Community Pharmacy IT Group

Meeting: 9th March 2022

Agenda

	Session	Time
1.	Welcome from Chair	10.00-10.05
2.	Next Generations of Electronic Prescription Services (EPS)	10.05-10.35
3.	Intro to NHS Booking and Referral Standards (BaRS)	10.35-11.00
4.	APIs and Community Pharmacist Consultation Service IT	11.00-11.10
6.	Learning network	11.30-12.00
7.	Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another	12.00-12.10
8.	Supplier letter about working with the NHS	12.10-12.20
9.	Virtual Visits: How it works	12.20-12.30
10.	Post-meeting CP ITG communications and messages	12.30-12.35
11.	Any other business	12.35-12.40

Take part: continue using usual methods

➢**Seek attention of Chair** e.g. use Zoom 'raise hand' feature
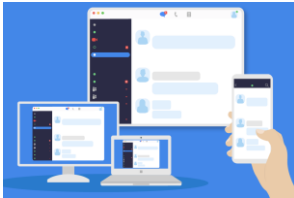
➢**Use Zoom chat** (use it throughout meeting)

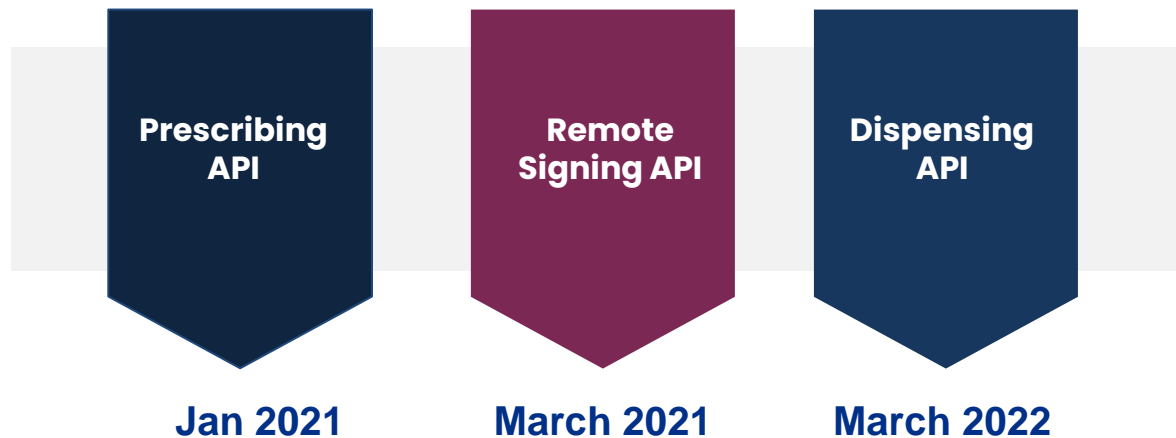# EPS Next Generation

March 2022

EPS - Progress to date

FHIR APIs for the current EPS

Prescribing for primary and secondary care is currently live and in production

First Prescriber First of Type (FoT) testing commenced January '22

Dispensing API is currently being assured and will be complete by end of March '22

On-going improvements to the onboarding and assurance processes

Prescribing API	Remote Signing API	Dispensing API
Jan 2021	**March 2021**	**March 2022**

EPS Next Generation - Introduction

Supplier feedback provided during 2021 has been invaluable.

Having listened to the feedback, it was evident that the underlying current EPS architecture would make future enhancements more challenging.

Decision taken by the Programme Board to pursue a new architectural approach, which will better supports future ambitions for EPS.

Consequently, work has commenced on the next evolution of EPS... 'EPS Next Generation'

Backwards compatibility will ease the migration journey for new and existing suppliers

EPS Next Generation - Introduction

NHS

Community Pharmacy
IT Group

The Electronic Prescription Service is enhanced and aligned to national interoperability standards and is available for use by all NHS care settings including hospital outpatients, improving patient experience and reducing burden for staff.

Uplift to latest standards and technology

More secure and flexible, easier to make changes in the future

Further reduce paper prescribing

Save time for staff and improve patient experience

Patient centric prescription management

Save time for staff and improve patient experience

EPS Next Generation - Introduction

Current EPS

EPS Next Generation

EPS core messaging (HL7v3)

HL7v3 front end

FHIR APIs front end
(prescribing and dispensing APIs)

Supplier systems

EPS core messaging (FHIR)

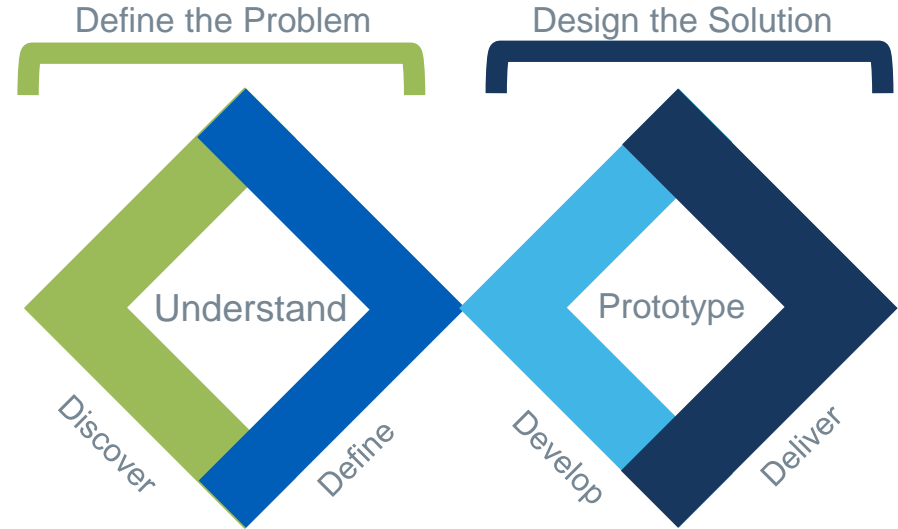FHIR API front end

Supplier systems

Security upgrade – SHA 256*

EPS Next Generation - Research & Discovery

Feedback to-date has helped inform the roadmap
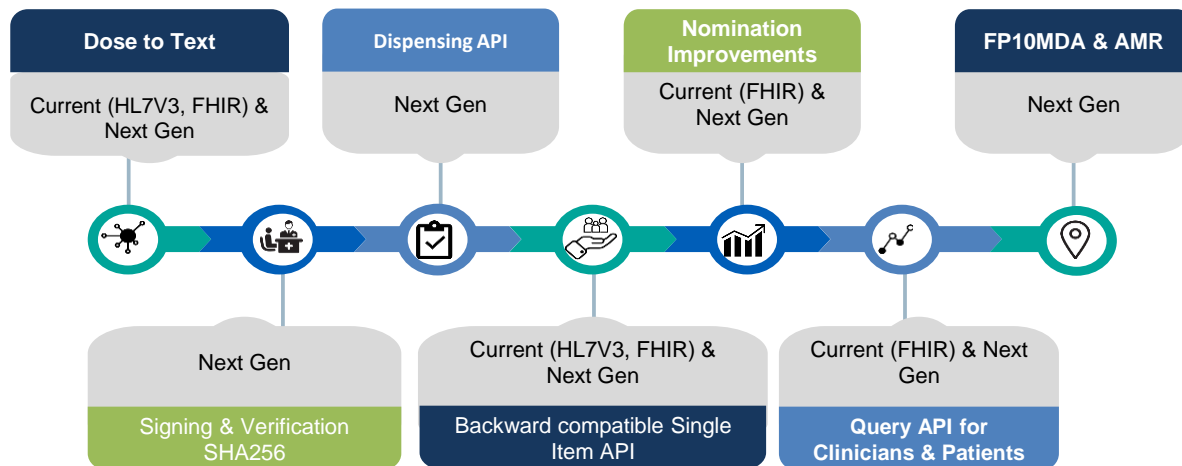
Adopting a User Centred Design (UCD) approach

Various roadmap items for FY22 are currently in discovery and elaboration phases

Define the Problem

Design the Solution

Understand

Prototype

Discover

Define

Develop

Deliver

- Electronic Repeat dispensing (eRD)
- Nomination Improvements
- Prescription queries
- Patient prescription tracking
- FP10MDA & AMR
- Single Item Prescribing

EPS Next Generation – Roadmap

NHS

- A move to single item prescribing - items are created as individually legally dispensable item

- Improved assurance and testing tools to help developers and product teams integrate with EPS Next Generation

- Improved search and query capabilities built into EPS for Dispensing

- Dose to Text (Reference) API

- Improved prescription status tracking for prescribers

- Improved statuses and prescription tracking for patients.

Dose to Text
Current (HL7V3, FHIR) & Next Gen

Dispensing API
Next Gen

Nomination Improvements
Current (FHIR) & Next Gen

FP10MDA & AMR
Next Gen

Next Gen
Signing & Verification SHA256

Current (HL7V3, FHIR) & Next Gen
Backward compatible Single Item API

Current (FHIR) & Next Gen
Query API for Clinicians & Patients

EPS Q&A / discussion

e-mail for questions
medicinestandards@nhs.net
epsonboarding@nhs.net

Session timing: 10.05-10.35

Booking and Referral Standard

Adnan Riaz & Dave Ruddy

Programme Narrative

The Why

- To improve health outcomes as well as enhancing staff and patient experience, by simplifying the transfer of important clinical information and easing patient flow through services at times where onward care is needed.

The How

- By providing a standard that allow multiple systems to communicate with each other in a simple and logical way.

- Publishing a standard that supports the administrative task of booking a patient into their next care setting, as well as providing the correct and relevant clinical referral information to care givers so that they can make or accept a patient referral.

- The production of a standard that is accepted, agreed and adopted by health care system providers and rolled out across the health system to improve patient experience and care outcomes.

The What

- For the Patient – We want to make the process simpler and more efficient, so patients don't have to repeatedly provide the same or similar information and that this information is then used appropriately throughout in their care journey.

- For the Healthcare professionals – We want to provide staff with relevant patient booking and referral information that is easy to understand and with sufficient detail so that they can accept the patient, prepare for their arrival and support the onward management of their care.

- For the System – We want to provide information/data that is easy to digest and integrate into workflows without the need for manual intervention across different scenarios and/or care settings.

- For Suppliers and Providers – We want to provide a national standard that removes the need to support multiple and varied standards.

Co-Creation

- We work with suppliers as **partners**
- Tackle complex challenges together
- Understand industry trends and needs
- "Outside in" and not "Inside Out"
- Cross-pollinate with other settings
- Identify good stuff out there
- Reduce risks; test products while developing them
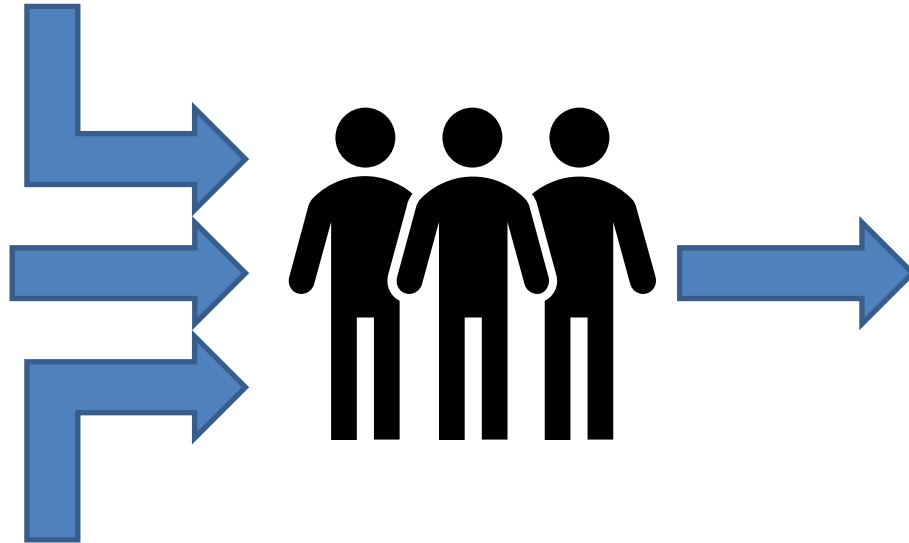- Bring excitement to the floor

Current Use-Case
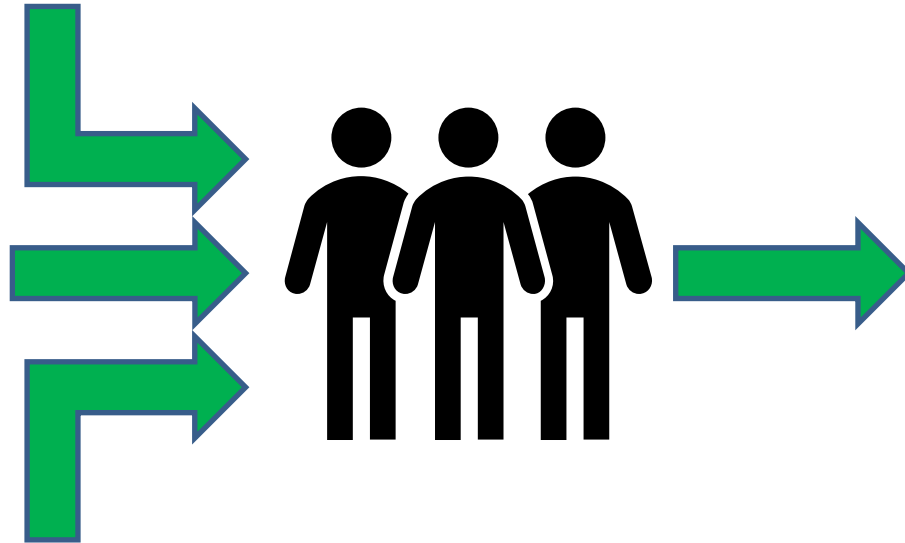
- 111- Emergency Department
- 999 – Clinical Assessment Service Referral/Validation
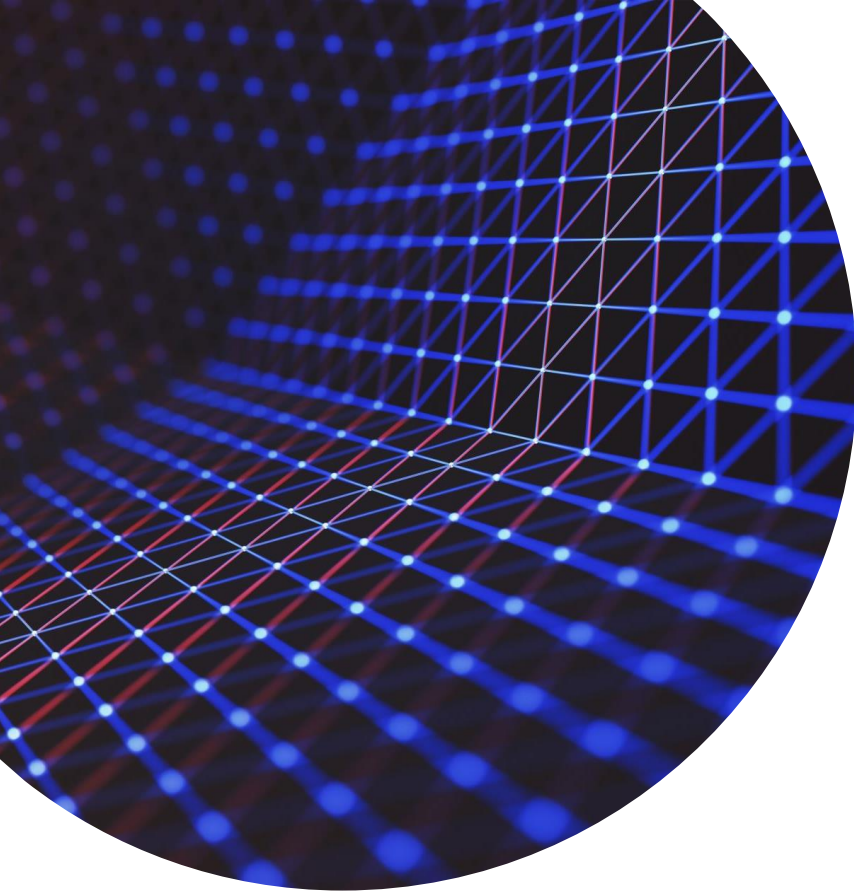
Next Use Case

From IUC / 999

- Urgent Dental
- Community Pharmacy
- Urgent Community Response
- Urgent Treatment Centre
- Out of Hours
- ………many more

The Technology of BaRS

How does it work?

Our journey through legacy standards

We come from a varied background and have worked on several existing, predecessor or legacy standards such as: 111CDA over ITK, CareConnect Booking, GP Connect, eRS

From our collective history we have developed a passion and focus for digitising operational workflow and business process

We have a strong belief in solving fundamental workflow problems once, across all care settings

What do WE mean by "standard"?

Hierarchy of standards:
- ❑ Policy
  - ❑ Commissioning
    - ❑ Service
      - ❑ Interoperability
        - ❖ API
        - ❖ Information
        - ❖ …etc

BaRS is an interoperability standard

Key principles

What is the foundation we built on?

- Low barrier to entry and maximum adoptability

- Any-to-any connectivity

  - Everything is live and "on-the-fly", connections, operations, authentication, access control

  - No prior knowledge or configuration required to get from A-to-B

  - No "point-to-point" configuration

- Universality

  - Build everything to be based on a universal way of working that applies to all care settings

  - Everything should always be viewed from a holistic non-care setting specific perspective

  - Preconceptions and prejudices for specific domains/care settings etc.. should be abandoned.

  - The receiver says what they need, not the sender giving all they have

Thinking about BaRS as a product

Thinking about BaRS as a product

Product Portfolio:

- [ ] BaRS Core

- [ ] BaRS Applications

- [ ] BaRS Payload Definition Library

Thinking about BaRS as a product

Product Release Strategy
- ❑ BaRS Core – Cyclic release
- ❑ BaRS Appl – Continuous release
- ❑ Payload Def – Continuous release

Release artefacts
- ❑ Services Page
- ❑ Implementation Guide
- ❑ API Specification
- ❑ Payload Definition Library
- ❑ Assurance (e.g.SCAL)
- ❑ Clinical Safety documentation
- ❑ Other i.e PTL, IG

Architecture

Central Architecture – Phase 1
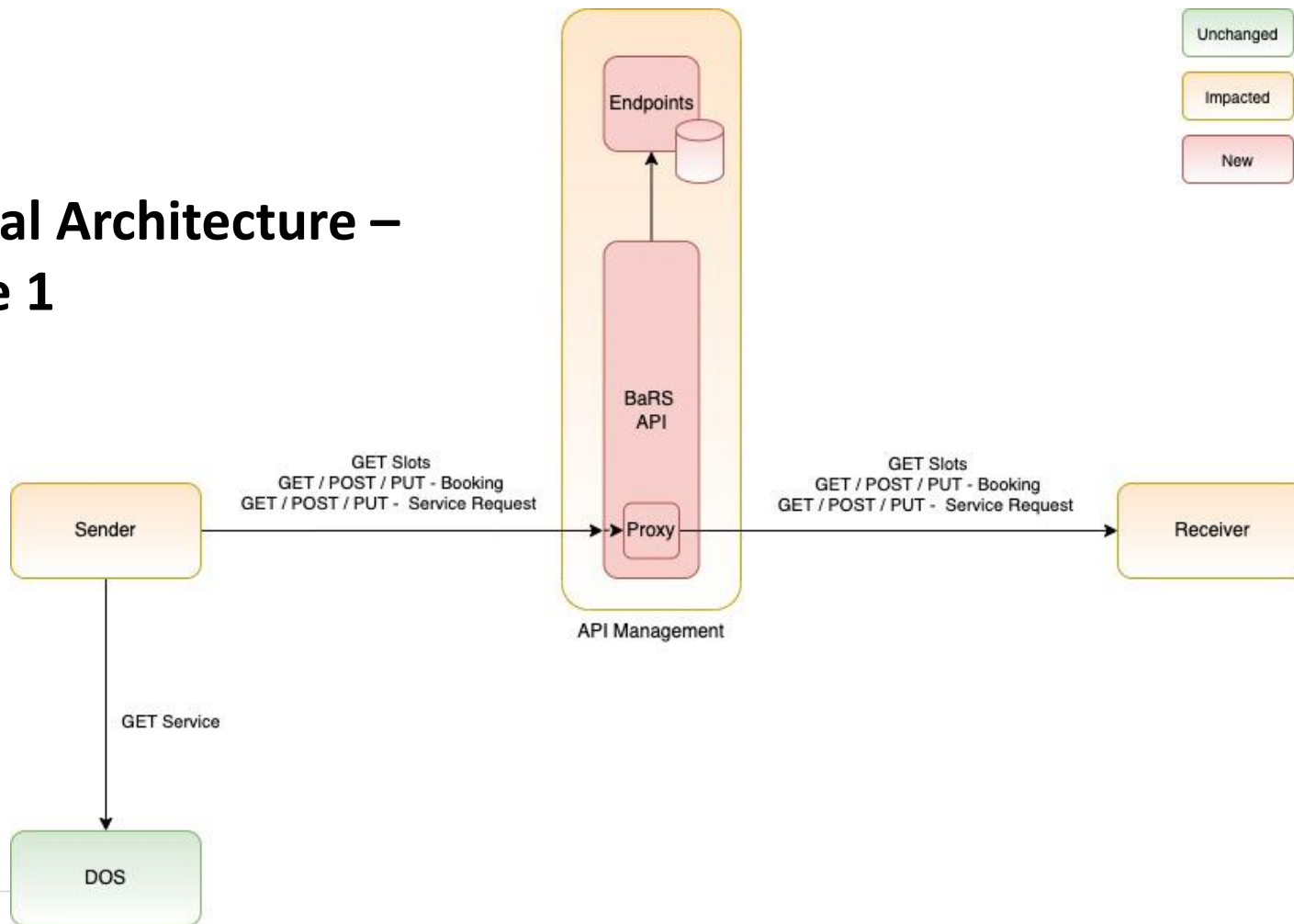
Central Architecture – Phase 2 Preview

Platform

The BaRs API will be hosted on Apigee, part of the Google Cloud Platform.

RESTful

The BaRS API is RESTful, except when it isn't.

FHIR

BaRS will be built on the UK Core FHIR model, more to follow in the payloads section.

Accessible

BaRS will be internet facing removing the need for specialist connections.

Secure

BaRS API is secured using OAuth with a Private Keys and Java Web Tokens (JWT).

Simplicity

BaRS removes the need to know the URL of a Receiver system, all routing and endpoint discovering is behind the API.

Q&A / discussion

bookingandreferralstandard@nhs.net

https://digital.nhs.uk/services/booking-and-referral-standard

Thank you

Development of a Learning Network

Session timing: 11.30-noon

Development of a Learning Network

- NHS Transformation Directorate has been tasked with exploring options to develop a 'National Learning Network' for CP, whereby digital best practice and ideas can be shared.

- The learning network was one of the items identified during the Kaleidoscope engagement workshops about digital strategy held last year, and which many CP ITG representatives attended.

- NHS Transformation Directorate has commissioned Kaleidoscope Health and Care to assist with this learning network discovery work.

- Learning network existing examples could include online forums, social media and digital groups.

Session timing: 11.30-noon

Breakout discussion

- We'll be divided into 6 breakout rooms

- Please can each room select a scribe who will record the key answers from the group and will report back to the wider group.

- Each group will have 15 minutes to cover their two questions

Session timing: 11.30-noon

Learning Network

Groups 1-2:

Q1. What would a successful learning network look like for you?

Q2. What gaps currently exist in sharing learning and best practice between different Pharmacy stakeholders?

Groups 3-4:

Q3. What are the disadvantages with learning networks?

Q4. What sort of topics would you like to discuss in a network like this?

Groups 5-6:

Q5. What would make the learning network as engaging as possible for you?

Q6. How can we ensure a learning network is sustainable?

Action: Breakout room discussion

Session timing: 11.30-noon

Take part (additional methods)

- **Answer online poll questions**: use a second device or phone

  Please now go to www.slido.com and
  enter code #itg221.
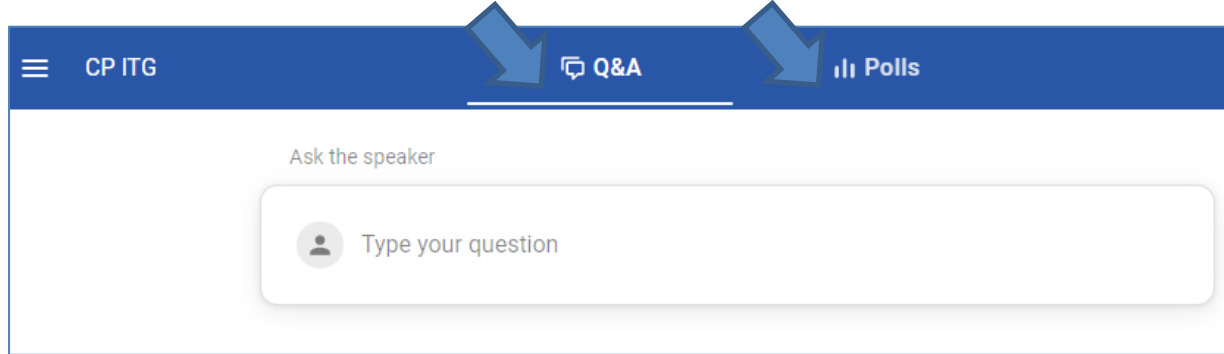
  Or simply scan the meeting barcode
  now – it is also present on other slides.

  We'd expect for all attendees to take
  part this way

Take part (additional methods)

- **Comment anonymously via Slido comment box**.

- Submit comments, and views anonymously. We will aim to address those during this meeting or after

- Switch between Q&A and 'Polls' tabs

Join at
slido.com
#itg221

Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another

Session timing: noon-12.10

Minimum transfer dataset

- The group previously supported developing a recommended minimum dataset for cases where a pharmacy contractor has switched from one PMR system to another. A previous draft iteration was supported by the group. For the sake of continuity of patient care, it is critical for some patient information to be transferred from the old to the new system.

- A drafted dataset has been prepared incorporating the comments from previous group meetings and suppliers.

- An associated specification document has also been prepared. The papers linked to both documents

Action: Supplier comments and call post meeting. The group may comment about the work

Session timing: noon-12.10

Supplier letter about working with the NHS

Session timing: 12.10-12.20

Supplier letter

- A group of system suppliers prepared a letter addressed to NHS policy makers and technical teams

- The letter proposes:

  – adequate notice so that IT may be better implemented;

  – enhanced NHS assurance processes;

  – that suppliers should be able to collaboratively feed into NHS IT specifications throughout the course of their development; and

  – that suppliers should be able to submit information about their company and solutions to the NHS.

Session timing: 12.10-12.20

Dear Department of Health and Social Care, NHS England and NHS Improvement (NHSE&I), NHS Transformation Unit, NHSBSA and NHS Digital

We are passionately supportive of NHS community pharmacies being able to provide the best possible care and having the best IT to be able to do so. We are proud that the sector has been able to advance its patient medication record and NHS IT, for example:

- More than 95% of prescriptions being sent electronically.
- Frequent use of those health care records available – the Summary Care Record (SCR).
- A wide use of the NHSmail system.

We care passionately about working with our NHS. We do not wish to delay or prevent innovation and change. We welcome changes which benefit pharmacies, their patients and the NHS. However, we would welcome a deep consideration about how policy makers can ensure that IT system providers in the pharmacy sector are provided with adequate notice of changes being made to ensure the best possible running of pharmacy IT systems and changes. We have some suggestions in regard to pharmacy supplier and NHS co-working. We hope these suggestions will improve NHS and pharmacy IT.

1. **Working with staff from NHS agencies**

NHSE&I / NHS Transformation Directorate (NHSTD) / NHS Digital IT should assign a system supplier liaison head for each of PODAC areas (pharmacy, optometry, dentist, ambulance, care). The role should include an awareness of the multi projects ongoing and should engage with the other NHS technical teams for coordination purposes.

2. **Notice so that proper IT planning can occur**

As stated we do not want to see any delays with the introduction of new technology and advanced functionality however adequate notice is vital to ensure:

- Proper testing and planning.
- A reduced chance of technical problems being introduced with a change.

It is expected that for minor changes one months' notice would be welcome. Whilst for major changes which could impact IT supplier roadmaps and require significant developer time (some of which may need to be resourced from outside of in-house staff) extra notice would be important. It would be helpful for pharmacy suppliers to be notified at an early stage so we can provide comments about IT project planning associated with future changes and estimates of the time required at our end to implement a change.

Additionally planning and notice will ensure that other agencies also make the necessary preparations e.g. the NHS Business Services Authority (NHSBSA) which calculates pharmacy NHS activity and the NHS Electronic Prescription Service team, which on occasion will need to change the pricing systems or EPS to accommodate some types of change.

3. **Engagement**

Suppliers welcome being able to conduct confidential discussions and if needed under non-disclosure arrangements, so that suppliers can make extra preparations ahead of announcements of changes which impact IT project planning. In the past there are times when announcements are made via press to community pharmacies about IT changes and this occurs before pharmacy system suppliers have been notified. This change in which we are pre-notified would set the running order of some key priorities and provide IT System providers with the headlines so that suppliers can be undertaking the appropriate research steps well in advance to inform future developments.

4. **IT assurance processes**

We are supportive of:

- **Improved NHS IT assurance processes**.
- **Appropriate IT assurance team resource within NHS Digital and NHSE&I** – i.e. suppliers would ask NHS to review whether there is sufficient NHS staff available for assurance work to prevent frequent 'bottlenecks' delaying assurance progress.
- **NHS projects require appropriate cross departmental support** within the NHS to facilitate prompt assurance. This has been lacking throughout recent projects. Can the NHS Roadmap be prioritised across all relevant NHS departments so that there is improved alignment of these priorities? We believe the alignment between NHSE&I / NHS Transformation Unit / NHS Digital will help in this regard.

5. **Collaboration and specifications**

We would propose:

- **Submit key information about their company and solution once to the NHS** (shared as required amongst NHSE&I/NHSBSA/NHS Digital/NHSD). E.g. NHSE&I/NHSD/NHSTD to hold a joint database of system suppliers working with NHS standards or working with NHS providers and ensuring that pharmacy Patient Medical Record system suppliers are included within this database. In the past suppliers are asked to resubmit the same information in relation to almost every NHS IT project.
- **A unique NHS supplier reference code being assigned to each supplier that works with the NHS** (partially to help with the above) – potentially the use of Organisation Data Service (ODS) code and standardised system supplier categorisation might assist.
- **Developments could be a consultative approach with IT system suppliers**; based on any new service or change – once suppliers understand the headline outcomes that the relevant stakeholders are looking to achieve and any mandated integration routes, suppliers can then start to formulate what the delivery to NHS pharmacy contractors may look like. This collaborative approach would help IT system suppliers deliver the best possible user experience and smooth the route to market/ uptake of the new service. Once suppliers understand the outcomes and upcoming changes, suppliers can incorporate these into our product discovery processes which will ultimately encompass full end-to-end workflows to ensure the best experiences for the pharmacy users.
- **Improved communication of any new service/ change** - this communication should include when IT system suppliers were informed and how NHS is working with the suppliers to help deliver the solution. Ideally the pharmacy market would have total visibility of the inception of the new service/ change – including how the project is progressing. This is vital as the IT System providers are frequently the first port of call for Pharmacy with any questions related to NHS communications and there have been numerous occasions whereby suppliers cannot effectively answer pharmacy customer questions as suppliers had not been previously informed.
- **For each IT project IT system suppliers benefit from being able to embark on a project with a set of requirements (that have jointly been worked up) and timeframes**. Open, transparent communications are essential throughout any project and so an additional requirement would be strict governance of any project. This will allow development resources to be used as efficiently as possible. This will ideally remove the types of challenges suppliers have faced with projects in which there have been significant delays (sometimes fully outside control of supplier) and changing NHS requirements all of which caused immense financial implications for suppliers.

In conclusion
We believe as a consequence of implementing these recommendations, there would be greater and speedier interoperability and improved systems: which enable improved outcomes for patients.

Yours sincerely
Pharmacy Patient Medical Record IT system suppliers

Virtual Visits how it works
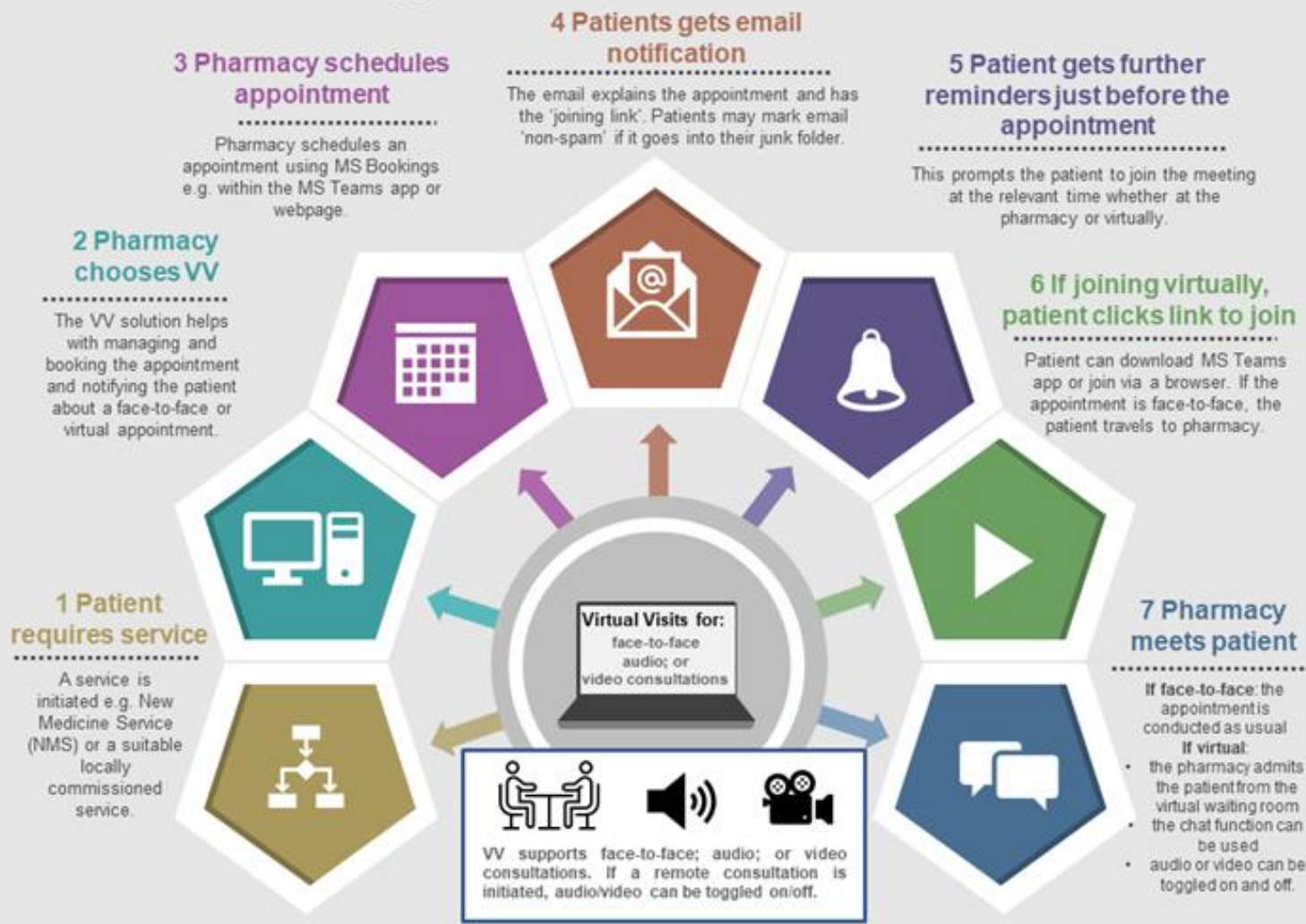
Session timing: 12.20-12.30

Virtual Visits how it works

- Virtual Visits provides pharmacy pilot with an appointments system so that pharmacy teams can notify patients and better manage appointments.

- VV works for face to face or virtual patient consultations (audio or video).

- The tool works with NHSmail Microsoft Teams and the Microsoft Booking platform.

Session timing: 12.20-12.30

How Virtual Visits supports face-to-face or remote consultations?

3 Pharmacy schedules appointment

Pharmacy schedules an appointment using MS Bookings e.g. within the MS Teams app or webpage.

4 Patients gets email notification

The email explains the appointment and has the 'joining link'. Patients may mark email 'non-spam' if it goes into their junk folder.

5 Patient gets further reminders just before the appointment

This prompts the patient to join the meeting at the relevant time whether at the pharmacy or virtually.

2 Pharmacy chooses VV

The VV solution helps with managing and booking the appointment and notifying the patient about a face-to-face or virtual appointment.

6 If joining virtually, patient clicks link to join

Patient can download MS Teams app or join via a browser. If the appointment is face-to-face, the patient travels to pharmacy.

1 Patient requires service

A service is initiated e.g. New Medicine Service (NMS) or a suitable locally commissioned service.

7 Pharmacy meets patient

If face-to-face: the appointment is conducted as usual
If virtual:
- the pharmacy admits the patient from the virtual waiting room
- the chat function can be used
- audio or video can be toggled on and off.

Virtual Visits for:
face-to-face
audio; or
video consultations

VV supports face-to-face; audio; or video consultations. If a remote consultation is initiated, audio/video can be toggled on/off.

Discussion

- Please confirm your preferred option for default VV account name?
- Are you content with the naming convention
- Should the word 'appointments'/'clinic' in the email account name be:

Upcoming events

PRSB webinar: accelerating shared care records (21st March)

- A multidisciplinary webinar: **Monday 21st March noon-2pm**

- In the webinar PRSB hope to gain a consensus route forward and common approach to implementation. PRSB also would like to invite people who use services, system suppliers and others with an in ShCR.

Learning networks: virtual workshop event (17th March)

- NHS TD (formerly NHSX) and Kaleidoscope are hosting an event to plan in more detail the design of a pharmacy National Learning Network – building from the inputs provided today. **Thursday 17th March 2022, 10am-11.30am**.

Registration links for both events at: **psnc.org.uk/itevents**   Session timing: 12.30-12.35pm

Close from Chair

Thank you!

Post meeting queries: it@psnc.org.uk