaccine programme there had been a smaller number of sites to deliver a larger volume of vaccines. Many pharmacy contractors had joined the programme late spring and early summer 2021. The programme is now moving into a third phase in which additional sites will come on board that can vaccinate around 100 patients a week, and to vaccinate for flu at the same time. The booking is to continue to come through the [National Booking System \(NBS\)](#). NHSE&I anticipate a thousand more pharmacy contractors taking part.

Community pharmacy contractors will not need to vaccinate the younger cohort (12–15-year-old) of patients given the other systems in place for vaccinating that cohort. Pharmacy contractors are using point of care systems such as [Outcomes for Health](#), and [Sonar](#). These systems link into the GP records and send record data to the national system. Some contractors have reported that the restrictions on appointments are clunky, e.g. appointments timings adjustments to a duration other than five minutes. This item is listed on the development roadmap. Work related to recommendations from the Joint Committee on Vaccination and Immunisation (JCVI) has kept the development roadmap busier but the project team wish to prioritise some development changes to NBS appointments. Pharmacy teams involved with C-19 vaccine supply can feed into NHS Digital by registering interest at <http://bit.ly/NHS-vaccination-user-research>.

1a

Supporting the development of interoperability/integration

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

dm+d code changes and synchronisations: PSNC received system supplier and pharmacy contractor feedback about changes to dm+d codes impacting on the use of EPS. The NHSBSA dm+d team are reviewing their scope to provide notifications ahead of changes and have already started to introduce some protocols so that communications can be delivered early via the [Technology Reference data Update Distribution](#) messages. Suppliers have proposed that if dispensing and prescribing systems targeted aligned synchronisation dates this would reduce the risk that pharmacy contractors received problem prescriptions for items which have had changed dm+d entries. However, there are challenges given that some prescribing suppliers reportedly synchronise less often compared to pharmacy system suppliers and additionally whilst the drugs database update may be made available monthly for prescribers, it may take two to three weeks after the update for it to reach all GP practices using that system.

Supplier comments:

- Suppliers might allow for both codes to be used for six months from date of issue however this requires development work and testing and is may not be an easy change to the application.
- NHSBSA notify about upcoming SNOMED code changes but suppliers synchronise at different times.
- PMR suppliers usually synchronise at least weekly but GP systems tend to synchronise every one to two months and changes may roll out over a period of weeks.
- When EPS prescriptions arrive at the pharmacy, if the dm+d code does not exist then the pharmacy team will search and map the drug in the PMR. Pharmacy teams are more used to automatic mapping.
- If many commonly prescribed drugs (e.g. 300 plus) change, disruption to dispensing flows is caused.
- Some pharmacies prefer to use dm+d codes as part of their Hub and Spoke offering.
- The impact of the changes may be reduced if all prescribing systems and PMRs systems agreed common dates by which the changes must be implemented.
- Could NHSBSA/NHS produce comms about why codes change and the impacts?

- The codes can drive functionality e.g. highlighting New Medicines Service candidates.
- Can NHS Digital/NHS BSA provide extra notice e.g. 12 weeks to enable more suppliers to plan synchronisation at the right times? Can NHSBSA arrange a meeting with dispensing and prescribing suppliers to seek the views of all re dm+d synchronisation timings?

Other comments and questions:

- Do all suppliers map to old and new SNOMED codes?
- Without synching, hub and spoke model users have a large impact as there is no match between systems.
- SNOMED forum meetings on Mondays enables suppliers to comment about unexpected changes.

Actions:

- Suppliers to provide a response via the following survey: <https://forms.office.com/r/hkuXEwYfCt>.
- Pharmacy contractors should report related actual or potential clinical impacts using the Learn from patient safety events (LFPSE) route as per the 'reporting' section of PSNC's [dm+d webpage](#).

Product name survey: Community pharmacy contractors currently must update two different NHS profile information updaters: the NHS DoS Profile Updater and the NHS Website Profile Editor. CP ITG and PSNC have requested that these be merged. PSNC is supporting NHSX and others to look for ways to merge these tools in order to reduce the data entry requirements for contractors. If you want to comment about the name of the future 'merged' tool please email it@psnc.org.uk.

CP ITG IT infrastructure survey: The infrastructure survey was reviewed by the group at previous meetings and via email. It was launched in time for the group's last meeting.

Action: The group are asked to continue to promote this survey using [Appendix CPITG 03C/06/21 IT survey communications copy \(docx file\)](#).

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.

Action: NHS Digital user researchers are conducting a further round of user interviews to improve the NHS Service Finder tool. If you'd like to take part email it@psnc.org.uk.

1b

Supporting NHSmail

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

Pilot for NHSmail Teams "Virtual Visits": NHSmail support pages outline the benefit of the platform which enables appointment booking and video/audio consultation.

Action: Pharmacy contractors that would like to pilot this should contact it@psnc.org.uk with their name, ODS code and telephone number and 'Virtual Visits pilot' within the email subject title.

1c

Supporting maintenance and demonstration of data security and information governance arrangements

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

Data Security and Protection Toolkit (DSPTK): PSNC and NHS Digital are currently updating the Data Security and Protection Toolkit (DSPTK) and related tips/guidance. This will include need to incorporate processes related to the use of devices for the Hypertension case-finding service. Additional DSPTK user testing is also planned. If you would like to get involved with this user testing, please contact it@psnc.org.uk.

1d

Connectivity, business continuity arrangements and dealing with outages

Relevant webpage(s) include: [/itcontingency](#); and [/connectivity](#)

System outages: A previous recommendation from NHS Digital has been that clinical IT suppliers should make a 'service status' webpage available. This page would allude to the system availability and feed service information into NHS Digital. Suppliers can have their service webpage links added to psnc.org.uk/supplierlist.

2a

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

Relevant webpages include: [/itworkflow](#)

Discovery work about patient digital authentication: The Prescribing Policy and Charges team at DHSC provided an update. DHSC are carrying out related discovery work and must 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 Chair and the group thanked the project team for seeking input from the group. Group comments:

- Capturing digital patient authentication is not yet done within community pharmacy.
- 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?
- 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?
- Services signup processes are increasingly moving towards implied or verbal consent models therefore authentication technology may not be required for the reasoning of capturing explicit consent.
- Ink or digitally scrawled signatures are not legible to others anyway and do not prove genuine identity.
- 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.
- 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.
- 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.
- Digital inclusion needs consideration so that less digitally capable patients are not disadvantaged.
- 'Authentication' is more important than 'signature'.

Action: The group and pharmacy contractors should provide further feedback on this topic via <https://forms.office.com/r/VYUw5geidT> so that collated input can be passed to DHSC.

3a

Supporting the development of pharmacy systems

Relevant webpages include: [/systems](#)

Use of pharmacy systems for CPCF services: [DMS](#) was introduced as an Essential service in early 2021. NHSBSA, suppliers and others are working to support the development of an Application Programming Interface (API) which will transfer the DMS summary data from pharmacy IT systems to the NHSBSA's Manage Your Service portal, so that the information does not need to be manually entered into MYS by contractors. It remains an NHSBSA objective to progress the specification work during autumn 2021, and for a 'go-live date' ideally by late this year, dependent upon supplier developments. The NHSBSA have

produced a DMS API specification and have sent this out to pharmacy suppliers. PSNC is continuing to push for this work to be completed at the earliest opportunity.

3b

Supporting EPS and its enhancements

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

NHSBSA EPS update: Martin Hagan (NHSBSA) provided an update. Changes are coming to the Pharmacy Earlier Payment Scheme (PEPS) scheme, enabling the continuation of early payments. The intention is that from November 2021, contractors can use the Manage Your Service (MYS) application to submit and receive quicker payment which will eventually contribute towards facilitating more paperless processing. In the interim, the Department of Health and Social Care (DHSC) requirements for a printed MYS FP34C will remain. But the NHS and NHSBSA are researching paperless processing options.

NHS Digital EPS team update: Dawn Friend (NHS Digital EPS product specialist) explained that Jo Lambe had moved onto a different NHS Digital project. The EPS team are working on refining the consistency of nomination data, further developments of the EPS dashboard, and inclusion of EPS activity from other care settings. The EPS Next Generation work is still being run through the NHS Digital live services team. Importantly the EPS enhancements proposed would only work with the new EPS FHIR API. The existing pharmacy suppliers are therefore encouraged to engage with the EPS FHIR project.

NHS Digital are working towards first of type with another secondary care Trust, hoping to go live in October 2021. The prescribing processes within secondary care significantly differ from the prescribing processes in GP practices. The EPS team is pushing for early adopter Trusts and suppliers to work through and keep iterating the prescribing solutions.

There have been learnings from the three Trusts that piloted EPS, one of which was less ready for EPS, and completely new to it and is no longer using it (since June 2021). The two Trusts which piloted EPS and have since continued to use it have so far processed 3,000 EPS prescriptions at one site, and 1,500 EPS prescriptions at the other site. The pilots have been useful for:

- New user research and helping the development of a secondary care onboarding process, and creation of documentation available for suppliers to access; and
- Development of APIs, for dispensing and primary care prescribing, which is nearly ready to use.

4a

Consider the development of apps, wearables and technologies in healthcare

Relevant webpages include: [/apps](#)

NHS App: Usage has reached [more than 10 million users and NHS App is the UK's most popular app](#).

Artificial intelligence (AI): NHSX are Developing an AI strategy for health and care. If you'd like to feed into this work please contact it@psnc.org.uk.

Digital Clinical Safety: A [related strategy has been published by NHSX](#) which might interest the Community Pharmacy Patient Safety Group (CPPSG). The secretariat is to notify the CPPSG.

[Any other business](#)

Future meetings:

Weds 17th November 2021

Weds 9th March 2022

Weds 8th June 2022

Weds 22nd September 2021